

# Arizona

## UNIFORM APPLICATION

FY 2022/2023 Combined MHBG Application Behavioral 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 05/01/2024 3:52:25 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 Sara

Last Name Salek

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 sara.salek@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 Sara

Last Name Salek

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 sara.salek@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 9/1/2022 1:42:06 PM

Revision Date 3/30/2023 6:07:47 AM

**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	<a href="#">42 USC § 300x-21</a>
Section 1922	Certain Allocations	<a href="#">42 USC § 300x-22</a>
Section 1923	Intravenous Substance Abuse	<a href="#">42 USC § 300x-23</a>
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	<a href="#">42 USC § 300x-24</a>
Section 1925	Group Homes for Recovering Substance Abusers	<a href="#">42 USC § 300x-25</a>
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	<a href="#">42 USC § 300x-26</a>
Section 1927	Treatment Services for Pregnant Women	<a href="#">42 USC § 300x-27</a>
Section 1928	Additional Agreements	<a href="#">42 USC § 300x-28</a>
Section 1929	Submission to Secretary of Statewide Assessment of Needs	<a href="#">42 USC § 300x-29</a>
Section 1930	Maintenance of Effort Regarding State Expenditures	<a href="#">42 USC § 300x-30</a>
Section 1931	Restrictions on Expenditure of Grant	<a href="#">42 USC § 300x-31</a>
Section 1932	Application for Grant; Approval of State Plan	<a href="#">42 USC § 300x-32</a>
Section 1935	Core Data Set	<a href="#">42 USC § 300x-35</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>

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

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the 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<sup>1</sup>: \_\_\_\_\_

Title: \_\_\_\_\_

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

mm/dd/yyyy

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

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

**Footnotes:**

SAMHSA  
 Office of Financial Resources, Division of Grants Management  
 Center for Substance Abuse Treatment, Division of States and Community Systems  
 Center for Substance Abuse Prevention, Division of Primary Prevention  
 Center for Mental Health Services, Division of State and Community Systems Development

## Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

**COVID-19 Award Issue Date:** 3/11/21    **Approved Expenditure Period:** 3/15/21 through 3/14/23

**Instructions:** Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

**Check One Only (✓):**     Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding  
     Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Arizona Health Care Cost Containment System (AHCCCS)		
B. Date of Submission of NCE Request	09/09/2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months

D. Name and Title of Grantee Finance Official Approving This NCE Request	Karen D MacLean Finance Administrator Division of Business Finance
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E. Name and Title of Grantee Program Official Approving This NCE Request	Kristen Challacombe Deputy Director for Business Operations Office of the Director		
F. Name and Title of Other Grantee Official Approving This NCE Request	Emmalee Hefton Grants Administrator – SABG Division of Grants Administration		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$37,892,228	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$1,145,544
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$14,602,063	J. COVID-19 Award Total \$ Amount Requested for NCE	\$23,290,165

K. Please provide a brief listing of your grantee actual itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that have been completed with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.

AHCCCS Actual Expenditures through 08/14/2022 is \$1,145,544. See below for a listing of actual expenditures for COVID-19 Supplemental Funding approved projects, activities, and purchases by subrecipients.

Subrecipient	Program	Allocation	K. Actual Expenditures through 08/14/2022
AzCH	General Services	\$ 479,288	\$ 19,842
AzCH/CBI	General Services	\$ 1,133,886	\$ 46,465
AzCH/CODAC	General Services	\$ 475,670	\$ 135,016
AzCH/ICHD-CPIH	General Services	\$ 375,015	\$ 106
AzCH/The Haven	General Services	\$ 477,269	\$ 32,723
Health Choice	General Services	\$ 309,664	\$ 3,720
Health Choice/CBI	General Services	\$ 731,400	\$ 25,624
Health Choice/LCBH	General Services	\$ 56,350	\$ 8,739
Health Choice/SHG	General Services	\$ 41,400	\$ 8,417
Mercy Care	General Services	\$ 769,791	\$ 10,057
Mercy Care	Women	\$ 295,729	\$ 4,525
Mercy Care/AWRC	Women	\$ 630,877	\$ 56,566
Mercy Care/CBI	General Services	\$ 884,049	\$ 29,963
Mercy Care/ Connections	General Services	\$ 347,221	\$ 11,630
Mercy Care/Hushabye	Women	\$ 474,582	\$ 50,809
Mercy Care/NAC	General Services	\$ 57,682	\$ 27,926
Mercy Care/Terros	General Services	\$ 130,952	\$ 5,381
Gila River	General Services	\$ 144,157	\$ 2,619
SPW	General Services	\$ 1,200,000	\$ 86,560
R&R	General Services	\$ 1,499,950	\$ 60,750
HMA	General Services	\$ 72,905	\$ 72,198
Riester	Primary Prevention	\$ 1,580,130	\$ 156,475
Wellington	Primary Prevention	\$ 465,165	\$ 127,168
AAA	Primary Prevention	\$ 53,046	\$ 2,313
AZYP	Primary Prevention	\$ 73,193	\$ 5,957
CBI	Primary Prevention	\$ 38,098	\$ 3,013
CFR	Primary Prevention	\$ 67,718	\$ 2,332
CSF	Primary Prevention	\$ 57,648	\$ 6,986
GC	Primary Prevention	\$ 38,054	\$ 1,698

Subrecipient	Program	Allocation	K. Actual Expenditures through 08/14/2022
LF	Primary Prevention	\$ 10,971	\$ 480
MATFORCE	Primary Prevention	\$ 280,064	\$ 1,296
MCAASA	Primary Prevention	\$ 174,749	\$ 148
NAAF	Primary Prevention	\$ 114,193	\$ 169
PAACE	Primary Prevention	\$ 34,002	\$ 20,188
PHC	Primary Prevention	\$ 127,942	\$ 12,299
SEABHS	Primary Prevention	\$ 29,265	\$ 1,547
TCC	Primary Prevention	\$ 214,932	\$ 3,874
TCDC	Primary Prevention	\$ 247,919	\$ 17,538
Terros	Primary Prevention	\$ 423,671	\$ 11,578
AHCCCS Admin	-	\$ 1,894,611	\$ 70,853
	<b>Total</b>	<b>\$ 37,892,228</b>	<b>\$ 1,145,544</b>

L. Please provide a brief listing of your grantee estimated itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are planned to be completed with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.

AHCCCS Estimated Expenditures through 03/14/2023 is \$13,528,717. See below for a listing of estimated expenditures for COVID-19 Supplemental Funding approved projects, activities, and purchases by subrecipients through March 14, 2023.

Subrecipient	Program	Allocation	L. Estimated Expenditures through 03/14/2023 *
AzCH	General Services	\$ 479,288	\$ 211,557
AzCH/CBI	General Services	\$ 1,133,886	\$ 500,019
AzCH/CODAC	General Services	\$ 475,670	\$ 325,284
AzCH/COPE	General Services	\$ 146,473	\$ 58,589
AzCH/DKA	General Services	\$ 265,816	\$ 106,326
AzCH/Hope	General Services	\$ 197,500	\$ 79,000
AzCH/ICHHD-CPIH	General Services	\$ 375,015	\$ 150,112
AzCH/Oxford House	General Services	\$ 96,406	\$ 38,562
AzCH/The Haven	General Services	\$ 477,269	\$ 223,631
AzCH/TBD-Justice Project	General Services	\$ 408,433	\$ 163,373
AzCH/TBD-Detox	General Services	\$ 25,451	\$ 10,180
AzCH/TBD-Outreach	General Services	\$ 15,408	\$ 6,163
AzCH/Various-MAT	General Services	\$ 290,087	\$ 116,035
Health Choice	General Services	\$ 309,664	\$ 127,586
Health Choice	Women	\$ 27,061	\$ 10,824
Health Choice/CBI	General Services	\$ 731,400	\$ 318,184
Health Choice/LCBH	General Services	\$ 56,350	\$ 31,279
Health Choice/SHG	General Services	\$ 41,400	\$ 24,977
Health Choice/SHG	Women	\$ 86,250	\$ 34,500
Health Choice/SPW	General Services	\$ 620,261	\$ 248,104
Health Choice/SPW	Women	\$ 101,945	\$ 40,778
Mercy Care	General Services	\$ 769,791	\$ 317,973
Mercy Care	Women	\$ 295,729	\$ 122,817
Mercy Care/Alium	Women	\$ 485,998	\$ 194,399
Mercy Care/AWRC	Women	\$ 630,877	\$ 308,917
Mercy Care/Axiom	General Services	\$ 250,000	\$ 100,000
Mercy Care/CBI	General Services	\$ 884,049	\$ 383,582

Mercy Care/CBI	Women	\$ 1,150,204	\$ 460,082
<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>L. Estimated Expenditures through 03/14/2023 *</b>
Mercy Care/CMS	General Services	\$ 661,090	\$ 264,436
Mercy Care/ Connections	General Services	\$ 347,221	\$ 150,519
Mercy Care/ CPLC	General Services	\$ 130,952	\$ 52,381
Mercy Care/Crossroads	General Services	\$ 824,895	\$ 329,958
Mercy Care/Ebony House	General Services	\$ 66,474	\$ 26,590
Mercy Care/Ebony House	Women	\$ 66,474	\$ 26,590
Mercy Care/Empact	General Services	\$ 128,893	\$ 51,557
Mercy Care/FIC	General Services	\$ 138,867	\$ 55,547
Mercy Care/HSC	General Services	\$ 173,611	\$ 69,444
Mercy Care/Hushabye	Women	\$ 474,582	\$ 240,641
Mercy Care/ITS	General Services	\$ 269,321	\$ 107,728
Mercy Care/Lifewell	General Services	\$ 130,952	\$ 52,381
Mercy Care/MAT	Women	\$ 174,067	\$ 69,627
Mercy Care/NAC	General Services	\$ 57,682	\$ 50,998
Mercy Care/NAC	Women	\$ 57,682	\$ 23,073
Mercy Care/Oxford House	General Services	\$ 74,074	\$ 29,630
Mercy Care/Oxford House	Women	\$ 69,444	\$ 27,778
Mercy Care/PFCA	General Services	\$ 75,099	\$ 30,040
Mercy Care/RI	General Services	\$ 339,006	\$ 135,602
Mercy Care/Solari	General Services	\$ 694,444	\$ 277,778
Mercy Care/SWBH	General Services	\$ 116,745	\$ 46,698
Mercy Care/SWBH	Women	\$ 12,972	\$ 5,189
Mercy Care/Terros	General Services	\$ 130,952	\$ 57,762
Mercy Care/VDS	General Services	\$ 119,042	\$ 47,617
Mercy Care/VDS	Women	\$ 13,227	\$ 5,291
Mercy Care/MCJPD - Juvenile Justice	General Services	\$ 465,122	\$ 186,049
Mercy Care/Open Hearts - Juvenile Justice	General Services	\$ 112,310	\$ 44,924
Mercy Care/TBD Juvenile Justice	General Services	\$ 141,972	\$ 56,789
Mercy Care/Treatment	General Services	\$ 908,217	\$ 363,287
Gila River	General Services	\$ 144,157	\$ 60,282
Gila River	Women	\$ 110,404	\$ 44,162
Gila River	Primary Prevention	\$ 120,000	\$ 48,000
White Mountain	General Services	\$ 1,736,285	\$ 694,514
White Mountain	Women	\$ 1,524,378	\$ 609,751
SPW	General Services	\$ 1,200,000	\$ 566,560
AACAP	General Services	\$ 200,000	\$ 80,000
ASU Echo	General Services	\$ 202,637	\$ 81,055
ABC	General Services	\$ 1,234,495	\$ 493,798
R&R	General Services	\$ 1,499,950	\$ 660,730
HMA	General Services	\$ 72,905	\$ 145,103
ASU Higher Ed	Primary Prevention	\$ 525,405	\$ 210,162
NAU	Primary Prevention	\$ 713,494	\$ 285,398
U of A	Primary Prevention	\$ 392,982	\$ 157,193
Riester	Primary Prevention	\$ 1,580,130	\$ 788,527
Wellington	Primary Prevention	\$ 465,165	\$ 313,234
AAA	Primary Prevention	\$ 53,046	\$ 23,531
AZYP	Primary Prevention	\$ 73,193	\$ 35,234
CBI	Primary Prevention	\$ 38,098	\$ 18,252
CFR	Primary Prevention	\$ 67,718	\$ 29,419
CPLC	Primary Prevention	\$ 306,901	\$ 122,760

CSF	Primary Prevention	\$ 57,648	\$ 30,045
<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>L. Estimated Expenditures through 03/14/2023 *</b>
GC	Primary Prevention	\$ 38,054	\$ 16,919
LF	Primary Prevention	\$ 10,971	\$ 4,868
MATFORCE	Primary Prevention	\$ 280,064	\$ 113,322
MCAASA	Primary Prevention	\$ 174,749	\$ 70,047
NAAF	Primary Prevention	\$ 114,193	\$ 45,846
PAACE	Primary Prevention	\$ 34,002	\$ 33,789
PHC	Primary Prevention	\$ 127,942	\$ 63,476
SEABHS	Primary Prevention	\$ 29,265	\$ 13,253
TCC	Primary Prevention	\$ 214,932	\$ 89,847
TCDC	Primary Prevention	\$ 247,919	\$ 116,706
Terros	Primary Prevention	\$ 423,671	\$ 181,047
Unobligated	General Services	\$ 2,690,890	\$ -
Unobligated	Primary Prevention	\$ 1,488,904	\$ -
AHCCCS Admin	-	\$ 1,894,611	\$ 756,499
	<b>Total</b>	<b>\$ 37,892,228</b>	<b>\$ 14,602,063</b>

\* **L. Project Calculation** AHCCCS currently estimated \$14,602,063 through 03/14/2023 consists of actual expenditures and Contract Expenditure Reports received but not yet reimbursed. AHCCCS' estimate is based on the current expenditure levels and program completion by 03/14/2023.

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

The main challenges experienced in fully expending the current COVID-19 Supplemental Funding were delays in budgetary approvals for subrecipients, difficulty in hiring new staff, and COVID-19 challenges such as supply chain issues, provider capacity, changing priorities, impacts to outreach services/protocols. See below for specific challenges experienced by subrecipient. The main steps AHCCCS will implement to ensure that the approved NCE Supplemental Funding will be fully expended by the end of the NCE period, is increased oversight and monitoring of subrecipients; re-allocating funds within the approved budget as needed.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
AzCH	General Services	\$ 479,288	COVID-19 challenges, difficulty hiring, delayed budget approval.	Once staff has been hired, equipment/supplies will be purchases and travel will begin. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/CBI	General Services	\$ 1,133,886	Difficulty hiring peer support specialist and navigators. Expansion of facility still under construction. COVID-19 challenges. Delayed budget approvals	Hiring of staff will increase spend in personnel, ERE, travel, and supplies. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/CODAC	General Services	\$ 475,670	High rate of staff turnovers and therefore additional supplies/equipment have not yet been purchased. COVID-19	Codac will retain current staff and hire for vacant positions. Once new employees have been hired, additional laptops and supplies will be ordered. AHCCCS and RBHA will increase monitoring of all

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
AzCH/COPE	General Services	\$ 146,473	COVID-19 challenges, retainment issues, Delayed budget approvals	Revised budget to allocate funds to Juvenile Justice team from outreach due to hiring difficulty. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/DKA	General Services	\$ 265,816	Difficulty hiring, COVID-19 challenges, Delayed budget approvals	Budget allocation increased for workforce development, AzCH-CCP reduced TBD Treatment. Budget allocation increased for Justice, AzCH-CCP reduced TBD Justice Increase travel, purchase supplies and relocate funds as requested. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/Hope	General Services	\$ 197,500	Difficulty hiring, COVID-19 related challenges, Delayed budget approvals	Hire and retain staff. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/ICHD-CPIH	General Services	\$ 375,015	Difficulty hiring, COVID-19 related challenges, Delayed budget approvals	ICHD originally had three vacant positions, but has since filled one. A peer support and cultural staff member will need to be hired. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/Oxford House	General Services	\$ 96,406	Difficulty hiring outreach workers, Delayed budget approvals	Budget allocation increased for Housing, AzCH-CCP reduced TBD Outreach. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/The Haven	General Services	\$ 477,269	Difficulty hiring peer support specialist, Delayed budget approvals	Two peer support specialist that will be hired. Once employment is secured, supplies will be ordered including laptops. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/TBD-Justice Project	General Services	\$ 408,433	Delayed SAMHSA approval for Juvenile Justice, some new budgets and some budget revisions in process, delayed budget approvals overall	RHBA to address challenges in budget delays and begin spending funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/TBD-Detox	General Services	\$ 25,451	Delayed budget approvals, COVID-19 challenges	RHBA to address challenges in budget delays and begin spending funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
AzCH/TBD-Outreach	General Services	\$ 15,408	Delayed budget approvals, COVID-19 challenges	RHBA to address challenges in budget delays and begin spending outreach funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/Variou-MAT	General Services	\$ 290,087	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Health Choice	General Services	\$ 309,664	Delayed budget approvals, COVID-19 challenges, shorter timeframe to spend due to RBHA transition.	Health Choice will no longer be a RBHA after 9/30/22. HCA will spend what they can through 9/30/22 and AHCCCS may reallocate as needed. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 09/30/22 where possible.
Health Choice	Women	\$ 27,061	Delayed budget approvals, COVID-19 challenges, shorter timeframe to spend due to RBHA transition.	Health Choice will no longer be a RBHA after 9/30/22. HCA will spend what they can through 9/30/22 and AHCCCS may reallocate as needed. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 09/30/22 where possible.
Health Choice/CBI	General Services	\$ 731,400	Delayed budget approvals. RBHA transition, shorter timeframe to spend, unable to spend allocation before RBHA transition, one project is seeing increased funding need due to increased cost per item compared to when budget was written.	N/A - CBI will not receive CRRSAA SABG funding under HCA after 9/30/22 due to RBHA transition. AHCCCS and RBHA have been providing oversight and monitoring regarding spend. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/LCBH	General Services	\$ 56,350	Delayed budget approvals, COVID-19 challenges, shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of SABG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/SHG	General Services	\$ 41,400	Delayed budget approvals, COVID-19 challenges, shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of SABG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/SHG	Women	\$ 86,250	Delayed budget approvals, COVID-19 challenges, shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of SABG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Health Choice/SPW	General Services	\$ 620,261	Delayed budget approvals, COVID-19 challenges, shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of SABG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/SPW	Women	\$ 101,945	Delayed budget approvals, COVID-19 challenges, shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of SABG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Mercy Care	General Services	\$ 769,791	Delayed budgetary approval - challenges hiring staff (workforce development Consultant, Juvenile Justice liaison)	Continue hiring for the Juvenile Justice Liaison, and reinforce contracts with subrecipients to fully expend funds by the end of the NCE period. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care	Women	\$ 295,729	Delayed budgetary approval - challenges hiring staff (workforce development Consultant, Juvenile Justice liaison)	Continue hiring for the Juvenile Justice Liaison, and reinforce contracts with subrecipients to fully expend funds by the end of the NCE period. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Alium	Women	\$ 485,998	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/AWRC	Women	\$ 630,877	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Axiom	General Services	\$ 250,000	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/CBI	General Services	\$ 884,049	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/CBI	Women	\$ 1,150,204	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending

<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
Mercy Care/CMS	General Services	\$ 661,090	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/Connections	General Services	\$ 347,221	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/CPLC	General Services	\$ 130,952	Delayed budget approvals, COVID-19 challenges	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Crossroads	General Services	\$ 824,895	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Ebony House	General Services	\$ 66,474	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/Ebony House	Women	\$ 66,474	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/Empact	General Services	\$ 128,893	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/FIC	General Services	\$ 138,867	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/HSC	General Services	\$ 173,611	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/Hushabye	Women	\$ 474,582	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
Mercy Care/ITS	General Services	\$ 269,321	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Lifewell	General Services	\$ 130,952	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/MAT	Women	\$ 174,067	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of MAT expenditure and to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/NAC	General Services	\$ 57,682	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/NAC	Women	\$ 57,682	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Oxford House	General Services	\$ 74,074	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/Oxford House	Women	\$ 69,444	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/PFCA	General Services	\$ 75,099	Delayed budget approvals, COVID-19 challenges	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/RI	General Services	\$ 339,006	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/Solari	General Services	\$ 694,444	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
Mercy Care/SWBH	General Services	\$ 116,745	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/SWBH	Women	\$ 12,972	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/Teros	General Services	\$ 130,952	Low spending due to delayed budgetary approval and potential staffing issues (potential staffing issues include turnover, retention, workforce development, etc.)	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/VDS	General Services	\$ 119,042	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/VDS	Women	\$ 13,227	Delayed budget approvals, COVID-19 challenges	AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible. outreach subrecipient to identify challenges and start spending
Mercy Care/MCJPD - Juvenile Justice	General Services	\$ 465,122	Delayed budgetary approval, Delayed SAMHSA approval for Juvenile Justice, subrecipient budget pending AHCCCS review	AHCCCS to review and approve Juvenile Justice plan/budget. Begin oversight and monitoring of subrecipient with RBHA to plan for spend down by 3/14/23.
Mercy Care/Open Hearts -Juvenile Justice	General Services	\$ 112,310	Delayed budgetary approval, Delayed SAMHSA approval for Juvenile Justice, subrecipient budget pending AHCCCS review	AHCCCS to review and approve Juvenile Justice plan/budget. Begin oversight and monitoring of subrecipient with RBHA to plan for spend down by 3/14/23.
Mercy Care/TBD Juvenile Justice	General Services	\$ 141,972	Delayed budgetary approval, delayed SAMHSA approval; Previous subrecipient dropped from Juvenile Justice plan due to delays	AHCCCS to review and approve Juvenile Justice plan/budget. Begin oversight and monitoring of subrecipient with RBHA to plan for spend down by 3/14/23.
Mercy Care/Treatment	General Services	\$ 908,217	Delayed budgetary approval, Since many projects are ramping up the RBHA has a large allocation of unspent treatment dollars pending spend down	AHCCCS and RBHA will increase monitoring of Treatment allocation. RBHA to outreach subrecipients to identify challenges and start spend, as well as reiterate their general services treatment funds available for their CRRSAA subrecipient network
Gila River	General Services	\$ 144,157	Delayed budgetary approval. Difficulty hiring case managers, but has been reported that they are currently in the hiring process. Since staff has not yet been secured, supplies have not yet been ordered.	AHCCCS oversight, TRBHA is beginning to spend; anticipates will submit for reimbursement in September.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Gila River	Women	\$ 110,404	Delayed budgetary approval. Difficulty hiring case managers, but has been reported that they are currently in the hiring process. Since staff has not yet been secured, supplies have not yet been ordered.	AHCCCS oversight, TRBHA is beginning to spend; anticipates will submit for reimbursement in September.
Gila River	Primary Prevention	\$ 120,000	Delayed budgetary approval, administrative lift to implement additional activities.	AHCCCS oversight, TRBHA is beginning to spend; anticipates will submit for reimbursement in September.
White Mountain	General Services	\$ 1,736,285	Delayed budgetary approval, ramping up services, planning - items TBD in budget are being specified, reviewed for approval. COVID-19 challenges.	AHCCCS and TRBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
White Mountain	Women	\$ 1,524,378	Delayed budgetary approval, ramping up services, COVID-19 challenges	AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
SPW	General Services	\$ 1,200,000	Delayed budgetary approvals, fluctuating supplies availability (Hep C test kits, naloxone types), COVID-19 challenges.	Subrecipient to expend CRRSAA SABG allocation by 12/31/2022 (end of contract year). AHCCCS will increase monitoring of all subrecipients spending to push for spend down.
AACAP	General Services	\$ 200,000	Delayed contracting, short timeframe to spend.	Oversight and monitoring meetings to request updates, necessary changes to budget for spend down. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
ASU Echo	General Services	\$ 202,637	Delayed contracting, short timeframe to spend	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/23. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
ABC	General Services	\$ 1,234,495	Delayed budgetary approval, administrative lift to establish new partner/program, contractor capacity/competing priorities, housing market	AHCCCS will continue to work with ABC Housing/HOM Inc. to execute an agreement with approved budget. Will provide regular oversight and monitoring of the agreement once executed to promote spending in line with timeline and budget.
R&R	General Services	\$ 1,499,950	Delayed approvals.	Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023, the end of their contract period. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
HMA	General Services	\$ 72,905	Not applicable; anticipate complete spend.	Not applicable; anticipate complete spend.
ASU Higher Ed	Primary Prevention	\$ 525,405	Delayed budgetary, new agreement approvals. Just began services on last week of June 2022, set back their goal to start services by July 1st.	AHCCCS meets regularly with the IHEs and will continue to monitor spending. AHCCCS also communicates via email regularly to answer questions by IHEs for proper spending according to their budget and timeline.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
NAU	Primary Prevention	\$ 713,494	Delayed budgetary, new agreement approvals. Just began services on last week of June 2022, set back their goal to start services by July 1st.	AHCCCS meets regularly with the IHEs and will continue to monitor spending. AHCCCS also communicates via email regularly to answer questions by IHEs for proper spending according to their budget and timeline.
U of A	Primary Prevention	\$ 392,982	Delayed budgetary, new agreement approvals. Just began services on last week of June 2022, set back their goal to start services by July 1st.	AHCCCS meets regularly with the IHEs and will continue to monitor spending. AHCCCS also communicates via email regularly to answer questions by IHEs for proper spending according to their budget and timeline.
Riester	Primary Prevention	\$ 1,580,130	Delayed approvals.	Subrecipient plans to continue with current media release timeline and has begun spending funds as the development of the media material is being developed. Subrecipient will increase spending in final 6 months to expend allocation by 3/14/2023, the end of their contract period. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Wellington	Primary Prevention	\$ 465,165	Delay on budgetary, scope of work approval, delay in IHEs executed agreements	Subrecipient has strategized and moved timeline to spend accordingly. AHCCCS will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AAA	Primary Prevention	\$ 53,046	Delayed budgetary approvals, Difficulty hiring one of two staff and difficulty with engagement for training that is being offered.	AHCCCS meets regularly with this subrecipient and will continue to monitor spending. Will increase oversight and monitoring of CRRSAA spend.
AZYP	Primary Prevention	\$ 73,193	Delayed budgetary approvals, Curriculum purchase delays	AHCCCS meets regularly with this subrecipient and will continue to monitor spending. Will increase oversight and monitoring of CRRSAA spend.
CBI	Primary Prevention	\$ 38,098	Delayed budgetary approvals, Difficulty hiring staff and recent submission request to amend the contract to reallocate funds from Contractual to Personnel and ERE.	AHCCCS meets regularly with this subrecipient and will continue to monitor spending. Will increase oversight and monitoring of CRRSAA spend. Subrecipient also planning for spend down by hiring a Community Development and Outreach Coordinator, out of State travel that will occur at the beginning of 2023. The supplies to support the promising practice will be ordered as the curriculum will implemented in the 2022-2023 school year.
CFR	Primary Prevention	\$ 67,718	Delayed budgetary approvals, Difficulty hiring staff, Two health educators/data collector roles still need to be filled. as well as not being able to spend on supplies like computers for new staff that will be hired on.	AHCCCS meets regularly with this subrecipient and will continue to monitor spending. Will increase oversight and monitoring of CRRSAA spend. Subrecipient plans to hire staff and is planning to spend on out of state travel for training. Once hired to execute prevention education with selected EBP.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
CPLC	Primary Prevention	\$ 306,901	Delayed budgetary approvals, Difficulty hiring staff (wellness educators, facilitators)	AHCCCS meets regularly with this subrecipient and will continue to monitor spending. Will increase oversight and monitoring of CRRSAA spend. Subrecipient currently plans Funds will be spent on prevention activities and new staff, and proposed travel expenses.
CSF	Primary Prevention	\$ 57,648	Delayed budgetary approvals, Difficulty hiring staff, Looking for one of two positions to fill still (Prevention Specialists)	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Subrecipient currently plans Funds will support proposed travel, curriculum tools/supplies, and other office equipment.
GC	Primary Prevention	\$ 38,054	Delayed budgetary approvals, Staff turnover and the subrecipient is working internally to finalizing a budget revision request to reallocate funds.	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. AHCCCS also communicates via email regularly to answer questions for proper spending according to their budget and timeline. The subrecipient has filled two vacant positions so funds will be spent to support the salaries of two newly hired employees. A budget revision is expected to be submitted to reallocate funds to support an accounting consultants fees.
LF	Primary Prevention	\$ 10,971	Delayed budgetary approvals.	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Subrecipient is currently planning out of state travel is in January 2023 for training.
MATFORCE	Primary Prevention	\$ 280,064	Delayed budgetary approvals, Media campaign toolkit timeline, and filling staff positions (SACLaz Coordinator)	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Subrecipient is currently planning Funds will cover coordinator position as well as media campaign supplies, and equipment.
MCAASA	Primary Prevention	\$ 174,749	Delayed budgetary approvals, Difficulty with hiring qualified staff.	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend.
NAAF	Primary Prevention	\$ 114,193	Delayed budgetary approvals, Difficulty hiring qualified staff. PPE supplies are being funded from an alternative source so subrecipient to submit budget revision request to reallocate more effectively.	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. AHCCCS also communicates via email regularly to answer questions for proper spending according to their budget and timeline. Subrecipient is currently planning Funds will be spent to support the personnel cost of an employee that will begin work in October 2022.
PAACE	Primary Prevention	\$ 34,002	Delayed budgetary approvals, Difficulty hiring staff and lack of members to attend out of state	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Subrecipient currently plans Funds will be

			trainings due to COVID-19 challenges	spent on personnel costs and out of state travel that will take place later in the grant period. The supplies needed will be purchased now that the school has begun and programming curriculum materials will be needed
<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
PHC	Primary Prevention	\$ 127,942	Delayed budgetary approvals, Difficulty hiring qualified staff.	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Subrecipient currently plans Funds will be spent on curriculum materials, staff to teach the curriculum and community prevention room with resources
SEABHS	Primary Prevention	\$ 29,265	Delayed budgetary approvals, Funds allocated for trainings are later in the grant period so they have not been spent. The funds allocated for supplies will be spent on items needed for future prevention events.	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. AHCCCS also communicates via email regularly to answer questions for proper spending according to their budget and timeline. Subrecipient currently plans Funds will be spent on in state and out of state travel expenses for staff trainings and program supplies needed for primary prevention events.
TCC	Primary Prevention	\$ 214,932	Delayed budgetary approvals, Difficulty hiring qualified staff that meet mentor requirements	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Funding curriculum and supplies to execute program put in place as well as staff(mentors) once fully team is hired.
TCDC	Primary Prevention	\$ 247,919	Delayed budgetary approvals, Difficulty with sourcing transportation service and training.	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Subrecipient currently plans Funds will be spent on personnel, consultants and program supplies
Terros	Primary Prevention	\$ 423,671	Delayed budgetary approvals, Having a hard time hiring program coordinator, and manager. Needs to hire qualified 2 prevention specialists as well (Spanish speaking) .	AHCCCS meets regularly with this subrecipient and will continue/increase oversight/monitoring of spend. Subrecipient currently plans Funds will be spent on prevention tools and education resources as well we two extra staff once hired on to help support prevention needs direct services. Travel Expense for out of state training in January 2023.
Unobligated	General Services	\$ 2,690,890	AHCCCS/RBHA/TRBHA/provider capacity Need for new partnerships, administrative burden required	AHCCCS will work to allocate unobligated funds
Unobligated	Primary Prevention	\$ 1,488,904	AHCCCS/TRBHA/provider capacity Need for new partnerships, administrative burden required	AHCCCS will work to allocate unobligated funds

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
AHCCCS Admin		\$ 1,894,611	Delayed budgetary approvals for subrecipients, lessened oversight and monitoring while programming was being developed.	Increased monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible and within NCE period, if granted.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

See below for planned itemized expenditures for COVID-19 Supplemental Funding approved projects, activities, and purchases that will be supported with the No Cost Extension. All planned expenditures are within the current scope of AHCCCS' currently approved SABG COVID-19 Supplemental Funding Plan. Any funds re-allocated will remain within the current scope as well.

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
AzCH	General Services	\$ 267,731	Hiring for vacant positions and work will begin/continue. Supplies will be purchased to support the necessary work.
AzCH/CBI	General Services	\$ 633,867	Hiring for vacant positions and work will begin/continue for detox and residential services, expansion. Supplies will be purchased to support the necessary work.
AzCH/CODAC	General Services	\$ 150,386	Hiring for vacant positions and work will begin/continue. Supplies will be purchased to support the necessary work.
AzCH/COPE	General Services	\$ 87,884	Increase spending on supplies and training for Juvenile Justice team.
AzCH/DKA	General Services	\$ 159,490	Travel, will increase with new employees and supplies will be purchased
AzCH/Hope	General Services	\$ 118,500	Hope has two vacant peer support positions and one vacant outreach position that will be hired and will perform the work.
AzCH/ICHD-CPIH	General Services	\$ 224,903	Hire for two vacant positions and increase spending on supplies for new employees
AzCH/Oxford House	General Services	\$ 57,844	Increase spending on housing
AzCH/The Haven	General Services	\$ 253,638	Hire employees and purchase laptops

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
AzCH/TBD-Justice Project	General Services	\$ 245,060	Funding to begin to be spend on budgeted Justice programs
AzCH/TBD-Detox	General Services	\$ 15,271	Expand detox facilities
AzCH/TBD-Outreach	General Services	\$ 9,245	Additional FTE positions across our provider service including Engaging individuals pre and post discharge at BHRFs, Warm hand offs to transitional or follow up providers, Education and assistance regarding available resources in the communities, and Assisting with outreach to underserved populations and areas, such as tribal territories.
AzCH/Various-MAT	General Services	\$ 174,052	Funds will continue to be paid for MAT treatment services provided by providers.
Health Choice	General Services	\$ 182,078	HCA unspent funds after 9/30/22 will be reallocated as appropriate.
Health Choice	Women	\$ 16,237	HCA unspent funds after 9/30/22 will be reallocated as appropriate.
Health Choice/CBI	General Services	\$ 413,216	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: hiring for vacant positions and work will begin/continue. Supplies will be purchased to support the necessary work, completion of facility expansion, purchasing of appliances and supplies.
Health Choice/LCBH	General Services	\$ 25,071	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: Expenses for purchase of medications, direct expenses for laptops, tablets and satellite phones.
Health Choice/SHG	General Services	\$ 16,423	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: Exterior painting, parking lot resurface, concrete and root repair, App development and interface
Health Choice/SHG	Women	\$ 51,750	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: Exterior painting, parking lot resurface, concrete and root repair, App development and interface
Health Choice/SPW	General Services	\$ 372,157	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: Personnel, fringe benefits, travel, equipment, supplies, and contractors for online curriculum, indirect cost, graphic and web design, and IT.
Health Choice/SPW	Women	\$ 61,167	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: Personnel, fringe benefits, travel, equipment, supplies, and contractors for online curriculum, indirect cost, graphic and web design, and IT.
Mercy Care	General Services	\$ 451,818	Continue hiring for the Juvenile Justice Liaison, train subrecipient SUD treatment provider network on YMHFA through the workforce development Consultant, and provide SUD treatment services to SABG populations.

<b>Subrecipient</b>	<b>Program</b>	<b>Amount Requested in NCE</b>	<b>N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE</b>
Mercy Care	Women	\$ 172,912	Continue hiring for the Juvenile Justice Liaison, train subrecipient SUD treatment provider network on YMHFA through the workforce development Consultant, and provide SUD treatment services to women.
Mercy Care/Alium	Women	\$ 291,599	SUD treatment and support for women
Mercy Care/AWRC	Women	\$ 321,960	SUD treatment and support for women
Mercy Care/Axiom	General Services	\$ 150,000	General treatment services for SUD populations
Mercy Care/CBI	General Services	\$ 500,467	General SUD treatment services
Mercy Care/CBI	Women	\$ 690,122	SUD treatment and support (child care) for women
Mercy Care/CMS	General Services	\$ 396,654	General outreach to SUD populations
Mercy Care/Connections	General Services	\$ 196,702	Community-based services (peer support)
Mercy Care/ CPLC	General Services	\$ 78,571	Case management & outreach for SUD populations
Mercy Care/Crossroads	General Services	\$ 494,937	Detoxification, outreach, and MAT services for SUD populations
Mercy Care/Ebony House	General Services	\$ 39,884	Outreach services for SUD populations
Mercy Care/Ebony House	Women	\$ 39,884	Outreach services for SUD populations (women)
Mercy Care/Empact	General Services	\$ 77,336	Outreach services for SUD populations
Mercy Care/FIC	General Services	\$ 83,320	Youth mentors for recovery support
Mercy Care/HSC	General Services	\$ 104,167	SOAR specialists for SUD populations (homeless initiative)
Mercy Care/Hushabye	Women	\$ 233,941	Peer support women with SUD

<b>Subrecipient</b>	<b>Program</b>	<b>Amount Requested in NCE</b>	<b>N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE</b>
Mercy Care/ITS	General Services	\$ 161,593	Outreach navigators and support services
Mercy Care/Lifewell	General Services	\$ 78,571	Peer support for SUD populations
Mercy Care/MAT	Women	\$ 104,440	MAT services (encounterable) for Provider network to utilize as needed
Mercy Care/NAC	General Services	\$ 6,684	Outreach services for SUD populations
Mercy Care/NAC	Women	\$ 34,609	Outreach services for women with SUD
Mercy Care/Oxford House	General Services	\$ 44,444	Outreach worker and start up Oxford House funds
Mercy Care/Oxford House	Women	\$ 41,666	Women specific outreach worker and start up Oxford House funds
Mercy Care/PFCA	General Services	\$ 45,059	Training and development for Provider staff
Mercy Care/RI	General Services	\$ 203,404	Peer support services to SUD populations
Mercy Care/Solari	General Services	\$ 416,666	Crisis services to SUD populations
Mercy Care/SWBH	General Services	\$ 70,047	Case management & outreach for SUD populations
Mercy Care/SWBH	Women	\$ 7,783	Case management & outreach for women with SUD
Mercy Care/Terros	General Services	\$ 73,190	Recovery support services for SUD populations
Mercy Care/VDS	General Services	\$ 71,425	Recovery support services for SUD populations
Mercy Care/VDS	Women	\$ 7,936	Recovery support services for women with SUD
Mercy Care/MCJPD - Juvenile Justice	General Services	\$ 279,073	Care coordination and "reach-in" services to SUD populations in jail.
Mercy Care/Open Hearts -Juvenile Justice	General Services	\$ 67,386	General treatment services for SUD populations

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
Mercy Care/TBD Juvenile Justice	General Services	\$ 85,183	Juvenile Justice programming
Mercy Care/Treatment	General Services	\$ 544,930	General treatment services (claim encounters)
Gila River	General Services	\$ 83,875	Once positions have been filled, laptops, jetpacks, COVID-19 supplies and training materials will be purchased. training to be provided
Gila River	Women	\$ 66,242	Once positions have been filled, laptops, jetpacks, COVID-19 supplies and training materials will be purchased. training to be provided
Gila River	Primary Prevention	\$ 72,000	Supplies to increase information dissemination as communication and media, education such as program curricula, trainings for staff, and supplies for the mobile prevention classroom.
White Mountain	General Services	\$ 1,041,771	first responder program to work with justice involved SUD youth, implementation of crisis line including necessary trainings, detox services, SOAR and care coordination, outreach workers, technology infrastructure for treatment services
White Mountain	Women	\$ 914,627	Staff (specifically women) to become certified peer recovery specialists, gender specific treatment, treatment for women and their substance exposed newborns.
SPW	General Services	\$ 633,440	Personnel & ERE for the Harm Reduction Program, as well as subrecipient funding for the SSPs, and supplies like Naloxone and harm reduction kits (Not sure if this column applies considering they will expend the funds by 12/31).
AACAP	General Services	\$ 120,000	additional training of the ECSII tool to providers to increase reach and spend down the funds
ASU Echo	General Services	\$ 121,582	In the case of unspent funds as of 3/14/23, ASU would continue/finalize the implementation and/or evaluation of the ECHO for gender-specific treatment for women with substance use disorder.
ABC	General Services	\$ 740,697	Planned expenditures include personnel to implement Project Health and Home (SUD Recovery Housing), funds for rental assistance and supplies as part of an SUD recovery plan.
R&R	General Services	\$ 839,220	In the case funds are unspent at 3/14/23, continuation will allow for Harm Reduction Media Campaign paid media (tv, radio, advertisements, etc.)
HMA	General Services	\$ 0	Not applicable; anticipate complete spend.
ASU Higher Ed	Primary Prevention	\$ 315,243	Staff to be hired and Travel Expenses for out of state trainings, Other Operating Expenses include materials for education training creating prevention spaces on campus and services for alternative activities, alcohol education.
NAU	Primary Prevention	\$ 428,096	Staff to be hired and Travel Expenses for out of state trainings, Other Operating Expenses include materials for education training and mentoring other students on campus/Greek life creating prevention spaces on campus and services for alternative activities that help support student engagement

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
U of A	Primary Prevention	\$ 235,789	Staff to be hired and Travel Expenses for out of state trainings, Other Operating Expenses include materials for education training and EBP' training for staff, also creating prevention spaces on campus and services for alternative activities, like stressbuster, wildcat nights and other prevention related engaging activities.
Riester	Primary Prevention	\$ 791,603	In the case funds are unspent at 3/14/23, continuation will allow for campaign to continue though paid media implementation.
Wellington	Primary Prevention	\$ 151,932	In the case funds are unspent at 3/14/23, funds will continue to support evaluation TA for contractors and IHE's. May continue to support prevention data portal and needs regarding surveys and data collection.
AAA	Primary Prevention	\$ 29,515	Purchasing mental health first aid materials and training two extra staff members to become facilitators. Funds will be spent on curriculum materials and two extra staff to teach the curriculum.
AZYP	Primary Prevention	\$ 37,959	Funds will be spent prevention specialist staff and purchase of curriculum
CBI	Primary Prevention	\$ 19,846	Personnel of one employee, Travel expenses of two participants to CADCA Leadership Forum, workbooks needed to support the promising practice student handbooks. and will focus time on direct service efforts
CFR	Primary Prevention	\$ 38,299	Hire staff to help teach education parts. Other Operating Expenses and Supplies include purchase of curriculum as well as materials needed for students to continue providing keep a clear mind curriculum. extension will also allow more time to spend funds allocated for staff once filled.
CPLC	Primary Prevention	\$ 184,141	two new staff to be hired on to teach education parts to youth , and travel expenses for vehicle remodel and gas reimbursement on local travel for community outreach and education
CSF	Primary Prevention	\$ 27,603	for new staff that needs to be hired still, Travel Expenses for out of state training (CADCA), Other Operating Expenses and supplies include materials needed on education training for youth (workbooks, and curriculum)
GC	Primary Prevention	\$ 21,135	Personnel for two coalition coordinators and accounting consultant fees.
LF	Primary Prevention	\$ 6,103	Spending on Other Operating Expenses include materials needed for service announcements and curriculum on EBP being used with students on campus to reach larger number of students. Funds will cover travel and Prevention public Service annulments in English and Spanish.
MATFORCE	Primary Prevention	\$ 166,742	Continuation of personnel costs related to implementation, including marijuana prevention campaign. Will allow for longer timeframe to properly develop and implement, and evaluate campaign. Also, necessary travel, and operating costs.

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
MCAASA	Primary Prevention	\$ 104,702	Personnel and travel
NAAF	Primary Prevention	\$ 68,347	Personnel for one employee. Supply funds will be spent on the evidence based and cultural curriculum that will be administered. Additional supply funds will be spent on items needed to support the subrecipient office needs. The subrecipient intends to utilize the remaining funding for training purposes of two employees on administering the evidence based and cultural prevention programs.
PAACE	Primary Prevention	\$ 213	Personnel for two teen mentors to implement the after school learning program curriculum. The subrecipient has identified out of state trainings that they will begin planning for. The Covid relief supplies budgeted for have been purchased and the remaining funds will be utilized to support iPad and Chromebooks for the after school programs.
PHC	Primary Prevention	\$ 64,466	Personal for two extra staff to help with prevention fairs and education. Travel Expense for out of state training (CADCA), Other Operating Expenses to furnish new prevention one stop shop space.
SEABHS	Primary Prevention	\$ 16,012	Travel expenses for in and out of state trainings for two staff members and registration fees. Program supplies and promotion items for prevention events.
TCC	Primary Prevention	\$ 125,085	Personnel hire two college mentors for mentor prevention education training with youth. Professional & Outside Services contract with ASU to help with EBP curriculum and education in local high school.
TCDC	Primary Prevention	\$ 131,213	Personnel and Consultant expenses
Terros	Primary Prevention	\$ 242,624	new staff that is needed to execute education training in community. Supplies for curriculum being used and incentives for students
Unobligated	General Services	\$ 2,690,890	Additional time will be required to add funding to current contracts/agreements to expand, enhance, or add new programs. Funds may be added to the new RBHA, may be added to current RBHAs for special projects, etc.
Unobligated	Primary Prevention	\$ 1,488,904	Additional time will be required to add funding to current contracts/agreements to expand, enhance, or add new programs. Funds may be added to the new RBHA, may be added to current RBHAs for special projects, etc.
AHCCCS Admin	-	\$ 1,065,914	Oversight and monitoring of vendors and subrecipients - RBHAs, TRBHAs, and direct servicing providers.
<b>Total</b>		<b>\$ 23,290,165</b>	

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

As of 08/26/22, AHCCCS has received subrecipient expenditure requests totaling \$3,705,647 pending review and reimbursement. See below for expenditures request pending reimbursement by subrecipient.

Subrecipient	Program	O. Expenditures Request Received through 08/26/2022
AzCH	General Services	\$ 36,544
AzCH/CBI	General Services	\$ 89,498
AzCH/CODAC	General Services	\$ 73,211
AzCH/COPE	General Services	\$ 23,301
AzCH/DKA	General Services	\$ 88,380
AzCH/Hope	General Services	\$ 34,137
AzCH/ICHD-CPIH	General Services	\$ 14,442
AzCH/Oxford House	General Services	\$ 14,764
AzCH/The Haven	General Services	\$ 82,555
Health Choice	General Services	\$ 28,614
Health Choice/CBI	General Services	\$ 6,781
Health Choice/LCBH	General Services	\$ 175
Health Choice/SHG	General Services	\$ 29,106
Health Choice/SPW	General Services	\$ 357,660
Mercy Care	General Services	\$ 176,541
Mercy Care	Women	\$ 705,176
Mercy Care/Alium	Women	\$ 144,701
Mercy Care/AWRC	Women	\$ 226,339
Mercy Care/CBI	General Services	\$ 9,230
Mercy Care/CBI	Women	\$ 73,737
Mercy Care/Connections	General Services	\$ 223,251
Mercy Care/Crossroads	General Services	\$ 420,720
Mercy Care/HSC	General Services	\$ 55,078
Mercy Care/Hushabye	Women	\$ 204,537
Mercy Care/ITS	General Services	\$ 11,918
Mercy Care/NAC	Women	\$ 3,627
Mercy Care/PFCA	General Services	\$ 1,151
Mercy Care/Solari	General Services	\$ 115,601
Mercy Care/Terros	General Services	\$ 11,698
White Mountain	General Services	\$ 80,322
White Mountain	Women	\$ 80,322
ASU Echo	General Services	\$ 14,659
R&R	General Services	\$ 25,106
U of A	Primary Prevention	\$ 8,569
Riester	Primary Prevention	\$ 82,145
Wellington	Primary Prevention	\$ 15,471

<b>Subrecipient</b>	<b>Program</b>	<b>O. Expenditures Request Received through 08/26/2022</b>
AAA	Primary Prevention	\$ 75
AZYP	Primary Prevention	\$ 492
CBI	Primary Prevention	\$ 10,601
CFR	Primary Prevention	\$ 736
CPLC	Primary Prevention	\$ 26,206
CSF	Primary Prevention	\$ 5,582
GC	Primary Prevention	\$ 3,275
MATFORCE	Primary Prevention	\$ 4,251
MCAASA	Primary Prevention	\$ 214
NAAF	Primary Prevention	\$ 9,830
PAACE	Primary Prevention	\$ 4,286
PHC	Primary Prevention	\$ 3,130
SEABHS	Primary Prevention	\$ 4,112
TCC	Primary Prevention	\$ 2,645
TCDC	Primary Prevention	\$ 61,145
<b>Total</b>		<b>\$ 3,705,647</b>

**End of NCE Request. Thank you.**

# 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

<b>Title XIX, Part B, Subpart II of the Public Health Service Act</b>		
Section	Title	Chapter
Section 1921	Formula Grants to States	<a href="#">42 USC § 300x-21</a>
Section 1922	Certain Allocations	<a href="#">42 USC § 300x-22</a>
Section 1923	Intravenous Substance Abuse	<a href="#">42 USC § 300x-23</a>
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	<a href="#">42 USC § 300x-24</a>
Section 1925	Group Homes for Recovering Substance Abusers	<a href="#">42 USC § 300x-25</a>
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	<a href="#">42 USC § 300x-26</a>
Section 1927	Treatment Services for Pregnant Women	<a href="#">42 USC § 300x-27</a>
Section 1928	Additional Agreements	<a href="#">42 USC § 300x-28</a>
Section 1929	Submission to Secretary of Statewide Assessment of Needs	<a href="#">42 USC § 300x-29</a>
Section 1930	Maintenance of Effort Regarding State Expenditures	<a href="#">42 USC § 300x-30</a>
Section 1931	Restrictions on Expenditure of Grant	<a href="#">42 USC § 300x-31</a>
Section 1932	Application for Grant; Approval of State Plan	<a href="#">42 USC § 300x-32</a>
Section 1935	Core Data Set	<a href="#">42 USC § 300x-35</a>
<b>Title XIX, Part B, Subpart III of the Public Health Service Act</b>		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>

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

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the 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: Arizona

Kristen Challacombe

Name of Chief Executive Officer (CEO) or Designee:

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

Title: Deputy Director

Date Signed: 8/26/2022

mm/dd/yyyy

<sup>1</sup>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 OF ARIZONA  
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY  
GOVERNOR

EXECUTIVE OFFICE

September 30, 2022

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. The Single State Authority (SSA) role is to provide oversight of the Substance Abuse Prevention and Treatment Block Grant (SABG) and other funding for Substance Use Disorder (SUD) treatment and intervention programs in Arizona. These funds are utilized for SUD treatment and intervention services for Medicaid and Non-Medicaid enrolled members.

Due to AHCCCS organizational clinical alignment, the SSA representative will transfer from Ms. Kristen Challacombe, the Deputy Director of Business Operations to Dr. Sara Salek, the Chief Medical Officer. Therefore, I am designating Dr. Salek, as the SSA for Arizona. This signature authority includes the signing of any standard federal forms such as Assurances, Certification and Disclosure of Lobbying Activities.

If you have any questions, please contact Alisa Randall, Assistant Director of Grants Administration, at [Alisa.Randall@azahcccs.gov](mailto:Alisa.Randall@azahcccs.gov) or (602) 417-4794.

Sincerely,

Douglas A. Ducey  
Governor  
State of Arizona



STATE OF ARIZONA  
OFFICE OF THE GOVERNOR

KATIE HOBBS  
GOVERNOR

EXECUTIVE OFFICE

March 7, 2023

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As the Governor of the State of Arizona, for the duration of my tenure, I delegate all Single State Agency (SSA) for substance abuse authority to the current Chief Medical Officer, Dr. Sara Salek, for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Block Grant (SABG). I delegate all State Mental Health Authority (SMHA) to Dr. Sara Salek for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant (MHBG) and Projects to Assistance in Transition to Homelessness (PATH) grant.

If you have any questions, please contact CJ Loiselle, Deputy Assistant Director, Division of Grants Administration at [CJ.Loiselle@azahcccs.gov](mailto:CJ.Loiselle@azahcccs.gov) or (602) 417- 4023.

Sincerely,

Katie Hobbs  
Governor  
State of Arizona



STATE OF ARIZONA  
OFFICE OF THE GOVERNOR

KATIE HOBBS  
GOVERNOR

EXECUTIVE OFFICE

March 7, 2023

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As the Governor of the State of Arizona, for the duration of my tenure, I delegate all Single State Agency (SSA) for substance abuse authority to the current Chief Medical Officer, Dr. Sara Salek, for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Block Grant (SABG). I delegate all State Mental Health Authority (SMHA) to Dr. Sara Salek for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant (MHBG) and Projects to Assistance in Transition to Homelessness (PATH) grant.

If you have any questions, please contact CJ Loiselle, Deputy Assistant Director, Division of Grants Administration at [CJ.Loiselle@azahcccs.gov](mailto:CJ.Loiselle@azahcccs.gov) or (602) 417- 4023.

Sincerely,

A handwritten signature in black ink, appearing to be "KH", followed by a long horizontal line extending to the right.

Katie Hobbs  
Governor  
State of Arizona

# State Information

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

Fiscal Year 2023

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  
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 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	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Section 1920	Early Serious Mental Illness	<a href="#">42 USC § 300x-9</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>
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## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

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

Title: \_\_\_\_\_

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

mm/dd/yyyy

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

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

**Footnotes:**

SAMHSA  
 Office of Financial Resources, Division of Grants Management  
 Center for Substance Abuse Treatment, Division of States and Community Systems  
 Center for Substance Abuse Prevention, Division of Primary Prevention  
 Center for Mental Health Services, Division of State and Community Systems Development

## Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

**COVID-19 Award Issue Date:** 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

**Instructions:** Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

**Check One Only (✓):**     Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding  
                                    Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Arizona Health Care Cost Containment System (AHCCCS)		
B. Date of Submission of NCE Request	09/09/2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months

D. Name and Title of Grantee Finance Official Approving This NCE Request	Karen D MacLean Finance Administrator Division of Business Finance
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E. Name and Title of Grantee Program Official Approving This NCE Request	Kristen Challacombe Deputy Director for Business Operations Office of the Director		
F. Name and Title of Other Grantee Official Approving This NCE Request	Andrea Lustfield Grants Administrator – MHBG Division of Grants Administration		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$22,711,565.00	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$179,537
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$11,354,984	J. COVID-19 Award Total \$ Amount Requested for NCE	\$11,356,581
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			

AHCCCS Actual Expenditures through 08/14/2022 is \$179,537. See below for a listing of actual expenditures for COVID-19 Supplemental Funding approved projects, activities, and purchases by subrecipients.

Subrecipient	Program	Allocation	K. Actual Expenditures through 08/14/2022
Health Choice	FEP	\$ 3,240	\$ 449
Health Choice	SMI	\$ 70,866	\$ 2,771
Health Choice/CC	SMI	\$ 223,055	\$ 31,870
Gila River	SED	\$ 186,042	\$ 25,341
Gila River	SMI	\$ 113,958	\$ 8,206
HMA	SMI	\$ 72,197	\$ 72,197
AHCCCS	-	\$ 1,135,578	\$ 38,703
	<b>Total</b>	<b>\$ 22,711,565</b>	<b>\$ 179,537</b>

L. Please provide a brief listing of your grantee estimated itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are planned to be completed with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.

AHCCCS Estimated Expenditures through 03/14/2023 is \$11,175,447. See below for a listing of estimated expenditures for COVID-19 Supplemental Funding approved projects, activities, and purchases by subrecipients through March 14, 2023.

Subrecipient	Program	Allocation	L. Estimated Expenditures through 03/14/2023
AzCH	FEP	\$ 80,266	\$ 40,133
AzCH	SED	\$ 387,547	\$ 193,774
AzCH	SMI	\$ 371,932	\$ 185,966
AZCH/Banner	SED	\$ 65,458	\$ 32,729

Subrecipient	Program	Allocation	L. Estimated Expenditures through 03/14/2023
AZCH/CBI	SMI	\$ 715,475	\$ 357,738
AZCH/CDLN	SED	\$ 477,829	\$ 238,915
AZCH/CHA	SED	\$ 106,905	\$ 53,453
AZCH/CHA	SMI	\$ 118,868	\$ 59,434
AZCH/CODAC	SED	\$ 7,533	\$ 3,767
AZCH/CODAC	SMI	\$ 498,209	\$ 249,105
AZCH/COPE	SED	\$ 391,678	\$ 195,839
AZCH/COPE	SMI	\$ 179,011	\$ 89,506
AZCH/Envolve	SED	\$ 70,095	\$ 35,048
AZCH/Envolve	SMI	\$ 70,095	\$ 35,048
AZCH/ESBF	FEP	\$ 83,043	\$ 41,522
AZCH/ESBF	SED	\$ 164,930	\$ 82,465
AZCH/ESBF	SMI	\$ 580,109	\$ 290,055
AZCH/ HHW	SMI	\$ 162,290	\$ 81,145
AZCH/Hope	SMI	\$ 544,232	\$ 272,116
AZCH/ICHD	FEP	\$ 558,785	\$ 279,393
AZCH/ICHD	SED	\$ 98,135	\$ 49,068
AZCH/ICHD	SMI	\$ 115,702	\$ 57,851
AzCH/LFC	FEP	\$ 44,291	\$ 22,146
AzCH/LFC	SED	\$ 74,370	\$ 37,185
AzCH/LFC	SMI	\$ 175,499	\$ 87,750
AzCH/NAMI	SED	\$ 209,458	\$ 104,729
AzCH/Touchstone	SED	\$ 372,911	\$ 186,456
AzCH/TBD- Service Dogs in Schools	SED	\$ 20,705	\$ 10,353
AzCH/TBD - Workforce develop	SED	\$ 400,000	\$ 200,000
AzCH/TBD-Telehealth Infrastructure	SED	\$ 400,000	\$ 200,000
AzCH/TBD -Outreach/Engagement	FEP	\$ 9,563	\$ 4,782
AzCH/TBD -Outreach/Engagement	SED	\$ 479,067	\$ 239,534
Health Choice	FEP	\$ 3,240	\$ 2,069
Health Choice	SED	\$ 66,532	\$ 33,266
Health Choice	SMI	\$ 70,866	\$ 38,204
Health Choice/CC	SMI	\$ 223,055	\$ 143,397
Health Choice/CBI	SMI	\$ 202,400	\$ 101,200
Health Choice/LCBH	SED	\$ 276,461	\$ 138,231
Health Choice/LCBH	SMI	\$ 146,739	\$ 73,370
Health Choice/YCSO	SMI	\$ 36,883	\$ 18,442
Mercy Care	FEP	\$ 57,452	\$ 28,726
Mercy Care	SED	\$ 349,474	\$ 174,737
Mercy Care	SMI	\$ 188,185	\$ 94,093
Mercy Care/CBI	SED	\$ 197,284	\$ 98,642

<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>L. Estimated Expenditures through 03/14/2023</b>
Mercy Care/CBI	SMI	\$ 637,478	\$ 318,739
Mercy Care/CFSS	SED	\$ 417,115	\$ 208,558
Mercy Care/COPA	SMI	\$ 57,336	\$ 28,668
Mercy Care/CPIH	SMI	\$ 58,132	\$ 29,066
Mercy Care/CP&R	SED	\$ 208,557	\$ 104,279
Mercy Care/CP&R	SMI	\$ 420,463	\$ 210,232
Mercy Care/Empact	SED	\$ 208,557	\$ 104,279
Mercy Care/Empact	SMI	\$ 109,923	\$ 54,962
Mercy Care/HHW	SMI	\$ 98,375	\$ 49,188
Mercy Care/HMA	FEP	\$ 150,000	\$ 75,000
Mercy Care/Hope Lives	SMI	\$ 28,393	\$ 14,197
Mercy Care/HSC	SMI	\$ 143,347	\$ 71,674
Mercy Care/Lifewell	SMI	\$ 55,161	\$ 27,581
Mercy Care/Mind 247	SED	\$ 1,251,344	\$ 625,672
Mercy Care/Mind 247	SMI	\$ 15,000	\$ 7,500
Mercy Care/NH	SMI	\$ -	\$ -
Mercy Care/RH	SMI	\$ 98,375	\$ 49,188
Mercy Care/RI	SMI	\$ 400,000	\$ 200,000
Mercy Care/Solari	SED	\$ 625,672	\$ 312,836
Mercy Care/Spectrum	SED	\$ 834,229	\$ 417,115
Mercy Care/Spectrum	SMI	\$ 60,000	\$ 30,000
Mercy Care/SWBHA	SMI	\$ 55,161	\$ 27,581
Mercy Care/Terros	SED	\$ 208,557	\$ 104,279
Mercy Care/Terros	SMI	\$ 55,161	\$ 27,581
Mercy Care/Touchstone	SED	\$ 417,115	\$ 208,558
Mercy Care/Valleywise	FEP	\$ 568,147	\$ 284,074
Mercy Care/VDS	SMI	\$ 60,000	\$ 30,000
Gila River	SED	\$ 186,042	\$ 118,362
Gila River	SMI	\$ 113,958	\$ 65,185
Pascua Yaqui	SED	\$ 464,161	\$ 232,081
Pascua Yaqui	SMI	\$ 285,839	\$ 142,920
White Mountain	SED	\$ 285,092	\$ 142,546
White Mountain	SMI	\$ 314,908	\$ 157,454
AACAP	SED	\$ 200,000	\$ 100,000
HMA	SMI	\$ 72,197	\$ 72,197
Solari	Crisis	\$ 1,135,578	\$ 1,135,578
Unobligated	FEP	\$ 716,370	\$ -
Unobligated	SED	\$ 706,972	\$ -
Unobligated	SMI	\$ 710	\$ -
AHCCCS		\$ 1,135,578	\$ 606,492
		<b>\$ 22,711,565</b>	<b>\$ 11,354,984</b>

**\* L. Project Calculation** AHCCCS currently estimated \$11,354,984 through 03/14/2023 consists of actual expenditures and Contract Expenditure Reports received but not yet reimbursed. AHCCCS' estimate is based on the current expenditure levels and program completion by 03/14/2023.

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

The main challenges experiences in fully expended the current COVID-19 Supplemental Funding were delayed in budgetary approvals for subrecipients, difficulty in hiring new staff, and COVID-19 challenges such as supply chain issues, provider capacity, changing priorities, and impacts to outreach services/protocols. See below for specific challenges experienced by subrecipient. The main steps AHCCCS will implement to ensure that the approved NCE Supplemental Funding will be fully expended by the end of the NCE period are increased oversight and monitoring of subrecipients and re-allocating funds within the approved budget as needed.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
AzCH	FEP	\$ 80,266	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH	SED	\$ 387,547	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH	SMI	\$ 371,932	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/Banner	SED	\$ 65,458	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/CBI	SMI	\$ 715,475	Delayed budget approvals, programming development and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
AZCH/CDLN	SED	\$ 477,829	Delayed budget approvals, programming development and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/CHA	SED	\$ 106,905	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/CHA	SMI	\$ 118,868	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/CODAC	SED	\$ 7,533	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/CODAC	SMI	\$ 498,209	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/COPE	SED	\$ 391,678	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/COPE	SMI	\$ 179,011	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/Envolve	SED	\$ 70,095	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/Envolve	SMI	\$ 70,095	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
AZCH/ESBF	FEP	\$ 83,043	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/ESBF	SED	\$ 164,930	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/ESBF	SMI	\$ 580,109	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/HHW	SMI	\$ 162,290	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/Hope	SMI	\$ 544,232	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/ICHD	FEP	\$ 558,785	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/ICHD	SED	\$ 98,135	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AZCH/ICHD	SMI	\$ 115,702	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/LFC	FEP	\$ 44,291	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
AzCH/LFC	SED	\$ 74,370	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/LFC	SMI	\$ 175,499	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention. New pilot program.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/NAMI	SED	\$ 209,458	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/Touchstone	SED	\$ 372,911	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/TBD- Service Dogs in Schools	SED	\$ 20,705	Delayed budget approvals, COVID-19 challenges	RHBA to address challenges in budget delays and begin spending funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/TBD - Workforce develop	SED	\$ 400,000	Delayed budget approvals, COVID-19 challenges	RHBA to address challenges in budget delays and begin spending funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/TBD- Telehealth Infrastructure	SED	\$ 400,000	Delayed budget approvals, COVID-19 challenges	RHBA to address challenges in budget delays and begin spending funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/TBD - Outreach/Engagement	FEP	\$ 9,563	Delayed budget approvals, COVID-19 challenges	RHBA to address challenges in budget delays and begin spending funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
AzCH/TBD - Outreach/Engagement	SED	\$ 479,067	Delayed budget approvals, COVID-19 challenges	RHBA to address challenges in budget delays and begin spending funds. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Health Choice	FEP	\$ 3,240	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention; shorter timeframe to spend due to RBHA transition.	Health Choice will no longer be a RBHA after 9/30/22. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 09/30/22 where possible.
Health Choice	SED	\$ 66,532	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention; shorter timeframe to spend due to RBHA transition.	Health Choice will no longer be a RBHA after 9/30/22. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 09/30/22 where possible.
Health Choice	SMI	\$ 70,866	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention; shorter timeframe to spend due to RBHA transition.	Health Choice will no longer be a RBHA after 9/30/22. AHCCCS will increase monitoring of the RBHA and its subrecipients spending to push for spend down by 09/30/22 where possible.
Health Choice/CC	SMI	\$ 223,055	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention; shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of MHBG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/CBI	SMI	\$ 202,400	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention; shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of MHBG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/LCBH	SED	\$ 276,461	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention; shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of MHBG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/LCBH	SMI	\$ 146,739	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention; shorter timeframe to spend due to RBHA transition.	AHCCCS and RBHA have provided oversight and monitoring of MHBG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended funds. Possibility to re-allocate to other RBHA(s).
Health Choice/YCSO	SMI	\$ 36,883	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention;	AHCCCS and RBHA have provided oversight and monitoring of MHBG CRRSAA spending. Potential for expenditures in August, September to bring down amount of unexpended

			shorter timeframe to spend due to RBHA transition.	funds. Possibility to re-allocate to other RBHA(s).
<b>Subrecipient</b>	<b>Program</b>	<b>Allocation</b>	<b>M. (1) Brief Summary of Challenges experienced in fully expending Funding</b>	<b>M. (2) Brief Summary of Implementation to expend funds by the end of NCE period</b>
Mercy Care	FEP	\$ 57,452	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care	SED	\$ 349,474	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care	SMI	\$ 188,185	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS increase monitoring of the RBHA and its subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/CBI	SED	\$ 197,284	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/CBI	SMI	\$ 637,478	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/CFSS	SED	\$ 417,115	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Mercy Care/COPA	SMI	\$ 57,336	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/CPIH	SMI	\$ 58,132	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/CP&R	SED	\$ 208,557	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/CP&R	SMI	\$ 420,463	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Empact	SED	\$ 208,557	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Empact	SMI	\$ 109,923	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/HHW	SMI	\$ 98,375	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Mercy Care/HMA	FEP	\$ 150,000	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Hope Lives	SMI	\$ 28,393	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/HSC	SMI	\$ 143,347	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Lifewell	SMI	\$ 55,161	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Mind 247	SED	\$ 1,251,344	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Mind 247	SMI	\$ 15,000	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/NH	SMI	\$ -	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Mercy Care/RH	SMI	\$ 98,375	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/RI	SMI	\$ 400,000	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Solari	SED	\$ 625,672	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Spectrum	SED	\$ 834,229	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Spectrum	SMI	\$ 60,000	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/SWBHA	SMI	\$ 55,161	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Teros	SED	\$ 208,557	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Mercy Care/Terros	SMI	\$ 55,161	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Touchstone	SED	\$ 417,115	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/Valleywise	FEP	\$ 568,147	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Mercy Care/VDS	SMI	\$ 60,000	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS and RBHA will increase monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible.
Gila River	SED	\$ 186,042	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized. AHCCCS oversight, TRBHA anticipates increased spend through 3/14/23.
Gila River	SMI	\$ 113,958	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized. AHCCCS oversight, TRBHA anticipates increased spend through 3/14/23.
Pascua Yaqui	SED	\$ 464,161	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS will increase monitoring of TRBHA and contractors to push for spend down by 3/14/23 where possible.

Subrecipient	Program	Allocation	M. (1) Brief Summary of Challenges experienced in fully expending Funding	M. (2) Brief Summary of Implementation to expend funds by the end of NCE period
Pascua Yaqui	SMI	\$ 285,839	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS will increase monitoring of TRBHA and contractors to push for spend down by 3/14/23 where possible.
White Mountain	SED	\$ 285,092	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized. AHCCCS oversight, TRBHA anticipates increased spend through 3/14/23.
White Mountain	SMI	\$ 314,908	Delayed budget approvals, programming development, and implementation. Barriers in workforce development and retention.	Budgets and programming are finalized; support stakeholder incentives in workforce development and retention. AHCCCS will increase monitoring of TRBHA and contractors to push for spend down by 3/14/23 where possible.
AACAP	SED	\$ 200,000	Delayed budget approvals, programming development, and implementation	Budgets and programming are finalized. AHCCCS oversight, AACAP anticipates increased spend through 3/14/23.
HMA	SMI	\$ 72,197	Not applicable; funds spent.	Not applicable; funds spent.
Solari	Crisis	\$ 1,135,578	Not applicable; anticipate complete spend.	Not applicable; anticipate complete spend.
Unobligated	FEP	\$ 716,370	AHCCCS/TRBHA/provider capacity Need for new partnerships, administrative burden required	AHCCCS will work to allocate unobligated funds
Unobligated	SED	\$ 706,972	AHCCCS/TRBHA/provider capacity Need for new partnerships, administrative burden required	AHCCCS will work to allocate unobligated funds
Unobligated	SMI	\$ 710	AHCCCS/TRBHA/provider capacity Need for new partnerships, administrative burden required	AHCCCS will work to allocate unobligated funds
AHCCCS		\$ 1,135,578	Delayed budgetary approvals for subrecipients, lessened oversight and monitoring while programming was being developed.	Increased monitoring of all subrecipients spending to push for spend down by 3/14/23 where possible and within NCE period, if granted.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

See below for planned itemized expenditures for COVID-19 Supplemental Funding approved projects, activities, and purchases that will be supported with the No Cost Extension. All planned expenditures are within the current scope of AHCCCS' currently approved MHBG COVID-19 Supplemental Funding Plan. Any funds re-allocated will remain within the current scope as well.

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
AzCH	FEP	\$ 40,133	All positions will be working with MHBG Block Grant compliance, programming, and training; oversight and monitoring of subrecipients.
AzCH	SED	\$ 193,774	All positions will be working with MHBG Block Grant compliance, programming, and training; specifically Question, Persuade and Refer (QPR) method.
AzCH	SMI	\$ 185,966	All positions will be working with MHBG Block Grant compliance, programming, and training; oversight and monitoring of subrecipients.
AZCH/Banner	SED	\$ 32,729	Contract with the University of Kentucky for education, training activities, and evaluation of outcomes. 5 month sessions with 150 participants to collaborate on trauma and effects on school aged youth.
AZCH/CBI	SMI	\$ 357,738	Outreach navigators to provide COVID education, resources, and PPE supplies to individuals in need. Two (.5 FTE each) Lead Clinical staff to provide crisis training and support for new staff and individuals that engage with first responders. First responder interaction trainings and supplies. Travel expenses for outreach and services.
AZCH/CDLN	SED	\$ 238,915	Outreach efforts in 36 schools by MHFA instructors Responding to inbound crisis calls and providing in-person support when applicable Trainings Motivational interviewing and EMDR
AZCH/CHA	SED	\$ 53,453	Peer Support/Outreach Educators to expand outreach, crisis interventions, and provide resources and referrals. Travel expenses Train the trainer certifications: CPI and ASIST
AZCH/CHA	SMI	\$ 59,434	Peer Support/Outreach Educators will conduct outreach, crisis intervention, and provide resources and referrals. Travel expenses Train the trainer certifications for: CPI and ASIST
AZCH/CODAC	SED	\$ 3,767	Mental Health First Aid (MHFA) training
AZCH/CODAC	SMI	\$ 249,105	Health Coach: utilization of evidenced based practices and personal health initiatives. Personal Trainers (2): Educate on exercise and wellness to promote healthy lifestyles. Behavioral Health Professional: Individualized treatment planning with and direct support of families. Peer Support: focus on criminal justice involved members, engaging in release plans for member with SMI.

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
AZCH/COPE	SED	\$ 195,839	Staff will conduct outreach and engagement in community and schools Therapeutic playroom supplies
AZCH/COPE	SMI	\$ 89,506	Staff will conduct outreach and engagement in community
AZCH/Envolve	SED	\$ 35,048	Co-locate 3 staff- BHT, Manager, and Supervisor within the 911 Communication Center to telephonically deescalate and stabilize incoming behavioral health calls
AZCH/Envolve	SMI	\$ 35,048	Co-locate 3 staff- BHT, Manager, and Supervisor within the 911 Communication Center to telephonically deescalate and stabilize incoming behavioral health calls
AZCH/ESBF	FEP	\$ 41,522	Trainings: Harris Institute- Early Childhood Mental Health Training (1-year clinical program), ECSII, PSB-CBT, and University of Minnesota -Enhanced Illness Management & Recovery (eIMR)
AZCH/ESBF	SED	\$ 82,465	Peer supports to outreach/re-engage members with services throughout county including rural communities Marketing materials for outreach efforts Travel and office supply expenses
AZCH/ESBF	SMI	\$ 290,055	Monthly Rent: 5 Units 17 - Instances of Moving Costs for Members Transitioning from Semi-Independent Housing 35 - Apartment Cleanings upon discharge and/or quarterly 30 - payment assistance for past due utilities
AZCH/ HHW	SMI	\$ 81,145	2 staff: The Crisis Trainer and Supervisor - research and develop training curriculum for all Crisis Team Members and individuals who interact with first responders Training: Certified Trauma and Resilience Practitioner (CTRP) – Trainer Track eBundle
AZCH/Hope	SMI	\$ 272,116	Travel expenses Member housing assistance for 1-night Recruiting Refreshments –available to recruits only, not active employees.
AZCH/ICHD	FEP	\$ 279,393	16 staff members to serve 80-90 members once at capacity Travel expenses Training: CSC Model Fidelity Training, A/CRA Protocol Certification Training
AZCH/ICHD	SED	\$ 49,068	4 staff members Transition Age Youth program serving 300-400 members;Travel expenses Training: Transition Age Youth, Transition Age Youth – Bi-Monthly Workshop Series, Youth Conference, A/CRA Protocol Certification Training
AZCH/ICHD	SMI	\$ 57,851	4 staff members towards Transition Age Youth program serving 300-400 members Travel expenses Training: Transition Age Youth, Transition Age Youth – Bi-Monthly Workshop Series, Youth Conference, A/CRA Protocol Certification Training
AzCH/LFC	FEP	\$ 22,146	Training: NSM Training and ESCII Training (FEP Project)
AzCH/LFC	SED	\$ 37,185	Pilot program for justice involved members 3 staff- Recovery Coach, Recovery Aide, Licensed Practical Nurse EMDR light bar Training: DBT, QPR, EMDR, CPS Train the Trainer

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
AzCH/LFC	SMI	\$ 87,750	Pilot program for justice involved members 3 staff- Recovery Coach, Recovery Aide, Licensed Practical Nurse EMDR light bar Training: DBT, QPR, EMDR, CPS Train the Trainer
AzCH/NAMI	SED	\$ 104,729	Ending the Silence presentations NAMI Southern Arizona's Ending the Silence Student Packets Staff / presenter(s) training, Clinical Supervision, and Outreach / coordination
AzCH/Touchstone	SED	\$ 186,456	Family trauma therapist PPE supplies Cost for Consultation and Training Support
AzCH/TBD- Service Dogs in Schools	SED	\$ 10,353	Service Dogs in Schools
AzCH/TBD - Workforce develop	SED	\$ 200,000	Workforce development
AzCH/TBD- Telehealth Infrastructure	SED	\$ 200,000	Telehealth Infrastructure
AzCH/TBD - Outreach/Engagement	FEP	\$ 4,782	Increase outreach/engagement
AzCH/TBD - Outreach/Engagement	SED	\$ 239,534	Increase outreach/engagement
Health Choice	FEP	\$ 1,171	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: QPR training and certification Gym memberships promoting exercise and healthy living
Health Choice	SED	\$ 33,266	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: Training through JSOCCP and International Critical Incident Stress Foundation, Inc.
Health Choice	SMI	\$ 32,662	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: Training through International Critical Incident Stress Foundation, Inc.
Health Choice/CC	SMI	\$ 79,658	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: 4 staff personal to provide wrap around services to individuals with justice involvement to reduce recidivism Travel Office supply expenses
Health Choice/CBI	SMI	\$ 101,200	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: 6 positions- outreach efforts for pre and post release from incarceration, and post-crisis mobile involvement. Travel expenses Direct Supplies expenses
Health Choice/LCBH	SED	\$ 138,231	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: 7 staff to provide direct service and training to first responder communities in Northern Arizona. Training: MRT, ASIST, ACES, ASAM, TF CBT, and Motivational Interviewing

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
Health Choice/LCBH	SMI	\$ 73,370	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: 4 staff to provide direct service needs and outreach efforts, Direct Supplies expenses Travel expenses
Health Choice/YCSO	SMI	\$ 18,442	HCA unspent funds after 9/30/22 will be reallocated as appropriate. Currently allocated for: 2 staff, Program Coordinator and Inmate Services Manager providing services and oversight to justice involved members with SMI. AZ Association of Drug Court Professionals Annual Conference Registration
Mercy Care	FEP	\$ 28,726	All positions will be working with MHBG Block Grant compliance, programming, and training; oversight and monitoring of subrecipients. HMA as a consultant for marketing and branding as outreach.
Mercy Care	SED	\$ 174,737	All positions will be working with MHBG Block Grant compliance, programming, and training; oversight and monitoring of subrecipients.
Mercy Care	SMI	\$ 94,093	All positions will be working with MHBG Block Grant compliance, programming, and training; oversight and monitoring of subrecipients.
Mercy Care/CBI	SED	\$ 98,642	Personnel provide direct care services to adolescents with SED Travel expenses Office and operational supplies
Mercy Care/CBI	SMI	\$ 318,739	Personnel will provide direct services to justice involved members Travel expense Office and operational supplies
Mercy Care/CFSS	SED	\$ 208,558	Intensive Outpatient Programming
Mercy Care/COPA	SMI	\$ 28,668	Personnel will provide direct services to justice involved members Phone expenses
Mercy Care/CPIH	SMI	\$ 29,066	Personnel will provide direct services to justice involved members with SMI Travel expense Laptop
Mercy Care/CP&R	SED	\$ 104,279	Hospital Rapid Response; HCPCs H0031 – Mental Health Assessment
Mercy Care/CP&R	SMI	\$ 210,232	Assessment and screening services for the NT SMI Population
Mercy Care/Empact	SED	\$ 104,279	Wrap-around Services & Integrated Rapid Response
Mercy Care/Empact	SMI	\$ 54,962	Personnel will provide direct services to justice involved members with SMI Travel expense Office and operational supplies
Mercy Care/HHW	SMI	\$ 49,188	Adult SMI Clinic Expansion

Subrecipient	Program	Amount Requested in NCE	N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE
Mercy Care/HMA	FEP	\$ 75,000	Public Service Announcement campaign and marketing/outreach efforts
Mercy Care/Hope Lives	SMI	\$ 14,197	Forensic Peer Support Program
Mercy Care/HSC	SMI	\$ 71,674	Personnel will provide direct care services to members with SMI experiencing homelessness Office and operational supplies
Mercy Care/Lifewell	SMI	\$ 27,581	Personnel will assist in justice involved direct services Office and operational supplies
Mercy Care/Mind 247	SED	\$ 625,672	Encounterable dollars to Support MHBG-SED Crisis Pilot; HCPCs S9485 – Crisis Stabilization
Mercy Care/Mind 247	SMI	\$ 7,500	SMI services
Mercy Care/NH	SMI	\$ -	Native American outreach and equity efforts
Mercy Care/RH	SMI	\$ 49,188	Adult SMI Clinic Expansion
Mercy Care/RI	SMI	\$ 200,000	Personnel will provide direct care services to members with SMI
Mercy Care/Solari	SED	\$ 312,836	Encounterable dollars to Support MHBG-SED Crisis Pilot; HCPCs H0030 – Alcohol and/or drug hotline
Mercy Care/Spectrum	SED	\$ 417,115	Encounterable dollars to Support MHBG-SED Crisis Pilot; HCPCs H0011 – Crisis Intervention
Mercy Care/Spectrum	SMI	\$ 30,000	SMI services
Mercy Care/SWBHA	SMI	\$ 27,581	Personnel will provide direct care services to members who are justice involved and at risk of homelessness
Mercy Care/Terros	SED	\$ 104,279	Wrap-around Services & Integrated Rapid Response
Mercy Care/Terros	SMI	\$ 27,581	Personnel will provide direct services to justice involved members
Mercy Care/Touchstone	SED	\$ 208,558	Intensive Outpatient Program
Mercy Care/Valleywise	FEP	\$ 284,074	Personnel will assist with outreach and expansion of FEP services Office and operational supplies
Mercy Care/VDS	SMI	\$ 30,000	Personnel will provide direct services to justice involved members Travel expenses Office and operational program supplies
Gila River	SED	\$ 67,680	Crisis line counsellors Supplies for outreaching and office Contractual crisis line services Trainings

<b>Subrecipient</b>	<b>Program</b>	<b>Amount Requested in NCE</b>	<b>N. Brief Listing of planned expenditures for projects, activities, and purchases, that are requested to be supported with the NCE</b>
Gila River	SMI	\$ 48,773	Peer support and counselor staff for direct services Supplies for outreaching and office Trainings
Pascua Yaqui	SED	\$ 232,081	Staff personal will assist in training and collaboration with Fire Department / public safety and direct services provided to members Office and operational supplies Training
Pascua Yaqui	SMI	\$ 142,920	Staff personal will assist in training and collaboration with Fire Department and public safety and direct services provided to members Office and operational supplies Training
White Mountain	SED	\$ 142,546	Personnel will provide direct services to justice involved members and grant oversight Office and operational program supplies Contracted trainings and transportation services
White Mountain	SMI	\$ 157,454	Personnel will provide direct services to justice involved members and grant oversight Office and operational program supplies Contracted trainings and transportation services
AACAP	SED	\$ 100,000	Training and use of - Early Childhood Service Intensity Instrument (ECSII) tool for providers and others involved in the care of young children with emotional, behavioral, and/or developmental needs, and their families, including those children who are experiencing environmental stressors that may put them at risk for such problems.
HMA	SMI	\$ -	Not applicable; funds spent.
Solari	Crisis	\$ -	Not applicable; anticipate complete spend.
Unobligated	FEP	\$ 716,370	Additional time will be required to add funding to current contracts/agreements to expand, enhance, or add new programs. Funds may be added to the new RBHA, may be added to current RBHAs for special projects, etc.
Unobligated	SED	\$ 706,972	Additional time will be required to add funding to current contracts/agreements to expand, enhance, or add new programs. Funds may be added to the new RBHA, may be added to current RBHAs for special projects, etc.
Unobligated	SMI	\$ 710	Additional time will be required to add funding to current contracts/agreements to expand, enhance, or add new programs. Funds may be added to the new RBHA, may be added to current RBHAs for special projects, etc.
AHCCCS	-	\$ 529,086	Oversight and monitoring of vendors and subrecipients - RBHAs, TRBHAs, and direct servicing providers.
	<b>Total</b>	<b>\$ 11,356,581</b>	

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

As of 08/26/22, AHCCCS has received subrecipient expenditure requests totaling \$2,772,773 pending review and reimbursement. See below for expenditures request pending reimbursement by subrecipient.

Subrecipient	Program	O. Expenditures Request Received through 08/26/2022
AzCH	FEP	\$ 6,298
AzCH	SED	\$ 293,026
AzCH	SMI	\$ 498,069
AZCH/CDLN	SED	\$ 24,310
AZCH/CHA	SED	\$ 6,347
AZCH/CHA	SMI	\$ 6,347
AZCH/CODAC	SMI	\$ 68,536
AZCH/COPE	SED	\$ 168,686
AZCH/COPE	SMI	\$ 125,767
AZCH/Envolve	SED	\$ 26,369
AZCH/Envolve	SMI	\$ 26,369
AZCH/Hope	SMI	\$ 228,720
AZCH/ICHD	FEP	\$ 5,214
AZCH/ICHD	SED	\$ 2,436
AZCH/ICHD	SMI	\$ 2,487
AzCH/LFC	FEP	\$ 581
AzCH/LFC	SED	\$ 2,711
AzCH/Touchstone	SED	\$ 38,726
Health Choice	SMI	\$ 46,338
Health Choice/CC	SMI	\$ 42,905
Mercy Care/CP&R	SED	\$ 2,718
Mercy Care/CP&R	SMI	\$ 331,902
Mercy Care/Mind 247	SED	\$ 534,171
Mercy Care/Mind 247	SMI	\$ 8,779
Mercy Care/Spectrum	SED	\$ 149,642
Mercy Care/Spectrum	SMI	\$ 20,811
Gila River	SED	\$ 57,536
Gila River	SMI	\$ 2,036
White Mountain	SED	\$ 44,935
		<b>\$ 2,772,773</b>

**End of NCE Request. Thank you.**

# State Information

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

Fiscal Year 2023

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	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Section 1920	Early Serious Mental Illness	<a href="#">42 USC § 300x-9</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>
Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>



## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

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

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

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

Title: Deputy Director

Date Signed: 8/26/2022

mm/dd/yyyy

<sup>1</sup>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 OF ARIZONA  
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY  
GOVERNOR

EXECUTIVE OFFICE

August 12, 2020

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As the Governor of the State of Arizona, for the duration of my tenure, I delegate authority to the current Deputy Director of Business Operations, Ms. Kristen Challacombe, for all transactions require administering the Substance Abuse and Mental Health Services Administration's (SAMHSA), Mental Health Block Grant (MHBG) and Projects to Assistance in Transition to Homelessness (PATH) grant.

If you have any questions, please contact Michelle Skurka, Grants Administrator, at [Michelle.Skurka@azahcccs.gov](mailto:Michelle.Skurka@azahcccs.gov) or (602) 364-2111.

Sincerely,

A handwritten signature in black ink that reads "Douglas A. Ducey".

Douglas A. Ducey  
Governor  
State of Arizona



STATE OF ARIZONA  
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY  
GOVERNOR

EXECUTIVE OFFICE

August 12, 2020

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As the Governor of the State of Arizona, for the duration of my tenure, I delegate authority to the current Deputy Director of Business Operations, Ms. Kristen Challacombe, for all transactions require administering the Substance Abuse and Mental Health Services Administration's (SAMHSA), Mental Health Block Grant (MHBG) and Projects to Assistance in Transition to Homelessness (PATH) grant.

If you have any questions, please contact Michelle Skurka, Grants Administrator, at [Michelle.Skurka@azahcccs.gov](mailto:Michelle.Skurka@azahcccs.gov) or (602) 364-2111.

Sincerely,

Douglas A. Ducey  
Governor  
State of Arizona



STATE OF ARIZONA  
OFFICE OF THE GOVERNOR

KATIE HOBBS  
GOVERNOR

EXECUTIVE OFFICE

March 7, 2023

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As the Governor of the State of Arizona, for the duration of my tenure, I delegate all Single State Agency (SSA) for substance abuse authority to the current Chief Medical Officer, Dr. Sara Salek, for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Substance Abuse Block Grant (SABG). I delegate all State Mental Health Authority (SMHA) to Dr. Sara Salek for administrative transactions required of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Block Grant (MHBG) and Projects to Assistance in Transition to Homelessness (PATH) grant.

If you have any questions, please contact CJ Loiselle, Deputy Assistant Director, Division of Grants Administration at [CJ.Loiselle@azahcccs.gov](mailto:CJ.Loiselle@azahcccs.gov) or (602) 417- 4023.

Sincerely,

Katie Hobbs  
Governor  
State of Arizona

# 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

Kristen Challacombe

Title

Deputy Director

Organization

AHCCCS

---

Signature:

Date:

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

Kristen Challacombe

Title

Deputy Director

Organization

AHCCCS

---

Signature:

Date:

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

**Footnotes:**

## Planning Tables

**Table 2 State Agency Planned Expenditures [MH]**

Table 2 addresses funds to be expended during the 24-month period of July 1, 2021 through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over a 24-month period (7/1/21-6/30/23). Please document the use of COVID-19 Relief Supplemental, ARP and BSCA funds in the footnotes.

**MHBG:** Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

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) <sup>a</sup>	I. COVID Relief Funds (SABG)	J. ARP Funds (MHBG) <sup>b</sup>	K. BSCA Funds (MHBG) <sup>c</sup>
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 <sup>d</sup>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>e</sup>		\$2,420,760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,270,708.00		\$1,307,636.00	\$87,827.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
7. Other 24-Hour Care		\$1,549,286.00	\$392,153,056.00	\$0.00	\$17,211,949.00	\$0.00	\$0.00	\$1,442,309.00		\$308,280.00	
8. Ambulatory/Community Non-24 Hour Care		\$17,816,798.00	\$1,762,241,414.00	\$0.00	\$77,346,354.00	\$0.00	\$0.00	\$16,586,558.00		\$10,152,804.00	
9. Administration (excluding program/provider level) <sup>f</sup> MHBG and SABG must be reported separately		\$1,210,380.00	\$0.00	\$137,363.00	\$0.00	\$0.00	\$0.00	\$1,097,145.00		\$652,714.00	\$400,000.00
10. Crisis Services (5 percent set-aside) <sup>g</sup>		\$1,210,380.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,135,578.00		\$653,818.00	\$390,445.00
<b>11. Total</b>	<b>\$0.00</b>	<b>\$24,207,604.00</b>	<b>\$2,154,394,470.00</b>	<b>\$137,363.00</b>	<b>\$94,558,303.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$22,532,298.00</b>	<b>\$0.00</b>	<b>\$13,075,252.00</b>	<b>\$878,272.00</b>

<sup>a</sup>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.

<sup>b</sup>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.

<sup>c</sup>The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

<sup>d</sup>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.

<sup>e</sup>Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

<sup>f</sup>Per statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award.

<sup>g</sup>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.

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

**Footnotes:**

11/30/2022 - AHCCCS reported BSCA total award in Column K. As required 10% of Funds will be utilized for FEP  
2/3/23 - Updated 23 Planning table for Final 23 MHBG allocations - increase to AZ of \$3,901,568.

**Arizona Health Care Cost Containment System (AHCCCS)**  
**MHBG BSCA (P.L. 117-159)**  
**BSCA Funding Plan 2023**  
**10/17/22-10/16/2024**  
**FAIN B09SM087276**  
**CFDA 93.958**

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid oversight agency and is responsible for the oversight of Arizona's crisis continuum. Regional Behavioral Health Authorities (RBHAs) are contracted through AHCCCS to maintain a crisis provider network in order to meet the needs of all individuals throughout the state who experience a behavioral health crisis, regardless of Medicaid eligibility. Arizona recently transitioned to a single call vendor to serve as a hub for dispatching crisis services statewide. Arizona's robust existing crisis system consists of access to 24/7/365 crisis phone services, crisis mobile teams, and crisis stabilization facilities throughout all areas of the state.

The Arizona Department of Health Services (ADHS) is responsible for the publication of the state Emergency Response Plan, outlining protocol for addressing public safety in the event of a community trauma such as a national disaster or mass casualty. The existing emergency state plan outlines considerations for public safety however does not include a comprehensive plan for addressing community mental health needs in the event of a crisis. AHCCCS's research into existing protocols, in addition to discussions with representatives from ADHS, the Arizona Department of Education, the Arizona Department of Emergency and Military Affairs (DEMA), community emergency responders, and RBHAs has demonstrated that Arizona lacks cohesive response protocol to address public behavioral health needs, including those of our most vulnerable SMI, FEP, and SED populations, in the event of a national disaster or mass casualty incident.

AHCCCS proposes a plan to use the BSCA funding to develop a comprehensive, statewide approach to unify the response to behavioral health needs in the communities throughout the state. AHCCCS believes that the most appropriate use of expanded BSCA funding would be to implement a two-year approach in order to develop a protocol that suits the unique needs of diverse communities across the state when responding to mental health emergencies. In order to create a protocol that is appropriate and responsive to the diverse populations and cultures of our state, we propose allocating the first year of funding towards engaging the services of a healthcare consultant to conduct a comprehensive field analysis needs evaluation and implementation plan. In year two AHCCCS will focus on implementing the plan developed in year one. Below we have included a narrative for each of the required activities outlining how we plan to meet the requirements upon approval of utilizing supplemental funding.

**Required activities:**

- Develop a statewide mental health emergency preparedness and response plan focused on behavioral health and update annually. The plan should describe

collaborations between behavioral health, law enforcement, justice systems, local agencies, and public health to ensure that the identified services are integrated and sustainable.

Upon approval to utilize supplemental funding, AHCCCS plans to fund a comprehensive review of Arizona's needs and existing infrastructure that can be integrated into a comprehensive, statewide emergency behavioral health response plan. Through partnering with a consultant to identify the unique needs of the state, AHCCCS plans to work collaboratively with the Arizona Department of Health Services (ADHS), the Department of Emergency and Military Affairs (DEMA), Public Safety Answering Points (PSAPs) and the existing network of crisis providers in order to develop a statewide plan linking these individual components of public safety and emergency response to also address the general mental health needs of the community and the specific needs of our SMI, SED, and FEP populations. Based on the findings in year one, year two supplemental funding would be applied towards implementing the plan.

- Develop a statewide mental health emergency preparedness team as a point of contact for guidance and direction related to any anticipated or unanticipated mental health crisis.

AHCCCS is proposing leveraging a health consultant to conduct an in-depth assessment of our state's needs and current infrastructure in order to incorporate existing key players into a unified state plan. This contractor would be tasked with identifying individuals in the community who may play an important role in ensuring appropriate and coordinated response to any anticipated or unanticipated community mental health crisis. In evaluating the most effective members of a statewide mental health emergency preparedness team, special consideration would be given to identifying participants across multi-disciplines, professions, and lived experiences in order to encourage collaboration between mental health clinicians, law enforcement, community elders, advocates and those with lived experience in a way that is reflective of the community they serve. AHCCCS will ensure that a statewide mental health emergency preparedness team is identified within the implementation plan to act as the point of contact for any anticipated or unanticipated mental health crisis.

- Identify multidisciplinary mobile crisis team(s) that can be deployed rapidly, 24/7, throughout the state to address the mental health components during an emergency/crisis.

Arizona's existing crisis system already utilizes 24/7 mobile crisis teams to address the emergent general, SMI, SED, and FEP mental health needs of the community. Regional Behavioral Health Authorities are required to maintain sufficient network capacity to meet minimum response time criteria identified based on region (under 60-minute response time average in Maricopa county from the time dispatch need is identified to arriving on site, under 90 minutes for all other regions of the state). Supplemental BSCA funding would be leveraged to develop a statewide, streamlined protocol for identifying and dispatching mobile team responses to address mental health needs in the event of a community emergency/crisis event.

The development of this protocol will be a required component of the implementation plan created by the contracted health consultant in year one.

- Provide behavioral health crisis response trainings (for e.g., therapeutic crisis intervention and de-escalation) to agencies and providers identified in the statewide plan.

Arizona has one of the most robust existing crisis systems in the nation, including access to 24/7 crisis services in all regions of the state. RBHAs are responsible for hiring, training and maintaining a sufficient crisis provider network to meet the needs of all individuals. Minimum training requirements and topics required for proficiency are outlined by AHCCCS in health plan contracts and AHCCCS policy, with specific training curriculum adhering to these standards remaining the responsibility of the RBHAs. Should AHCCCS be approved to utilize supplemental funding to develop a statewide behavioral health crisis response plan, requirements for crisis providers to be trained in the identified protocol would be added to the existing policy to ensure adherence and training across the state. Additional funding will be allocated towards expanding provider training specific to addressing mental health crisis response needs for those experiencing first episode psychosis (FEP).

- Develop culturally and linguistically tailored messaging about behavioral health to provide in a crisis/mental health emergency and/or identify culturally/linguistically appropriate supports for diverse populations. Leverage relationships with Lifeline 988, statewide call centers, peer recovery organizations, faith-based organizations, warmlines, telehealth and provider mutual aid agreements to disseminate. Ensure that electronic bed registries include information about the availability of culturally/linguistically accessible services.

AHCCCS intends to utilize supplemental BSCA funds to hire a consultant in order to complete a comprehensive analysis and develop a comprehensive implementation plan for a statewide emergency mental health response plan. This contractor will be required to include recommendations related to culturally and linguistically tailored messaging for diverse populations, as well as to include specific recommendations for how peer and faith based organizations can be leveraged to disseminate this information.

- Build collaborations with child welfare organizations, schools, juvenile justice authorities, and children's behavioral health services. Develop multidisciplinary youth serving state/regional advisory groups to provide input on infrastructure and policy development.

Arizona has 219 independent school districts; each district is currently responsible for independently determining their response to a mental health crisis. By working with a consultant to conduct an in depth field analysis of how schools are currently addressing the behavioral and mental health needs of students in the event of a community trauma, AHCCCS plans to establish what existing infrastructure and relationships between schools, the juvenile justice

system, child welfare organizations and behavioral health services is currently in place in order to develop an effective plan to build off of this framework. A consultant tasked with identifying current youth system collaborations and identifying needs would be required to clearly define our system's needs in year one in order to develop and implement a statewide protocol with year two funding.

- Coordinate with Medicaid and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to ensure access to comprehensive mental health services for children and youth diagnosed with serious emotional disturbances (SEDs).

AHCCCS is the Medicaid authority for the state of Arizona. Upon approval, AHCCCS will require the contracted consultant to work closely with the AHCCCS EPSDT oversight unit to ensure comprehensive mental health services for children and youth diagnosed with serious emotional disturbances (SEDs).

- Develop and provide specific, evidence-based services for those affected by mental health emergency/crisis-related trauma, including mass shootings/school violence.

Initial research into existing evidence-based crisis response to community mental health emergencies such as mass shootings, natural disasters or other traumatic events impacting mental health of the community has identified a lack of consistent protocol throughout the state of Arizona. AHCCCS plans to leverage BSCA supplemental funding to hire a healthcare consultant to develop a statewide, evidence-based protocol that is reflective of the unique needs of the state of Arizona. A task of the contractor in year one would entail a comprehensive review of existing literature on best practices in responding to mental health emergency/crisis-related trauma for individuals both with and without a pre-existing mental health diagnosis. A comparison of existing models such as the National Association of School Psychologists PREPaRE curriculum in alignment with the specific needs identified through extensive fact finding would allow AHCCCS to develop a protocol that will best meet the needs of the community. Specific trainings identified by the consultant will include considerations in addressing mental health needs for individuals previously determined SMI or SED, and those experiencing First Episode Psychosis (FEP).

**Arizona Health Care Cost Containment System (AHCCCS)**  
**MHBG BSCA (P.L. 117-159)**  
**Budget and Justification**  
**10/17/22-10/16/2024**  
**FAIN B09SM087276**  
**CFDA 93.958**

Category	Year 1	Year 2	Total Project Costs	Justification
Personnel	\$0	\$0	\$0	
Fringe	\$0	\$0	\$0	
Travel	\$0	\$0	\$0	
Equipment	\$0	\$0	\$0	
Supplies	\$0	\$0	\$0	
Contractual	\$0	\$478,272	\$678,272	In year two AHCCCS will focus on implementing the plan developed in year one. AHCCCS will contract with various contractors to meet the required 10% FEP and the other BSCA required activities.

Consultants	\$400,000	\$0	\$400,000	In Year 1, AHCCCS will utilize an existing Statewide contractor for health consultant services to conduct an in-depth assessment of our state's needs and implementation plan. The consultant hourly rates vary by each award.
Total Direct Charges	\$400,000	\$478,272	\$878,272	
Indirect Charges or Administration	\$0	\$0	\$0	
<b>Total Project Costs</b>	<b>\$400,000</b>	<b>\$478,272</b>	<b>\$878,272</b>	



STATE OF ARIZONA  
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY  
GOVERNOR

EXECUTIVE OFFICE

October 3, 2022

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fisher Lane  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As the Governor of the State of Arizona, I delegate authority to the current Chief Medical Officer, Dr. Sara Salek, for all transactions that require administering the Substance Abuse and Mental Health Services Administration's (SAMHSA), Mental Health Block Grant (MHBG) and Projects to Assistance in Transition to Homelessness (PATH) grant.

If you have any questions, please contact Alisa Randall, Assistant Director of Grants Administration, at [Alisa.Randall@azahcccs.gov](mailto:Alisa.Randall@azahcccs.gov) or (602) 417-4794.

Sincerely,

Douglas A. Ducey  
Governor  
State of Arizona

# 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

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	FFY 2023 SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1 . Substance Use Disorder Prevention and Treatment <sup>5</sup>	\$32,600,184.00	\$28,419,171.00	\$18,407,872.00	\$35,876,832.00	\$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	\$9,567,156.00	\$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 <sup>6</sup>	\$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	\$2,391,789.00	\$1,808,746.00	\$1,217,693.00
<b>6. Total</b>	<b>\$43,466,912.00</b>	<b>\$37,892,228.00</b>	<b>\$24,543,830.00</b>	<b>\$47,835,777.00</b>	<b>\$36,903,731.00</b>	<b>\$24,534,332.00</b>

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>Prevention other than Primary Prevention

<sup>6</sup>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.

9/1/2022-Arizona/AHCCCS intends to submit a request for 12 month NCE for the COVID-19 (CRRSAA) Award.

1/27/23 - Arizona has updated Column "FFY 2023 SA Block Grant Award" to reflect the FY 2023 Block Grants for Substance Use, Prevention, Treatment, and Recover Services Final Allotments Table - and to comply with revision request dated 1/12/23.

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](mailto:Michelle.Skurka@azahcccs.gov).

Sincerely,



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	2
State Contact Information	2
Who oversees the children?	2
What is their current legal status while in detention?	3
What is the average length of stay or level of service provision for the juveniles?	3
State Resources for more information	4

August 13, 2021

1



# Arizona Juvenile Justice Proposal Substance Abuse Block Grant

## State Responses

### State contact information

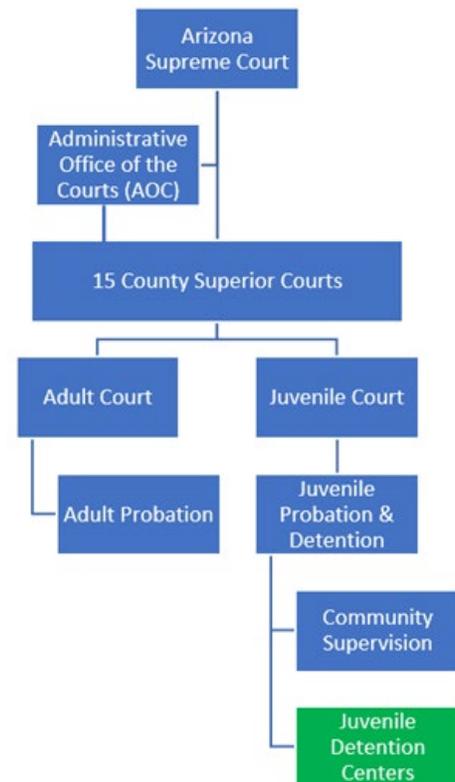
NAME	TITLE	CONTACT NUMBER	EMAIL ADDRESS
Michelle Skurka	Grants Administrator	602-364-2111	Michelle.skurka@azahcccs.gov
Mattie Lord	Grants Manager	602-417-4714	Mattie.lord@azahcccs.gov
DeAnna Granado	Grants Coordinator	602-417-4890	Deanna.granado@azahcccs.gov

### 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.



## Arizona Juvenile Justice Proposal Substance Abuse Block Grant

### 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.

## Arizona Juvenile Justice Proposal Substance Abuse Block Grant

### State Resources for more information

<https://www.azcourts.gov/jjsd/Automation/AZYAS>

<https://ojdp.ojp.gov/>

<https://www.azcourts.gov>

<https://superiorcourt.maricopa.gov/juvenile/delinquency/>

August 13, 2021

4





**SFY 2022 SABG – Juvenile Justice Plan  
Regional Behavioral Health Authority**



## Table of Contents

Background .....	1
Opportunity .....	2
Plan .....	3
For AHCCCS to Answer .....	<b>Error! Bookmark not defined.</b>



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](mailto:Mattie.Lord@azahcccs.gov) with a cc to [BHSInvoices@azahcccs.gov](mailto: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	<a href="mailto:Gioiam2@mercycaresaz.org">Gioiam2@mercycaresaz.org</a>
Jeremy Reed	Special Projects Manager – SABG Treatment Lead	480-392-4815	<a href="mailto:ReedJ6@MercyCareAZ.org">ReedJ6@MercyCareAZ.org</a>
Paula Krasselt	Justice Services Administrator	480-215-8722	<a href="mailto:KrasseltP@mercycaresaz.org">KrasseltP@mercycaresaz.org</a>
David Bridge	Juvenile Justice Engagement Team (JJET) Liaison	480-651-2957	<a href="mailto:BridgeD@MercyCareAZ.org">BridgeD@MercyCareAZ.org</a>

**Table 2 – Contact Information of Provider Staff**

Name	Title	Contact Number	Email Address
Community Bridges	Eric Alfrey		<a href="mailto:EAlfrey@cbridges.com">EAlfrey@cbridges.com</a>
Community Medical Services	Tina Braham		<a href="mailto:Tina.Braham@cmshgiveshope.com">Tina.Braham@cmshgiveshope.com</a>
Terros Health	Jennifer Nye		<a href="mailto:Jennifer.Nye@terroshealth.org">Jennifer.Nye@terroshealth.org</a>
Valle del Sol	Vickey Edwards		<a href="mailto:VickeyE@valledelsol.com">VickeyE@valledelsol.com</a>

## 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 1<sup>st</sup> 2021 (or the inception of the program; whichever occurs first) & June 30<sup>th</sup>, 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* relationship 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
<b>Navigator Teams</b>			
<b>Community Bridges</b>	\$200,000.00	2	\$400,000.00
<b>Community Medical Services</b>	\$200,000.00	2	\$400,000.00
<b>Terros Health</b>	\$200,000.00	2	\$400,000.00
<b>Valle del Sol</b>	\$200,000.00	2	\$400,000.00
<b>Maricopa County</b>			
<b>MCJPD- Clinic Personnel</b>	\$200,000.00	2	\$400,000.00
<b>Mercy Care</b>			
<b>Mercy Care JJET FTE</b>	\$60,000.00	2	\$120,000.00
<b>Mercy Care JJET FTE - Fringe</b>	\$120,000.00	0.28	\$33,600.00
<b>Total</b>			\$2,153,600.00



Mercy References:

[https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/AZ\\_MHBG\\_NeedsAssessment2020.pdf](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

**AzCH-CCP Juvenile Justice Plan**

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).

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:**

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

**AzCH-CCP Juvenile Justice Plan**

- 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](mailto:Mattie.Lord@azahcccs.gov) with a cc to [BHSInvoices@azahcccs.gov](mailto: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**

**AzCH-CCP Juvenile Justice 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%

**AzCH-CCP Juvenile Justice Plan**

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.

**AzCH-CCP Juvenile Justice Plan**

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?

**AzCH-CCP Juvenile Justice Plan**

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.

**AzCH-CCP Juvenile Justice Plan**

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
<b>Total</b>	<b>423 Members</b>	<b>\$808,300</b>

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

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

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<b>PRODUCT TYPE:</b> Arizona Medicaid	<b>PAGE:</b> 2

- 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,

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<b>PRODUCT TYPE:</b> Arizona Medicaid	<b>PAGE:</b> 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.

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<b>PRODUCT TYPE:</b> Arizona Medicaid	<b>PAGE:</b> 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

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### 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/StateOpioidResponse/SOR\\_PrimaryGoalAndObjectives.pdf](https://www.azahcccs.gov/AHCCCS/Downloads/StateOpioidResponse/SOR_PrimaryGoalAndObjectives.pdf)
    - iii. [https://www.azahcccs.gov/AHCCCS/Downloads/StateOpioidResponse/SOR\\_Narrative.pdf](https://www.azahcccs.gov/AHCCCS/Downloads/StateOpioidResponse/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](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](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](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

Strategy	A		B			B		
	IOM Target	FFY 2022			FFY 2023			
		SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	SA Block Grant Award	COVID-19 Award <sup>4</sup>	ARP Award <sup>5</sup>	
1. Information Dissemination	Universal	\$2,119,380	\$753,446	\$540,000	\$2,424,408	\$2,523,250	\$425,716	
	Selected				\$384,707	\$260,935	\$100,000	
	Indicated	\$20,373	\$100,000	\$127,500	\$25,495	\$138,470	\$101,962	
	Unspecified	\$2,888	\$0	\$0	\$14,142	\$276		
	<b>Total</b>	<b>\$2,142,641</b>	<b>\$853,446</b>	<b>\$667,500</b>	<b>\$2,848,752</b>	<b>\$2,922,931</b>	<b>\$627,678</b>	
2. Education	Universal	\$1,276,764	\$700,000	\$412,500	\$1,355,404	\$565,795	\$250,000	
	Selected				\$704,727	\$506,810	\$250,000	
	Indicated	\$132,407	\$250,000	\$112,500	\$81,442	\$132,829	\$60,000	
	Unspecified	\$1,729	\$0	\$0	\$0	\$4,386	\$22,468	
	<b>Total</b>	<b>\$1,410,900</b>	<b>\$950,000</b>	<b>\$525,000</b>	<b>\$2,141,573</b>	<b>\$1,209,820</b>	<b>\$582,468</b>	
3. Alternatives	Universal	\$693,387	\$650,000	\$375,000	\$625,993	\$192,126	\$80,000	
	Selected				\$235,292	\$142,202	\$80,000	
	Indicated	\$36,489	\$175,000	\$75,000	\$42,952	\$127,638	\$70,790	
	Unspecified	\$1,729	\$0	\$0	\$11,391	\$0	\$0	
	<b>Total</b>	<b>\$731,605</b>	<b>\$825,000</b>	<b>\$450,000</b>	<b>\$915,628</b>	<b>\$461,966</b>	<b>\$230,790</b>	
4. Problem Identification and Referral	Universal	\$142,030	\$500,000	\$225,000	\$86,112	\$26,891	\$13,562	
	Selected				\$102,559	\$47,038	\$20,000	
	Indicated	\$101,703	\$100,000	\$56,250	\$160,714	\$167,655	\$80,000	
	Unspecified	\$627	\$0	\$0	\$0	\$0	\$0	
	<b>Total</b>	<b>\$244,360</b>	<b>\$600,000</b>	<b>\$281,250</b>	<b>\$349,385</b>	<b>\$241,584</b>	<b>\$113,562</b>	
	Universal				\$1,303,886	\$339,313	\$150,985	

5. Community-Based Processes	Selected				\$365,609	\$447,005	\$3,102,492
	Indicated				\$33,816	\$1,569	\$0
	Unspecified				\$2,064	\$4,453	\$0
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,705,375</b>	<b>\$792,340</b>	<b>\$3,253,477</b>
6. Environmental	Universal	\$541,398	\$650,000	\$450,000	\$441,340	\$78,813	\$91,584
	Selected				\$40,408	\$110,697	\$0
	Indicated	\$9,713	\$100,000	\$56,250	\$9,055	\$414	\$0
	Unspecified	\$403	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$551,514</b>	<b>\$750,000</b>	<b>\$506,250</b>	<b>\$490,803</b>	<b>\$189,924</b>	<b>\$91,584</b>
7. Section 1926 Tobacco	Universal	\$12,866	\$100,000	\$56,250	\$12,866	\$0	\$0
	Selected					\$0	\$0
	Indicated	\$0	\$0	\$0		\$0	\$0
	Unspecified	\$0	\$0	\$0		\$0	\$0
	<b>Total</b>	<b>\$12,866</b>	<b>\$100,000</b>	<b>\$56,250</b>	<b>\$12,866</b>	<b>\$0</b>	<b>\$0</b>
8. Other	Universal	\$0	\$0	\$0	\$2,900	\$579,543	\$0
	Selected					\$0	\$0
	Indicated	\$0	\$0	\$0		\$0	\$0
	Unspecified	\$0	\$0	\$0	\$1,646	\$10,000	\$0
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$4,546</b>	<b>\$589,543</b>	<b>\$0</b>
<b>Total Prevention Expenditures</b>		<b>\$5,093,886</b>	<b>\$4,078,446</b>	<b>\$2,486,250</b>	<b>\$8,468,928</b>	<b>\$6,408,108</b>	<b>\$4,899,559</b>
<b>Total SABG Award<sup>3</sup></b>		<b>\$43,466,912</b>	<b>\$37,892,228</b>	<b>\$24,543,830</b>	<b>\$47,835,777</b>	<b>\$36,903,731</b>	<b>\$24,534,332</b>
<b>Planned Primary Prevention Percentage</b>		<b>11.72 %</b>	<b>10.76 %</b>	<b>10.13 %</b>	<b>17.70 %</b>	<b>17.36 %</b>	<b>19.97 %</b>

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>Total SABG Award is populated from Table 4 - SABG Planned Expenditures

<sup>4</sup>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.

<sup>5</sup>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:**

The FFY 23 - 20% Prevention requirement is composed of Table 5A (\$8,468,928) and Table 6 (\$1,098,227) = \$9,567,155

1/30/23 - Arizona has updated FFY 2023 Column "SA Block Grant Award" to reflect the FY 2023 Block Grants for Substance Use, Prevention, Treatment, and Recover Services Final Allotments Table - and to comply with revision request dated 1/12/23.

# 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 <sup>1</sup>	FFY 2022 ARP Award <sup>2</sup>	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award <sup>3</sup>	FFY 2023 ARP Award <sup>4</sup>
Universal Direct	\$3,618,075	\$1,926,723	\$1,209,375	\$3,652,102	\$3,378,315	\$517,157
Universal Indirect	\$2,392,619	\$1,926,723	\$1,209,375	\$2,705,182	\$946,531	\$517,158
Selected				\$1,818,477	\$1,514,687	\$3,552,492
Indicated	\$350,836	\$825,000	\$521,250	\$293,167	\$568,575	\$312,752
<b>Column Total</b>	<b>\$6,361,530</b>	<b>\$4,678,446</b>	<b>\$2,940,000</b>	<b>\$8,468,928</b>	<b>\$6,408,108</b>	<b>\$4,899,559</b>
<b>Total SABG Award<sup>5</sup></b>	<b>\$43,466,912</b>	<b>\$37,892,228</b>	<b>\$24,543,830</b>	<b>\$47,835,777</b>	<b>\$36,903,731</b>	<b>\$24,534,332</b>
<b>Planned Primary Prevention Percentage</b>	<b>14.64 %</b>	<b>12.35 %</b>	<b>11.98 %</b>	<b>17.70 %</b>	<b>17.36 %</b>	<b>19.97 %</b>

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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

**Footnotes:**

1/30/23 - Arizona has updated Column "FFY 2023 SA Block Grant Award" to reflect the FY 2023 Block Grants for Substance Use, Prevention, Treatment, and Recover Services Final Allotments Table - and to comply with revision request dated 1/12/23.

# 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 <sup>1</sup>	ARP Award <sup>2</sup>
<b>Targeted Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Targeted Populations</b>			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>1</sup>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.

<sup>2</sup>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 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 <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>	D. COVID-19 <sup>4</sup>	E. ARP <sup>5</sup>
1. Information Systems		\$242,733.00		\$75,000.00	\$37,500.00		\$226,752.00		\$89,981.00	\$1,000.00
2. Infrastructure Support		\$189,835.00		\$250,000.00	\$112,500.00		\$65,276.00		\$256,486.00	\$1,000.00
3. Partnerships, community outreach, and needs assessment		\$376,182.00		\$100,000.00	\$75,000.00		\$196,083.00		\$64,320.00	\$2,000.00
4. Planning Council Activities (MHBG required, SABG optional)		\$0.00		\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
5. Quality Assurance and Improvement		\$190,482.00		\$25,000.00	\$15,000.00		\$188,424.00		\$334,317.00	\$0.00
6. Research and Evaluation		\$144,471.00		\$100,000.00	\$75,000.00		\$142,033.00		\$58,418.00	\$1,208.00
7. Training and Education		\$295,422.00		\$200,000.00	\$135,000.00		\$279,660.00		\$77,258.00	\$4,000.00
<b>8. Total</b>	<b>\$0.00</b>	<b>\$1,439,125.00</b>	<b>\$0.00</b>	<b>\$750,000.00</b>	<b>\$450,000.00</b>	<b>\$0.00</b>	<b>\$1,098,228.00</b>	<b>\$0.00</b>	<b>\$880,780.00</b>	<b>\$9,208.00</b>

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

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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:**

1/30/23 - Arizona has updated FFY 2023 Column B to reflect the FY 2023 Block Grants for Substance Use, Prevention, Treatment, and Recover Services Final Allotments Table - and to comply with revision request dated 1/12/23.



# Planning Tables

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

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA 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 <sup>1</sup> COVID Funds	FFY 2022 <sup>2</sup> ARP Funds	FFY 2023 Block Grant	FFY 2023 <sup>1</sup> COVID Funds	FFY 2023 <sup>2</sup> ARP Funds	FFY 2023 <sup>3</sup> BSCA Funds
1. Information Systems	\$0.00	\$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	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400,000.00
4. Planning Council Activities (MHBG required, SABG optional)	\$5,000.00	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$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	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>8. Total</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$400,000.00</b>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

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

**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.

For COVID, and ARP, funds - AHCCCS does not track its administrative expenses in these categories in our Accounting system

For BSCA Funds - AHCCCS is proposing to utilize \$400,000 in year 1 for consultant services to conduct a needs assessment and create an implementation plan.

## 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 crisis 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 rural areas; and crisis receiving and stabilization centers, which are able to accept walk-ins and drop-offs from mobile crisis teams and law enforcement.
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 achieved, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Arizona has one of the most robust crisis systems in the country and 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 percent 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 law enforcement/fire/first responders to meet the needs of our unique communities. Law enforcement/fire/first responders are provided with training through the RBHAs on best practice in collaborative crisis care. All regions of the state have access to 23 hour stabilization facilities and there are current plans to continue expanding crisis stabilization units in the north in order to increase access to SED children in those regions.

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 true air traffic control model for the crisis continuum. Development is currently in process under ARPA funding and this project is planned to go live by March 2024. Texting and chat capabilities are not a current feature of Arizona's crisis system and will become imperative as AHCCCS seeks to expand its existing crisis infrastructure to include the National Suicide Prevention Lifeline (NSPL)/988 project implementation. Additionally, data from other states who have implemented crisis text/chat, such as Georgia and Colorado, have demonstrated popularity with teenagers and young adults indicating that these individuals are new users of behavioral crisis services. Expansion to providing support through new technologies and communication methods is imperative to meeting the needs of individuals of all ages and ensuring that there is someone to talk to in the manner most comfortable to the individual experiencing a crisis. AHCCCS has allocated \$1,135,581 from CRRSAA funding to provide additional access to the crisis continuum for Arizona residents suffering from pandemic-related behavioral health crises who prefer communicating through text and/or chat. To maintain this functionality, AHCCCS will leverage future set-aside dollars.

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.

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

**Footnotes:**

## 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](#).<sup>69</sup>

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.

<sup>69</sup><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?

Substance Misuse Prevention Services are largely managed through the Governor's Office of Youth Faith and Family. The services are provided through subcontracts with individual local organizations. Service organizations respond to solicitations for bids to provide prevention services. Organizations with the winning proposal is awarded a contract for the proposed services.

AHCCCS contracts with three Regional Behavioral Health Authorities (RBHAS)- Health Choice, Mercy Care and AZ Complete Health and three Tribal Regional Behavioral Health Authorities – TRBHAs)- Gila River, Pascua Yaqui and White Mountain Apache to administer SABG funds. As of 10/01/22, Care1st will replace Health Choice in Northern Arizona. In turn, the RBHAs disburse the funds to substance misuse service providers in their areas. The TRBHAs generally provide their own services and directly use the funds.

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.

During the past several years, the Council has been meeting monthly at the AHCCCS offices in Phoenix. Historically the Council also periodically traveled around the state to seek direct involvement from providers and recipients of services, but that arrangement has been suspended due to pressures to accommodate the travel limitations of AHCCCS staff and the needs of Council members. Since early 2020 due to COVID 19, the Council has been meeting via Video conference (ZOOM and GOOGLE). Using that method, we have still been able to hear from persons and Council members around the state. However, there are often limitations with this system. Some Council members do not have computer and Wi-Fi that makes it easy for them to participate, and this leads to some persons needing to attend meetings only by phone. This circumstance is less than ideal, but the COVID restrictions have been more important

Council meetings are planned in partnership with AHCCCS. AHCCCS might propose topics that may be of interest to the Council. Further, the Council may have an issue of interest where AHCCCS can provide a speaker or administrator who can assist in further exploration of the concern.

In recent years, the Council has been able to obtain more data on issues of its interest. The Office of Data Analysis within AHCCCS has provided some reports that were generated specifically in response to Council interest and concern. Further, the Council has

received periodic presentations on data topics of interest to the Council. This information is a key resource for the Council as it pursues its role.

The Council has discussed or reviewed the following topics during the past year:

- Secret Shopper – a system where persons who represent themselves as a person seeking services contacts and service provider. This program is intended to evaluate the quality of that initial contact. The Council reviewed this program.
- Tradition Healing – This is a service of Native American Healing practices funded by the Mental Health Block Grant that members may access. The Council received a report that indicated that use of this service through this funding source had declined significantly. The Council met several times to learn about the reasons for this. AHCCCS established a Traditional Healing Workgroup with the Tribes in Arizona to develop a Traditional Healing amendment to the Section 1115 Demonstration Waiver. It was included in the December 2020 Waiver submission to CMS for consideration in the negotiation process. If approved, each registered IHS or Tribal health facility would have the option to institute approved services on October 1, 2022.
- Olmstead Plan – Arizona is revising its plan. The Council has been monitoring the process.
- Individualized SUD Treatment Services- The Council received a complaint about a person with special needs not having those concerns included in his/her SUD treatment planning.
- AZ Long Term Care System – The Council received a presentation about how individuals are determined eligible for this program. The Council had a special interest in the process for individuals with intellectual developmental disabilities being able to complete the financial eligibility portion of the process.
- Information Sheets about the Behavioral Health System – These sheets are an excellent resource for members. The Council was interested in how they could be made more broadly available.
- Behavioral Health Programs and Services in School – The Council has visited this topic several times during the past year.
- Rehabilitation and Recovery – Therapeutic Community in AZ Department of Corrections- The Corrections representative on the Council provided a presentation on this program.
- The 988 System – The Council has been monitoring the 988-system progress.
- Transition to the Adult System – The Council received a presentation on this topic. In addition, a Council member who has experience in this process helped lead the discussion.
- Change in Regional Behavioral Health Authority (RBHA)- In October, 2022, a new company will assume the role of RBHA for Northern Arizona. The Council has discussed implications for this change.
- In addition to the above topics which were identified by the Council for examination or discussion, a number of other topics or presentations were brought to the Council by various offices within AHCCCS.

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

Technical assistance is not being requested at this time.

*Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.<sup>70</sup>*

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

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

**Footnotes:**

Arizona Behavioral Health Planning Council Input on the Mental Health/Substance Abuse  
Block Grant Application

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

The Behavioral Health Planning Council was involved in the development and review of the 2022-23 state plan and report by reviewing the plan and providing feedback to AHCCCS that was incorporated into the final draft of the plan. The Council reviewed the updated information for 2022-23 prior to submission and will continue to review the implementation of services throughout the year.

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

Substance Misuse Prevention Services are largely managed through the Governor's Office of Youth Faith and Family. The services are provided through subcontracts with individual local organizations. Service organizations respond to solicitations for bids to provide prevention services. Organizations with the winning proposal is awarded a contract for the proposed services. AHCCCS contracts with three Regional Behavioral Health Authorities (RBHAs), (Health Choice, Mercy Care and AZ Complete Health) and three Tribal Regional Behavioral Health Authorities (TRBHAs), (Gila River, Pascua Yaqui and White Mountain Apache) to administer SABG funds. As of 10/01/22, Care1st will replace Health Choice in Northern Arizona. In turn, the RBHAs disburse the funds to substance misuse service providers in their areas. The TRBHAs generally provide their own services and directly use the funds.

**b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns and activities into its work? Yes**

The Council integrates substance use and behavioral health issues and concerns. However, in the past the prevention component is more difficult to be included because a large portion of the prevention funds are allocated to the Governor's Office of Youth Faith and Family. The Governor's Office was not accustomed to relaying regular information to the Council about the use of SABG prevention dollars. In the past two years, with the assistance of AHCCCS administration, the Council has been able to receive reports and presentations from the Governor's Office. This has greatly improved our knowledge of the prevention component of the SABG funded work in Arizona.

**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**

The Council's membership reflects the diverse cultures in Arizona. Currently, the Council has one American Indian individual and an African American individual, both who are family members of an adult with a Seriously Mentally Ill (SMI) designation and a Hispanic individual who represents a service provider. Also, there are older adults, and individuals with SMI designation in

the behavioral health system, family members of young children with SED, and family members of adults with an SMI designation. There are individuals who are in recovery from substance misuse. Additionally, the Council recruits and retains individuals throughout the state, including individuals from Tucson, Southern Arizona (San Manuel), and Northern Arizona (Prescott). The Council has made contacts to seek a representative from a tribal behavioral health organization, but we have postponed pursuit of this objective until the COVID-19 situation stabilizes. Arizona tribal entities currently are primarily focused on COVID-19 as it should be. Our pursuit of tribal representation on the Council will be guided by the status of the COVID-19 emergency precautions that have been in place during the Public Health Emergency (PHE). Currently, the Council has members from all the required state agencies including a new member representing the Medicaid agency. The Social Service Agency slot is filled by a representative from the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DDD)

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

During the past several years, the Council has been meeting monthly at the AHCCCS' Phoenix office. Historically the Council also periodically traveled around the state to seek direct involvement from providers and recipients of services, but that arrangement has been suspended due to pressures to accommodate the travel limitations of AHCCCS staff and the needs of Council members. Since early 2020 due to COVID-19, the Council has been meeting via video conference (Zoom and Google Meet). Using that method, we have still been able to hear from persons and Council members around the state. However, there are often limitations with this system. Some Council members do not have computer and Wi-Fi that makes it easy for them to participate, and this leads to some persons needing to attend meetings only by phone. This circumstance is less than ideal, but the COVID-19 restrictions have been more important

Council meetings are planned in partnership with AHCCCS. AHCCCS might propose topics that may be of interest to the Council. Further, the Council may have an issue of interest where AHCCCS can provide a speaker or administrator who can assist in further exploration of the concern.

In recent years, the Council has been able to obtain more data on issues of its interest. The Data Intelligence and Reporting Unit within AHCCCS has provided some reports that were generated specifically in response to Council interest and concern. Further, the Council has received periodic presentations on data topics of interest to the Council. This information is a key resource for the Council as it pursues its role.

The Council has discussed or reviewed the following topics during the past year:

- Secret Shopper – a system where persons who represent themselves as a person seeking services contacts and service provider. This program is intended to evaluate the quality of that initial contact. The Council reviewed this program.
- Tradition Healing – This is a service of Native American healing practices funded by the Mental Health Block Grant that members may access. The Council received a report that indicated that use of this service through this funding source had declined significantly.

The Council met several times to learn about the reasons for this. AHCCCS established a Traditional Healing Workgroup with the tribes in Arizona to develop a Traditional Healing amendment to the Section 1115 Demonstration Waiver. It was included in the December 2020 Waiver submission to CMS for consideration in the negotiation process. If approved, each registered IHS or Tribal health facility would have the option to institute approved services on October 1, 2022.

- Olmstead Plan – Arizona is revising its plan. The Council has been monitoring the process.
- Individualized SUD Treatment Services- The Council received a complaint about a person with special needs not having those concerns included in their SUD treatment planning.
- AZ Long Term Care System – The Council received a presentation about how individuals are determined eligible for this program. The Council had a special interest in the process for individuals with intellectual developmental disabilities being able to complete the financial eligibility portion of the process.
- Information Sheets about the Behavioral Health System – These sheets are an excellent resource for members. The Council was interested in how they could be made more broadly available.
- Behavioral Health Programs and Services in School – The Council has visited this topic several times during the past year.
- Rehabilitation and Recovery – Therapeutic Community in The Arizona Department of Corrections, Rehabilitation & Reentry - The ADCRR representative on the Council provided a presentation on this program.
- The 988 System – The Council has been monitoring the 988 system progress.
- Transition to the Adult System – The Council received a presentation on this topic. In addition, a Council member who has experience in this process helped lead the discussion.
- Change in Regional Behavioral Health Authority (RBHA)- In October, 2022, a new company will assume the role of RBHA for Northern Arizona. The Council has discussed implications for this change.
- In addition to the above topics which were identified by the Council for examination or discussion, a number of other topics or presentations were brought to the Council by various offices within AHCCCS.

## Environmental Factors and Plan

### Advisory Council Members

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

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

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
V. Loree Adams	State Employees		PH: 623-853-0304	vadams@azadc.gov
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: 520-840-6104	johnbaird1@hotmail.com
Kathy Bashor	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2145 E. Sanos Dr. Tempe AZ, 85281 PH: 480-440-8405	kathywilderness12@gmail.com
Cristina Benitez	State Employees		1110 W Washington St. Ste., 280 Phoenix AZ, 85007	cristina.benitez@azhousing.gov
Greg Billi	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		8128 E. Hwy 69 Ste 201 Prescott Valley AZ, 86314	gbilli@nazcare.org
Kelli Carbello	Parents of children with SED/SUD		7338 West Midway Glendale AZ, 85302	kccarbello@gmail.com
Dave Delawder	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1450 N. Cherry Tucson AZ, 85719	d.e.lwdr@gmail.com
Kim Foy	State Employees		2200 N. Central Ave, Suite 200 Phoenix AZ, 85004 PH: 602-542-5285	kfoy@azdes.gov
William French	Persons in recovery from or providing treatment for or advocating for SUD services		7341 W Canterbury Dr Peoria AZ, 85345	Bangger01@hotmail.com
Daniel Haley	Persons in recovery from or providing treatment for or advocating for SUD services		1200 N. Country Club Road Tucson AZ, 85716 PH: 520-869-6263	danielhaley@hopetucson.org
Alexandria Hesketh	State Employees		3003 N. Central Ave, 23rd Flr Phoenix AZ, 85012	alexandria.heskether@azdcs.gov

Vicki Lynn Johnson	Family Members of Individuals in Recovery (to include family members of adults with SMI)		5409 W. Siesta Way Laveen AS, 95339 PH: 480-236-2552	Vlj30@cox.net
Jane Kallal	Youth/adolescent representative (or member from an organization serving young people)		5333 N. 7th Street Phoenix AZ, 85014 PH: 602-412-4070	Jane@Familyinvolvementcenter.org
Kathryn Kathryn	Others (Advocates who are not State employees or providers)		1015 Fair Street 326 Prescott AZ, 86305	Kathryn.blair@yavapai.us
Susan Kennard	State Employees		801 E. Jefferson St. Phoenix AZ, 85034 PH: 602-364-2086	Susan.junck@azahcccs.gov
Alida Montiel	Representatives from Federally Recognized Tribes			Alida.montiel@itcaonline.com
Celeste Nameth	State Employees		1535 West Jefferson, BIN 24 Phoenix AZ, 85007	celestenameth@azed.gov
William B O Neill	Youth/adolescent representative (or member from an organization serving young people)		1111 South San Jose Mesa AZ, 85202	Williamo43210@gmail.com
Teresa Pena	Providers		5949 East Kelton Lane Scottsdale AZ, 85254	teteortega@yahoo.com
Phyllis Quintana	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1819 West Corona Ave. Phoenix AZ, 85041	62gljj@gmail.com
Alisa Randall	State Employees		801 East Jefferson St. Phoenix AZ, 85034	alisa.Randall@azahcccs.gov
Karen Resseguie	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1201 E Thomas Rd Phoenix AZ, 85014 PH: 602-285-1800	kresseguie@fsl.org
Alicia Ruiz	State Employees		1789 W. Jefferson St., 2NW, Phoenix AZ, 85007 PH: 602-542-3792	AliciaRuiz@azdes.gov
Pamala Sacks-Lawlar	Family Members of Individuals in Recovery (to include family members of adults with SMI)		5705 North Castano Drive Litchfield Park AZ, 85340 PH: 253-389-3680	Bluebusiness59@gmail.com

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

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

**Footnotes:**

# Environmental Factors and Plan

## Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
<b>Total Membership</b>	<b>29</b>	
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)	4	
Parents of children with SED/SUD*	1	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	1	
<b>Total Individuals in Recovery, Family Members &amp; Others</b>	<b>10</b>	<b>34.48%</b>
State Employees	8	
Providers	1	
Vacancies	0	
<b>Total State Employees &amp; Providers</b>	<b>9</b>	<b>31.03%</b>
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	4	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	1	
<b>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations</b>	<b>5</b>	
Persons in recovery from or providing treatment for or advocating for SUD services	2	
Representatives from Federally Recognized Tribes	1	
Youth/adolescent representative (or member from an organization serving young people)	2	

\* 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.

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

**Footnotes:**

# 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:  
AHCCCS aims to make the plan available for public comment for a period of 14 days. The 22-23 mini application/plan was available on the AHCCCS website for public comment between August 9, 2022 to August 24, 2022.  
<https://www.azahcccs.gov/AHCCCS/PublicNotices/>  
If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:  
<https://www.azahcccs.gov/AHCCCS/PublicNotices/>
  - c) Other (e.g. public service announcements, print media)  Yes  No

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

**Footnotes:**

# Environmental Factors and Plan

## 23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction<sup>1,2</sup> 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<sup>3</sup>.

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<sup>4</sup>. 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<sup>5</sup>: 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](https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. [Centers for Disease Control and Prevention \(CDC\) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016](http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf) 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) <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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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)

<sup>4</sup> 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.

<sup>5</sup> ***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.

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

**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**

**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

Theresa Mitchell Hampton, DrPH, M.Ed.  
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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,



Kristen Challacombe, Deputy Director for Business Operations

March 2022

1



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

**TABLE OF CONTENTS**

**1. BACKGROUND ..... 3**

**2. WORKPLAN ..... 5**

**3. TIMELINE FOR IMPLEMENTATION ..... 11**

**4. COPY OF EXISTING SSP PROTOCOLS OR GUIDELINES ..... 11**

**5. BUDGET, BUDGET JUSTIFICATION, AND PROPOSED ACTIVITIES, INCLUDING A PLAN FOR DISPOSAL OF INJECTION EQUIPMENT ..... 11**

**6. DESCRIPTION OF CURRENT TRAINING AND TECHNICAL ASSISTANCE NEEDS ..... 12**

**7. LOCATION OF SSP RELATED ACTIVITIES TO BE SUPPORTED WITH FEDERAL FUNDS ..... 13**

**9. SSP METRIC INFORMATION ..... 13**

**10. ATTACHMENTS A – E: ..... 15**

*Attachment A: Timeline for Implementation ..... 15*

*Attachment B: Budget Justification ..... 16*

*Attachment C: Signed statement (i.e., Annual Certification) ..... 24*

*Attachment D: CDC Determination of Need for Arizona 10/26/2021 ..... 25*

*Attachment E: Arizona Revised Statute: Article 15: 36-798.51. Overdose and disease prevention programs ..... 25*

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

**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).<sup>1</sup> 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.<sup>2 3</sup> 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

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<sup>1</sup> Journal of Infectious Diseases: <https://doi.org/10.1080/23744235.2020.1727002>

<sup>2</sup> Journal of Acquired Immodeficiency Syndrome: 10.1097/QAI.0000000000001792

<sup>3</sup> Centers for Disease Control and Prevention: <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>

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

suspected overdoses.<sup>4</sup> 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.”<sup>5</sup>

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.<sup>6</sup> 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

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<sup>4</sup> Arizona Department of Health Services: <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>

<sup>5</sup> Arizona Department of Health Services: Determination of Need Request, dated October 26, 2021.

<sup>6</sup> 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.

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

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	<ul style="list-style-type: none"> <li>• Increased initiation, continuation, and coordination of evidence-based treatment for individuals who use drugs</li> <li>• Increased harm reduction behaviors such as reduced or safer use, supply testing, and overdose prevention kits</li> <li>• Increased proper disposal of used syringes</li> <li>• Increased public awareness and community engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced rates of overdose, drug-related deaths and injuries, and transmission of infectious diseases</li> <li>• Improved health and wellness of people who use drugs</li> <li>• Reduced costs and burden associated with substance use/misuse on public systems</li> </ul>

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.

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

- 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,

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

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,

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

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.

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

- 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

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

collective impact model<sup>7</sup> 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

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

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

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.

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

**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 with PWID 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.”*

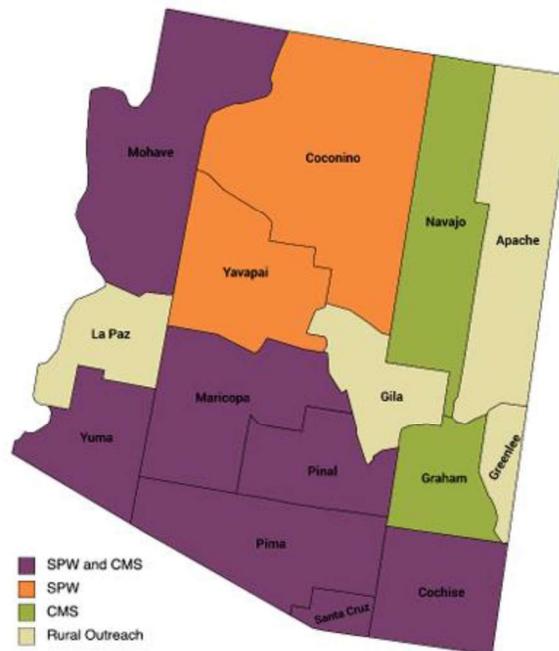
**6. DESCRIPTION OF CURRENT TRAINING AND TECHNICAL ASSISTANCE NEEDS**

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: <a href="https://harmreductionhelp.cdc.gov/s/">https://harmreductionhelp.cdc.gov/s/</a>

**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***

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

***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.

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

**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																	

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

**Attachment B: Budget Justification**

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

**A. Personnel:**

<b>Position (1)</b>	<b>Key Staff (3)</b>	<b>Annual Salary/ Rate (4)</b>	<b>Level of Effort (5)</b>	<b>Total Salary Charged to Award (6)</b>
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
<b>FEDERAL REQUEST</b>				<b>\$437,520</b>

**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.

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

- 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
<b>FEDERAL REQUEST</b>				<b>\$96,886</b>

**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
<b>FEDERAL REQUEST</b>				<b>\$8,945</b>

**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):**

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

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
<b>FEDERAL REQUEST</b>		<b>\$272,562</b>

**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.

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

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
<b>FEDERAL REQUEST</b>				<b>\$433,348</b>

***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

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

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

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.

<b>Item</b>	<b>Rate</b>	<b>Total cost</b>
Outreach events	\$480 x 104	\$49,920
<b>Total</b>		<b>\$49,920</b>

**3. ASU College of Health Solutions (ASU CHS)**

<b>Item</b>	<b>Rate</b>	<b>Total cost</b>
Personnel	See below	\$56,580
ERE	See below	\$17,122
Indirect Costs	See below	\$32,724
<b>Total</b>		<b>\$106,426</b>

**ASU CHS Personnel**

<b>Position (1)</b>	<b>Name (2)</b>	<b>Key Staff (3)</b>	<b>Annual Salary/Rate (4)</b>	<b>Level of Effort (5)</b>	<b>Total Salary Charge to Award (6)</b>
(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
<b>Total</b>					<b>\$56580</b>

- 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.
- 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

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

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

- 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
<b>Total</b>				<b>\$17,122</b>

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.

- 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

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

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
<b>Total</b>		<b>\$175,002</b>

- Tory Howell will provide hourly rate graphic and web design service to support the promotional and educational goals of the project.
- Kurt Clark will provide hourly rate IT assistance to staff on the project as needed.
- Heinfeld Meech will conduct SPW's required single audit. This contract makes up 20% of SPW's federal contracts.
- 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
<b>FEDERAL REQUEST</b>		<b>\$30,474</b>

**JUSTIFICATION:**

- Phoenix and Tucson offices will be allocated by staff FTE to grant. Offices are necessary for in-person work, supply receiving, and kit assembly.
- Utilities for Phoenix and Tucson offices allocated by staff FTE to grant.
- 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.
- Office maintenance and repairs to include plumbing, electrical, sterilization, and other standard repairs.
- 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

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

<b>FEDERAL REQUEST</b>	\$208,596
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**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):

<b>Category</b>	<b>AHCCCS?SP W SSP 1/1/2022- 12/31/2022</b>
Personnel	\$437,520
Fringe	\$96,886
Travel	\$8,945
Equipment	\$0
Supplies	\$272,562
Contractual	\$433,348
Other	\$30,474
<b>Total Direct Charges</b>	<b>\$1,279,735</b>
Indirect Charges or Administration	\$208,596
<b>Total Project Costs</b>	<b>\$1,488,331</b>

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

**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](mailto: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](mailto: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

March 2022  
24



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

***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.

March 2022  
25





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](mailto: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](mailto: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:**