

Arizona

UNIFORM APPLICATION

FY 2020/2021 Block Grant Application

SUBSTANCE ABUSE PREVENTION AND TREATMENT

and

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 08/17/2020 2:12:52 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 2021

End Year 2022

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 701 E Jefferson MD 6500

City Phoenix

Zip Code 85034

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

First Name Kristen

Last Name Challacombe

Agency Name Arizona Health Care Cost Containment System

Mailing Address 801 East Jefferson

City Phoenix

Zip Code 85034

Telephone 602-417-4000

Fax

Email Address Kristen.Challacombe@azahcccs.gov

State CMHS DUNS Number

Number 805346798

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Grants Administration

Mailing Address 801 East Jefferson

City Phoenix

Zip Code 85034

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

First Name Kristen

Last Name Challacombe

Agency Name Arizona Health Care Cost Containment System (AHCCCS)

Mailing Address 801 E Jefferson

City Phoenix

Zip Code 85034

Telephone 602-417-4000

Fax

Email Address Kristen.Challacomber@azahcccs.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

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

From

To

V. Date Submitted

Submission Date

Revision Date 8/17/2020 2:12:21 PM

VI. Contact Person Responsible for Application Submission

First Name Michelle

Last Name Skurka

Telephone 602-364-2111

Fax

Email Address Michelle.Skurka@azahcccs.gov

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

State Information

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

Fiscal Year 2021

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

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

Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
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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 nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

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

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

State: _____

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

State Information

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Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
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12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

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

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

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

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Footnotes:

State Information

Disclosure of Lobbying Activities

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

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

Name

Title

Organization

Signature:

Date:

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal years 2020/2021.

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2021

Activity (See instructions for using Row 1.)	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment							
a. Pregnant Women and Women with Dependent Children							
b. All Other							
2. Primary Prevention							
a. Substance Abuse Primary Prevention							
b. Mental Health Primary Prevention*		\$0	\$0	\$0	\$0	\$0	\$0
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)**		\$1,849,383	\$0	\$0	\$0	\$0	\$0
4. Tuberculosis Services							
5. Early Intervention Services for HIV							
6. State Hospital			\$0	\$0	\$0	\$0	\$0
7. Other 24 Hour Care		\$471,593	\$429,527,269	\$0	\$17,548,229	\$0	\$0
8. Ambulatory/Community Non-24 Hour Care		\$15,248,162	\$1,930,192,128	\$0	\$78,857,516	\$0	\$0
9. Administration (Excluding Program and Provider Level)***		\$924,691	\$0	\$137,363	\$0	\$0	\$0
10. Total	\$0	\$18,493,829	\$2,359,719,397	\$137,363	\$96,405,745	\$0	\$0

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

** Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside

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

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Footnotes:

NOT FINAL

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

Expenditure Category	FFY 2020 SA Block Grant Award	FFY 2021 SA Block Grant Award
1 . Substance Abuse Prevention and Treatment *	\$30,321,626	\$30,321,626
2 . Primary Substance Abuse Prevention	\$8,085,767	\$8,085,767
3 . Early Intervention Services for HIV **	\$0	\$0
4 . Tuberculosis Services	\$0	\$0
5 . Administration (SSA Level Only)	\$2,021,442	\$2,021,442
6. Total	\$40,428,835	\$40,428,835

* Prevention other than Primary Prevention

** For the purpose of determining the states and jurisdictions that are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report will be published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services for regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state a 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.

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Footnotes:

NOT FINAL

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

Strategy	A	B	C
	IOM Target	FFY 2020 SA Block Grant Award	FFY 2021 SA Block Grant Award
1. Information Dissemination	Universal	\$943,702	\$2,244,239
	Selective	\$410,048	\$252,314
	Indicated	\$55,406	\$43,157
	Unspecified	\$10,000	\$10,000
	Total	\$1,419,156	\$2,549,710
2. Education	Universal	\$1,152,658	\$224,526
	Selective	\$535,749	\$357,592
	Indicated	\$94,878	\$1,097,124
	Unspecified	\$0	\$0
	Total	\$1,783,285	\$1,679,242
3. Alternatives	Universal	\$681,036	\$646,894
	Selective	\$59,705	\$145,676
	Indicated	\$23,024	\$10,962
	Unspecified	\$20,000	\$20,000
	Total	\$783,765	\$823,532
4. Problem Identification and Referral	Universal	\$141,187	\$99,120
	Selective	\$82,502	\$118,240
	Indicated	\$60,660	\$92,805
	Unspecified	\$4,000	\$4,000
	Total	\$288,349	\$314,165
	Universal	\$1,002,509	\$1,155,001

5. Community-Based Process	Selective	\$336,196	\$308,334
	Indicated	\$51,004	\$34,004
	Unspecified	\$73,334	\$73,334
	Total	\$1,463,043	\$1,570,673
6. Environmental	Universal	\$949,963	\$458,523
	Selective	\$32,177	\$62,229
	Indicated	\$4,000	\$0
	Unspecified	\$23,000	\$23,000
	Total	\$1,009,140	\$543,752
7. Section 1926 Tobacco	Universal	\$12,866	\$13,341
	Selective	\$0	
	Indicated	\$0	
	Unspecified	\$0	
	Total	\$12,866	\$13,341
8. Other	Universal	\$12,274	\$10,000
	Selective	\$36,761	\$42,750
	Indicated	\$17,000	\$17,000
	Unspecified	\$19,465	\$121,446
	Total	\$85,500	\$191,196
Total Prevention Expenditures	\$6,845,104	\$7,685,611	
Total SABG Award*	\$40,428,835	\$40,428,835	
Planned Primary Prevention Percentage	16.93 %	19.01 %	

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

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Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

Activity	FFY 2020 SA Block Grant Award	FFY 2021 SA Block Grant Award
Universal Direct		\$3,822,944
Universal Indirect		\$2,201,287
Selective		\$1,023,744
Indicated		\$280,144
Column Total		\$7,328,119
Total SABG Award*	\$40,428,835	\$40,428,835
Planned Primary Prevention Percentage	0.00 %	18.13 %

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

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Footnotes:

NOT FINAL

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2020 and FFY 2021 SABG awards.

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2021

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

Footnotes:

NOT FINAL

Planning Tables

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

Planning Period Start Date: 10/1/2020 Planning Period End Date: 9/30/2022

Activity	FFY 2020			FFY 2021		
	A. SABG Treatment	B. SABG Prevention	C. SABG Combined*	A. SABG Treatment	B. SABG Prevention	C. SABG Combined*
1. Information Systems	\$333,965	\$170,872			\$168,861	
2. Infrastructure Support	\$72,989	\$11,333			\$11,333	
3. Partnerships, community outreach, and needs assessment	\$492,095	\$251,699			\$216,522	
4. Planning Council Activities (MHBG required, SABG optional)						
5. Quality Assurance and Improvement	\$427,114	\$238,949			\$187,500	
6. Research and Evaluation	\$556,603	\$290,315			\$145,664	
7. Training and Education	\$542,541	\$277,495			\$272,260	
8. Total	\$2,425,307	\$1,240,663	\$0	\$0	\$1,002,141	\$0

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

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Footnotes:

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Planning Tables

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

MHBG Planning Period Start Date:

MHBG Planning Period End Date:

Activity	FFY 2020 Block Grant	FFY 2021 Block Grant
1. Information Systems		
2. Infrastructure Support		
3. Partnerships, community outreach, and needs assessment		
4. Planning Council Activities (MHBG required, SABG optional)	\$5,000	\$5,000
5. Quality Assurance and Improvement		
6. Research and Evaluation		
7. Training and Education		
8. Total	\$5,000	\$5,000

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Environmental Factors and Plan

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

Narrative Question

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

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

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

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

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.
 - a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

Arizona Health Care Cost Containment System (AHCCCS) Response:
The Behavioral Health Planning Council was involved in the development and review of the State Plan by reviewing the plan and given the opportunity to provide feedback to AHCCCS that will be considered for incorporation into the final draft of the plan.
The Behavioral Health Planning Council has held community forums with stakeholders to identify topics to be addressed in the planning, implementation and process improvement for the behavioral health services through AHCCCS. The Council has worked collaboratively with AHCCCS to address the topics, provide clarification, and work with contractors to make changes to improve service delivery and health outcomes.
Arizona Behavioral Health Planning Council addition to response:
In the Substance Misuse Prevention area, a portion of the planning process is managed by AHCCCS. It conducted a Substance Abuse Prevention Needs Assessment in 2018. It is currently engaged in a Substance Abuse Prevention Strategic Planning process which includes participation by providers, the Governor's Office on Youth, Faith, and Families as well as representatives from the AZ Behavioral Health Planning Council. Substance Abuse Prevention funds are administered by the Governor's Office on Youth, Faith, and Families (GOYFF) In the past, they have also convened a study group to advise on prevention issues.
The GOYFF requests applications(proposals) for funding of prevention dollars. The applications are judged and funds are awarded accordingly.
Substance Misuse treatment and recovery funds are administered by AHCCCS. AHCCCS distributes these funds to the three AZ Regional Behavioral Health Authorities (RBHAs) and four Tribal Behavioral Health Authorities (TRBHAs) proportionally based on the population each serves. The RBHAs then distribute these funds to local providers based on historical use of the funds. Because the TRBHAs receive a much smaller amount they generally hold the funds back and use them individually based on need.
 - 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.

Arizona Health Care Cost Containment System (AHCCCS) Response:

Council members represent Arizona's mental health population including General Mental Health/Substance Use (GMH/SU), Substance Use Disorders, and individuals who are diagnosed a serious mentally illness (SMI). The Council regularly collaborates with AHCCCS on program funding matters, access to care, and quality improvement recommendations. The Council holds meetings and community forums in locations around the state for the purpose of offering opportunities for people in various communities to speak about their concerns, have their voices heard, and have actions taken by the state to address their concerns. Arizona Behavioral Health Planning Council addition to response:

The Arizona Behavioral Health Planning Council meets monthly though in the past several months, in response to the COVID crisis, the Planning Council, has held its meetings via teleconference and phone. The Council's standing committees also meet regularly and are used to assist the Council in its responsibilities by reviewing specific issues or concerns and by developing recommendations. In order to address issues or concerns around the state, community members are invited to all of our meetings. Over the past two years, the council has seen great improved circumstances in terms of our administrative support and our working relationship with AHCCCS. However, the Council has experienced a number of barriers in connecting with agencies that use grant funds and in obtaining data regarding the use of these funds throughout the state.

An on-going challenge for the Council has been our relationship with the Governor's Office on Children Faith and Families—the entity that administers the majority of the SABG Prevention dollars. We have waited over a year for answers to questions and for an updated report on the programs administered by that office.

Through its Advocacy and Legislative Committee, the Council is active in reviewing and tracking state and federal legislation pertaining to mental health services. Should an issue of concern be presented, the Committee works to develop positions, provide testimony at legislative hearings, and advocate for the populations the Council has a duty to support. In recent months, the Committee has sought assistance from AHCCCS to meet with the Arizona Insurance Commissioner in order to address Parity issues in the state.

Recent changes in contracts for services to children and for persons in the general mental health and substance misuse areas have caused some disruption to service access for some consumers of these services. The Community Advisory Committee has connected the Council with persons who are experiencing problems. The Council has brought these issues to the attention of AHCCCS.

In our July, 2020 meeting we discussed access to substance misuse treatment services in Mohave County. There is an unusually high mortality rate caused by opioid and drug misuse in Mohave County. The Community Advisory Committee arranged for the Council to meet with individuals who could report on factors that may contribute to this problem. The Council plans to pursue the identified problem further through appropriate channels at AHCCCS or elsewhere as indicated.

Through the leadership of the Planning and Evaluation Committee, the Council meets with AHCCCS staff who are directly involved in the statistical and financial data collection, and subsequent Block Grant development. Through the leadership from the Planning and Evaluation Committee, the Council reviews the Block Grant Plan. The Council conducts a thorough review using the information on hand and provides comments from that review. To date the Council has not been able to make adequate or what we would consider to be informed feedback on many aspects of the grant due to a lack of requested data. In this area the Council has had on-going challenges in obtaining data from AHCCCS regarding the use of funds, including fiscal and population data. In addition, Arizona's Governor's Office on Youth, Faith, and Families, the entity that administers the majority of the SABG Prevention dollars, has not answered any requests for information in the last year regarding the programs they fund, the efficacy of these programs, and the populations they serve. Despite these concerns, the Council continues to review, monitor and evaluate as many aspects of the grant as possible and continues to reach out to AHCCCS and other agencies for their support.

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

None identified at this time.

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

⁷⁰There 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: 04/19/2019 Expires: 04/30/2022

Footnotes:

DATE: August 14, 2020

TO: SAMHSA

FROM: Ali De La Trinidad, Project Manager, Behavioral Health Planning Council

SUBJECT: Recording of Minutes Available on the AHCCCS Website

Please be advised that the Arizona Behavioral Health Planning Council is recording each of their meetings held, in lieu of written minutes. These recordings capture and allows for all, including the public, to hear what has been discussed at each meeting.

When visiting the website listed below, you will be able to see meetings that were held and recorded and/or cancelled. These recordings are available on AHCCCS' website at <https://www.azahcccs.gov/Resources/Grants/CMHS/>.

If you have any questions or concerns regarding these recordings, you can contact me at 602-417-4706 or ali.delatrinidad@azahcccs.gov.



BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, April 17, 2020
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS (Virtual with call in availability)</p>	<p align="center">1-602-666-0783 Toll (Phoenix) Access code: 287 117 497</p>
<p>i. Welcome</p> <ul style="list-style-type: none"> • Introductions • Ensure a Quorum • Call Meeting to Order • Approve Minutes • New Applications for BHPC 	<p align="center">Kathy Bashor, Council Chair</p>
<p>ii. Presentations</p> <ul style="list-style-type: none"> • RBHA Presentations on SABG/MHBG 	<p align="center">RBHA Staff</p>
<p>iii. MHBG Funds Update</p> <ul style="list-style-type: none"> • Allowable Use of Funds During Incarceration 	<p align="center">Alisa Randall, AHCCCS</p>
<p>iv. Data Request Update</p> <ul style="list-style-type: none"> • RBHA SABG Reports 	<p align="center">Lori Petre, AHCCCS</p>
<p>v. Committee Updates</p> <ul style="list-style-type: none"> • Planning & Evaluation • Community Advisory • Advocacy & Legislation 	<p align="center">R. Brubaker & V. Johnson, Council Members Dan Haley, Council Member David Delawder, Council Member</p>
<p>vi. Call to the Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>vii. Adjourn at _____</p>	<p align="center">Next Council Meeting May 15, 2020 Virtual Meeting w/ Conference Call Option</p>

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



BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, August 16, 2019
8:30 AM – 5:00 PM

Agenda

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS 701 East Jefferson Phoenix, AZ 85034 HRD Training Conference Rm 3rd Floor</p>	<p align="center">1-415-655-0003 Access Code 805 251 199</p>
<p>I. Welcome, Introductions, Ensure Quorum and Call Meeting to Order</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>II. Council Updates</p> <ul style="list-style-type: none"> • Grant Review • Open Meeting Law Training 10-1130 in the Grand Canyon Conference Room • New Applications for BHPC 	<p align="center">Council Chair Kathy Bashor</p>
<p>III. Call To The Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>IV. Adjourn at _____</p>	<p align="center">Next Council Meeting September 20, 2019 AHCCCS 701 E. Jefferson Street HRD Training Room 3rd Floor</p>

**"...to advise, review, monitor, and evaluate all aspects of the development of the State Plan"
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BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, December 20, 2019
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS 701 East Jefferson Phoenix, AZ 85034 Saguaro Conference Rm 2nd Floor</p>	<p align="center">888-4754499 Meeting ID: 693 407 663</p>
<p>i. Welcome, Introductions, Ensure a Quorum and Call Meeting to Order</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>ii. Council Updates</p> <ul style="list-style-type: none"> • Review Minutes • New Applications for BHPC • Data Requests 	<p align="center">Council Chair Kathy Bashor Council Chair Kathy Bashor Council Chair Vicki Johnson</p>
<p>iii. Olmstead Plan</p>	<p align="center">Dara Johnson, AHCCCS</p>
<p>iv. Overview of AZ Substance Abuse Prevention System</p> <p>v.</p>	<p align="center">Gabrielle Richard, AHCCCS</p>
<p>vi. Call to the Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>vii. Adjourn at _____</p>	<p align="center">Next Council Meeting January 17, 2020 AHCCCS 701 E. Jefferson Street HRD Training Room 3rd Floor</p>

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



BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, February 21, 2020
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS 701 East Jefferson Phoenix, AZ 85034 HRD Training Room 3rd Floor</p>	<p align="center">888-475-4499 Meeting ID: 693 407 663</p>
<p>i. Welcome</p> <ul style="list-style-type: none"> • Introductions • Ensure a Quorum • Call Meeting to Order 	<p align="center">Council Chair Kathy Bashor</p>
<p>ii. Council Updates</p> <ul style="list-style-type: none"> • New Applications for BHPC • RBHA Presentations in March • GOYFF Information Request 	<p align="center">Council Chair Kathy Bashor</p>
<p>iii. Data Request</p> <ul style="list-style-type: none"> • RBHA SABG Reports 	<p align="center">Lori Petre, AHCCCS</p>
<p>iv. Committee Updates</p> <ul style="list-style-type: none"> • Planning & Evaluation • Community Advisory • Advocacy & Legislation 	<p align="center">Richard Brubaker & Vicki Johnson, Council Members Dan Haley, Council Member David Delawder, Council Member</p>
<p>v. RBHA Community Forums</p>	<p align="center">Alida Montiel Council Member</p>
<p>vi. Call to the Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>vii. Adjourn at _____</p>	<p align="center">Next Council Meeting March 20, 2020 AHCCCS 701 E. Jefferson Street HRD Training Room 3rd Floor</p>

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



BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, January 17, 2020
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS 701 East Jefferson Phoenix, AZ 85034 HRD Training Room 3rd Floor</p>	<p align="center">888-475-4499 Meeting ID: 693 407 663</p>
<p>i. Welcome, Introductions, Ensure a Quorum and Call Meeting to Order</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>ii. Council Updates</p> <ul style="list-style-type: none"> • Olmstead Plan • New Applications for BHPC • Legislative Updates 	<p align="center">Council Chair Kathy Bashor Council Chair Kathy Bashor Council Chair Kathy Bashor</p>
<p>iii. Challenges w/Peer and Family Operations</p>	<p align="center">Susan Junck, AHCCCS</p>
<p>iv. Call to the Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>v. Adjourn at _____</p>	<p align="center">Next Council Meeting February 21, 2020 AHCCCS 701 E. Jefferson Street HRD Training Room 3rd Floor</p>

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BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, July 17, 2020
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS (Virtual with call in availability)</p>	<p align="center">888 475 4499 US Toll-free Meeting ID: 693 407 663</p>
<p>1. Welcome</p> <ul style="list-style-type: none"> 1) Introductions 2) Ensure a Quorum 3) Call Meeting to Order 4) New Applications for BHPC 	<p align="center">Vicki Johnson, Council Chair Vicki Johnson, Council Chair Vicki Johnson, Council Chair Vicki Johnson, Council Chair</p>
<p>2. State Agency Reports</p>	<p align="center">Vicki Johnson, Council Chair</p>
<p>3. Impact of COVID & Black Lives Matter</p>	<p align="center">Vicki Johnson, Council Chair</p>
<p>4. SAMHSA Block Grant Mini Application</p>	<p align="center">Michelle Skurka, AHCCCS</p>
<p>5. Data Request Update</p> <ul style="list-style-type: none"> • RBHA SABG Reports/Alternative Utilization Funding Report • Mohave County Report 	<p align="center">Lori Petre, AHCCCS</p>
<p>6. Committee Updates</p> <ul style="list-style-type: none"> • Planning & Evaluation • Community Advisory • Advocacy & Legislation 	<p align="center">R. Brubaker & V. Johnson, Council Members Dan Haley, Council Member David Delawder, Council Member</p>
<p>7. Call to the Public</p>	<p align="center">Council Chair Vicki Johnson</p>
<p>8. Adjourn at _____</p>	<p align="center">Next Council Meeting August 21, 2020 10am-12pm Virtual Meeting</p> <p align="center">Application Review Meeting August, 14, 2020 9am-2pm Virtual Meeting</p>

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BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, June 19, 2020
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS (Virtual with call in availability)</p>	<p align="center">1-602-666-0783 US Toll (Phoenix) +1-415-655-0003 US Toll Meeting number (access code): 287 117 497</p>
<p>1. Welcome</p> <ul style="list-style-type: none"> 1) Introductions 2) Ensure a Quorum 3) Call Meeting to Order 4) New Applications for BHPC 5) Resignation and Vote for New Chair 	<p align="center">Kathy Bashor, Council Chair Kathy Bashor, Council Chair Kathy Bashor, Council Chair Kathy Bashor, Council Chair Kathy Bashor, Council Chair</p>
<p>2. SAMHSA Block Grant Mini Application</p>	<p align="center">Michelle Skurka, AHCCCS</p>
<p>3. MHBG Funds Update</p> <ul style="list-style-type: none"> • Allowable Use of Funds During Incarceration 	<p align="center">Alisa Randall, AHCCCS</p>
<p>4. Data Request Update</p> <ul style="list-style-type: none"> • RBHA SABG Reports/Alternative Utilization Funding Report • Mohave County Report 	<p align="center">Lori Petre, AHCCCS</p>
<p>5. Committee Updates</p> <ul style="list-style-type: none"> • Planning & Evaluation • Community Advisory • Advocacy & Legislation 	<p align="center">R. Brubaker & V. Johnson, Council Members Dan Haley, Council Member David Delawder, Council Member</p>
<p>6. Call to the Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>7. Adjourn at _____</p>	<p align="center">Next Council Meeting July 17, 2020 Virtual Meeting</p>

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BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, May 15, 2020
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS (Virtual with call in availability)</p>	<p align="center">888-475-4499 Meeting ID: 693 407 663</p>
<p>1. Welcome</p> <ul style="list-style-type: none"> 1) Introductions 2) Ensure a Quorum 3) Call Meeting to Order 4) Approve April 17, 2020 Minutes 5) New Applications for BHPC 	<p>Kathy Bashor, Council Chair Kathy Bashor, Council Chair Kathy Bashor, Council Chair Kathy Bashor, Council Chair Kathy Bashor, Council Chair</p>
<p>2. GOYFF Presentation to BHPC</p> <ul style="list-style-type: none"> • Proposed Questions for Presentation 	<p align="center">Alisa Randall, AHCCCS</p>
<p>3. MHBG Funds Update</p> <ul style="list-style-type: none"> • Allowable Use of Funds During Incarceration 	<p align="center">Alisa Randall, AHCCCS</p>
<p>4. Data Request Update</p> <ul style="list-style-type: none"> • RBHA SABG Reports 	<p align="center">Lori Petre, AHCCCS</p>
<p>5. Technical Assistance for the MHBG</p> <ul style="list-style-type: none"> • BHPC Input 	<p align="center">Emma Hefton, AHCCCS</p>
<p>6. Committee Updates</p> <ul style="list-style-type: none"> 1) Planning & Evaluation 2) Community Advisory 3) Advocacy & Legislation 	<p>R. Brubaker & V. Johnson, Council Members Dan Haley, Council Member David Delawder, Council Member</p>
<p>7. Call to the Public</p>	<p align="center">Council Chair Kathy Bashor</p>

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

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

8. Adjourn at _____

Next Council Meeting
June 19, 2020
Virtual Meeting

NOT FINAL

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

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



BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, November 15, 2019
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS 701 East Jefferson Phoenix, AZ 85034 HRD Training Rm 3rd Floor</p>	<p align="center">1-415-655-0003 Access Code 804 905 742</p>
<p>i. Welcome, Introductions, Ensure a Quorum and Call Meeting to Order</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>ii. Council Updates</p> <ul style="list-style-type: none"> • Executive Session • Membership Review/Inactive/Active • Community Advisory Committee • Committees Within the Council • New Applications for BHPC • Olmstead Plan Request • Draft of BHPC Goals and Objectives/Crosswalk • Data Request 	<p align="center">Council Chair Kathy Bashor Council Chair Kathy Bashor Council Chair Kathy Bashor Council Chair Kathy Bashor Council Chair Kathy Bashor Council Chair Kathy Bashor</p> <p align="center">Co-Chair Vicki Johnson and Richard Brubaker Co-Chair Vicki Johnson</p>
<p>iii. Call To The Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>iv. Adjourn at _____</p>	<p align="center">Next Council Meeting December 20, 2019 AHCCCS 701 E. Jefferson Street Saguaro Conf Room 2nd Floor</p>

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BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, October 18, 2019
10:00 AM – 12:00PM

AGENDA

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS 701 East Jefferson Phoenix, AZ 85034 HRD Tech Rm 3rd Floor</p>	<p align="center">1-415-655-0003 Access Code 805 914 042</p>
<p>I. Welcome, Introductions, Ensure a Quorum and Call Meeting to Order</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>II. Council Updates</p> <ul style="list-style-type: none"> • BHPC Activities and Report • Draft of BHPC Goals and Objectives/Crosswalk • Other Committees within the BHPC • Accessing and Education of SABG/MHBG Funding • Travel Training • New Applications for BHPC 	<p align="center">Council Chair Kathy Bashor Co-Chair Vicki Johnson</p>
<p>III. Data Presentation</p>	<p align="center">Lori Petre, AHCCCS</p>
<p>IV. Olmstead Plan</p>	<p align="center">Dara Johnson, AHCCCS</p>
<p>V. Call To The Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>VI. Adjourn at _____</p>	<p align="center">Next Council Meeting November 15, 2019 AHCCCS 701 E. Jefferson Street Saguaro Conf Room 2nd Floor</p>

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



BEHAVIORAL HEALTH PLANNING COUNCIL MEETING
Friday, September 20, 2019
10:00 AM – 12:00PM

Agenda

MEETING LOCATION	CALL IN AVAILABILITY
<p align="center">AHCCCS 701 East Jefferson Phoenix, AZ 85034 Saguaro Conference Rm 2nd Floor</p>	<p align="center">1-415-655-0003 Access Code 800 906 523</p>
<p>I. Welcome, Introductions, Ensure a Quorum and Call Meeting to Order</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>II. Council Updates</p> <ul style="list-style-type: none"> • New Applications for BHPC • Finalize By Laws • BHPC Goals and Objectives • BHPC Letter to SAMHSA 	<p align="center">Council Chair Kathy Bashor</p>
<p>III. Data Presentation</p>	<p align="center">Lori Petre, AHCCCS</p>
<p>IV. Call To The Public</p>	<p align="center">Council Chair Kathy Bashor</p>
<p>V. Adjourn at _____</p>	<p align="center">Next Council Meeting October 18, 2019 AHCCCS 701 E. Jefferson Street Saguaro Conf Room 2nd Floor</p>

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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.

Start Year: 2021 End Year: 2022

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
David Delawder	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Susan Junck	State Employees	Arizona Health Care Cost Containment System (AHCCCS)		
Jane Kallal	Parents of children with SED/SUD			
John Baird	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Kathy Bashor	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Greg Billi	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Kathryn Blair	Providers	Yavapai County Public Fiduciary		
Richard Brubaker	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Akia Compton	Parents of children with SED/SUD			
Teresa Fleming	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Daniel Haley	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Cathy Hasenberg	State Employees	Arizona Department of Child Safety		
Vicki Helland	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Vicki Johnson	Family Members of Individuals in Recovery (to include family members of adults with SMI)			

Scott Lindbloom	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Alida Montiel	Representatives from Federally Recognized Tribes			
Stacy Paul	State Employees	Arizona Department of Corrections		
Aayna Rispoli	State Employees	Arizona Department of Education		
Alicia Ruiz	State Employees	Arizona Department of Economic Security		
Ryan Vermick	State Employees	Arizona Department of Housing		
Brenda Vittatoe	Parents of children with SED/SUD			

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2021 End Year: 2022

Type of Membership	Number	Percentage of Total Membership
Total Membership	21	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	8	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	2	
Parents of children with SED/SUD*	3	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	0	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	1	
Total Individuals in Recovery, Family Members & Others	14	66.67%
State Employees	6	
Providers	1	
Vacancies	0	
Total State Employees & Providers	7	33.33%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	2	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	2	
Youth/adolescent representative (or member from an organization serving young people)	0	

* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

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. The state should provide the permanent URL allowing SAMHSA and the public to view the state's Block Grant plan during plan development and after submission 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:
 - c) Other (e.g. public service announcements, print media) Yes No

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

NOT FINAL

Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 2018³.

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 centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

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

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

Please refer to the guidance documents above 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.

¹ Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

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

³ Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

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

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

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

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

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

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

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

NOT FINAL

Arizona is not requesting to use SABG to fund elements of an SSP.

NOT FINAL

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 used for SSP	SUD Treatment Provider	# Of Locations (include mobile if any)	Narcan Provided
No Data Available					

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Footnotes:

NOT FINAL