Arizona

UNIFORM APPLICATION
FY 2022 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number	805346798
Expiration Date	

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

Agency Name	Arizona Health Care Cost Containment System
Organizational Unit	Division of Health Care Management
Mailing Address	701 East Jefferson MD6500
City	Phoenix
Zip Code	85034

II. Contact Person for the 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.challacombe@azahcccs.gov

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

From	7/1/2020
To	6/30/2021

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date	12/1/2021 7:32:50 PM
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V. Contact Person Responsible for Report Submission

First Name	Michelle
Last Name	Skurka
Telephone	602-364-2111
Fax	
Email Address	michelle.skurka@azahcccs.gov

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Underage Alcohol Use

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Decrease the percentage of youth reporting past 30 day alcohol use (more than just a few sips) from the current level of 11.5% to 9.5% of those in the 8th grade, 20.2% to 18.2% of those in the 10th grade, and 30.7% to 28.7% of those in the 12th grade, as measured by the 2022 Arizona Youth Survey.

Objective:

Increase awareness and use of educational messaging regarding the harms of underage alcohol use, and increase use of evidence based prevention practices that address underage alcohol use.

Strategies to attain the goal:

Strategies to attain the objective:
Provide education on available evidence based practices related to addressing underage alcohol use, and provide training on how to choose EBPs based on community need. Increase the use of Evidence Based Programs (EBP) with activities to include:

• Enhancing the ability of local community coalitions to more effectively provide prevention services for alcohol including: organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.

• Provide alternatives for underage drinking for youth including: drug free dances and parties, Youth/adult leadership/mentor activities, community drop-in centers and community service activities.

• Establish or change written and unwritten community standards and codes and attitudes that factor into underage alcohol use, including: promoting the establishment or review of alcohol, tobacco and drug use policies in schools, technical assistance to communities to maximize local enforcement, procedures governing availability and distribution of alcohol, tobacco, and other drug use, modifying alcohol and tobacco advertising practices, and product pricing strategies.

• Provide underage alcohol use education and educational opportunities that involve two-way communication and is distinguished from the Information Dissemination by the fact that interaction between the educator/facilitator and the participants is the basis of its activities, including: education to affect critical life and social skills, decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

• Provide awareness and knowledge of the nature and extent of local and state underage alcohol use, abuse and addiction and their effects on individuals, families and communities, and increase awareness of available prevention programs and services through: clearinghouse/information resource center(s), resource directories, media campaigns,, brochures, radio/TV public service announcements, speaking engagements, and health fairs/health promotion.

• Identify those who have indulged in illegal/age-inappropriate use of alcohol in order to assess if their behavior can be reversed through education, including: student assistance programs, and driving while under the influence/driving while intoxicated education programs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Performance Indicators to measure success on a yearly basis.

Baseline Measurement: The percentage of youth reporting past 30 day alcohol use (more than just a few sips) at 11.5% of those in the 8th grade, 20.2% of those in the 10th grade, and 30.7% of those in the 12th grade, as measured by the 2018 Arizona Youth Survey.

First-year target/outcome measurement: Decrease the percentage of youth reporting past 30 day alcohol use (more than just a few sips) from the current level of 11.5% to 10.5% of those in the 8th grade, 20.2% to 19.2% of those in the 10th grade, and 30.7% to 29.7% of those in the 12th grade, as measured by the 2020 Arizona Youth Survey.

Second-year target/outcome measurement: Decrease the percentage of youth reporting past 30 day alcohol use (more than just a few sips) from 10.5% to 9.5% of those in the 8th grade, 19.2% to 18.2% of those in the 10th grade, and 29.7% to 28.7% of those in the 12th grade, as measured by the 2022 Arizona Youth Survey.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Arizona Youth Survey (AYS)

New Data Source*(if needed)*:

Description of Data:

Data obtained from the Pre and Post Tests (Adolescent Core Measure) from the AYS

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

AYS is released every two years so the 2019 numbers will be difficult to evaluate until 2020.
http://azcjc.gov/sites/default/files/pubs/AYSReports/2018/2018_Arizona_Youth_Survey_State_Report.pdf

New Data issues/caveats that affect outcome measures:

Due to school closures in response to the coronavirus (COVID-19) pandemic, the 2020 Arizona Youth Survey (AYS) had been postponed until Fall 2020. Due to this, Arizona is currently unable to provide 2020 AYS data to show progress towards this measure. Arizona intends to add this data into the report and/or send to SAMHSA once it has become available.

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
Due to school closures in response to the coronavirus (COVID-19) pandemic, the 2020 Arizona Youth Survey (AYS) had been postponed until Fall 2020. Due to this, Arizona is currently unable to provide 2020 AYS data to show progress towards this measure. Arizona intends to add this data into the report and/or send to SAMHSA once it has become available.

How first year target was achieved *(optional)*:
Outreach

The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) conducted community based and school based educational trainings. The outreach included coalition meetings, social media campaigns, resources guides and community calendars, tabling community events, substance abuse educations in schools, parenting classes, dissemination of information through flyers and brochures, and personal and cultural development activities. The service providers who contract with the Arizona Complete Health-Complete Care Plan (AzCH-CCP) provided training in Southern Arizona. They worked with community coalitions to address substance abuse and misuse among the youth. The foundation guiding their work was the Strategic Prevention Framework (SPF). It is a data-driven process comprised of five stages, including assessing needs, building capacity, planning, implementing, and evaluating. The data identified the areas of need and prevention programs focused on those community needs by developing strategies to reduce risk factors, increase prevention, and impact community norms.
In this reporting period, Governor's Office of Youth, Faith, and Family's (GOYFF) 29 High School Health and Wellness (HSHW) programs hosted alternatives to ATOD use. Outreach strategies were employed including posters displayed at the high schools, flyers that were sent home with students to educate family members, morning announcements included information related to reducing the use of ATOD. Students run organizations and clubs hosted events and 9th grade classrooms were chosen for outreach activities.
Tribal Regional Behavioral Health Authorities (TRBHA's) Gila River and Pascua Yaqui employed outreach strategies in their communities as well. Gila River Health Care (GRHC) BHS Prevention Program conducted outreach at community-based events, distributed flyers, employed video messages, and also communicated with the Gila River Indian Community (GRIC) via emails and texts messages. When Covid-19 pandemic began, GRHC focused on reducing the spread the risk factors of Covid-19 and reached out the other community via emails, phone calls, and video messages. Pascua Yaqui held community-based education events in October and December, including Spooktacular Red Ribbon and a Christmas resource events. Prescription abuse prevention advertisements were displayed in the local Harkins movie theatre and in Guadalupe Sewa Tomteme opened, a community center with a prevention department and coalition services.
Mercy Care contractors Phoenix Indian Center (PIC) and Urban Indian Coalition of Arizona (URICAZ) held outreach events in the community and schools for Native youth, Native-serving organizations, and others. These occurred in Mesa, Tempe, and Phoenix.
The Tanner Community Development Corporation (TCDC) and the Helping Enrich African American Lives (HEAAL) Coalition conducted outreach in South Phoenix and Maryvale communities, working with faith-based organizations, schools, parents, community members,

healthcare organizations, and others. In addition, TERROS and the Safe Out Youth Coalition conducted outreach throughout Maricopa County, working with LGBTQ-serving organizations in a variety of community sectors. The Teen Lifeline and the Arizona Suicide Prevention Coalition (AZSPC) conducted community-based outreach efforts, including school within Maricopa County.

Collaboration

The Tribal Regional Behavioral Health Authorities (TRBHAs) Gila River and Pasqua Yaqui continued to collaborate with community-based organizations, school, youth, and their families on strategies to reduce ATOD use and abuse. In Guadalupe, the Mobile Mediation Assistance Treatment clinic reported four visits, MSPI family nights were used to increase the family's bonding through traditional arts experiences, as well as community-based connectivity through the experience of traditional food and medicine classes. The Gila River Health Care Behavioral Health Services Prevention Program's collaboration with local schools provided a foundation for building additional relationships and adding Botvin Life Skills class to the outreach provided. With the onset of the Covid-19 pandemic, established collaborations made it possible to continue outreach activities using varying messaging methods and services.
Mercy Care providers collaborated with numerous community-based partners including local school districts, youth services providers, municipal prevention organizations, and others to provide education and training to support the decrease of ATOD use. This included Terros/Safe Out collaborating with providers serving LGBTQ young adults, Teen Lifeline/AZSPC who collaborated with local addressing suicide prevention and substance abuse.
Health Choice Arizona (HCA) and AzCH continued collaborations with numerous youth-focused community coalitions and healthcare providers in Mohave, Coconino, Navajo, and Yavapai Counties. The Governor's Office of Youth, Faith, and Family worked with local organizations and community coalitions to provide alternative activities for youth and their families including providing space, funding for the provision of food and messaging to market activities to the community.

Targeted Interventions

In this reporting period numerous trainings and educational event were held to engage with youth and their families. In Northern Arizona Arizona Youth Partnership in Mohave County held RX360 trainings for local youth and their parents & Marijuana Use and Psychosis trainings as well. In Coconino County, Coconino Coalition for Children & Youth (CCC&Y) provided Trauma Informed/Resiliency/Mindfulness Training for the community & school districts, provided an events calendar to educate families on the positive activities happening in the community. ChangePoint Integrated Health in Navajo County provided education to groups and individuals, case management, and provided training to first responders and local medical providers on drug use and prevention. In Yavapai County MATFORCE provided 14 RX Drop Box locations, participated in Dump the Drugs/National Take Back Day in 12 different locations, and provided training to prescription providers.
Pascua Yaqui reported the Guadalupe Community Partnership coalition established a subcommittee to support youth and bring resources to the community, including a film production involving local youth.
The Governor's Office of Youth Faith & Family provided evidence-based practices to provide education and support to decrease ATOD use in the school. The 9th grade student population was the targeted group for these efforts that included Alcohol 360, Marijuana 360, Rx360, Too Good for Drugs, and Project Rewind and Project SUCCESS.

Other Efforts/Information

In this reporting period, AzCH held Talk-o-Tuesdays and Wisdom Wednesdays provided the Maricopa Community with presentations to address ATOD issues. SAPE Ajo Coalition partnered with Ajo Boxing Club stressing the message of healthy activities and being substance free. Narcan and opioid presentation in Gu Vo demonstrated "impaired goggles" which showed how substances impact a body's response.
Gila River Health Care is a recipient of MSPI (Suicide Prevention) and opioid use prevention funds through TOR and SOR. These funds are leveraged with SABG funds to provide a full continuum of youth suicide and substance use prevention strategies.

Outcomes

AzCH employed the use of survey to gather data on outcomes. The Community Survey is a brief community-level instrument designed to gauge attitudes and behaviors around substance usage by youth. The questionnaire is administered on a quarterly basis and is available to all residents within a service provider or coalition's target area. It is available in paper format and online. The survey is confidential and voluntary. Topics covered by the Community Survey include the severity of problems associated with various substances use in the community, ease of access, awareness of substance use messaging, perceptions of risk and harm, methods of obtaining substances, and medical marijuana items. During FY 2020, 1595 surveys were completed.
In Mohave County Arizona Youth Partnership gathered attendance date for coalition meetings, educational trainings, and community events was used to measure outcomes. In addition, Arizona Youth Survey showed that use of prescription pain killers by youth had dropped, 1oth grade lifetime use has dropped, and 12th grade lifetime use has dropped as well.
Gila River reported Active Parenting outcomes reflecting knowledge of the importance of learning new information about being an active and educated parent on the harms and consequences of youth substance abuse. Parents and youth reported positive outcomes from program participation including 93.75% of parents agreed that it is important for family members to practice new skills even if it makes them uncomfortable at first, 93.75% of parents agreed that participating in Active Parenting and the related activities were valuable and that learned new skills and knowledge about how to parent, and 81.75% of parents said they learned new information about harms and consequences of youth substance use. Youth participants of Botvin Life Skills reported that outcome information is limited as cycles of Botvin ended when schools closed. The following outcomes were reported: 84.62% of youth reported that they now

know more about how drugs and alcohol use can hurt them, 100% agreed that the program was helpful, 100% indicated that they had a goal not to use drugs, and 92.31% indicated that they were now committed not to use alcohol until they turned 21.

Progress/Barriers Identified

In the reporting period GOYFF'S HSHW youth enrolled in the evidence-based prevention programs showed positive increases and surpassed the targeted percent change for awareness of risk/harm of underage drinking, marijuana, cigarettes, vaping, use of Rx drugs, and other drugs. These youth also showed decreases in past 30-day use of alcohol, cigarettes, marijuana, and Rx drugs, but did not meet the target percent change for any of the substances. During this reporting period, the most notable barrier was the curtailment of programming in March/April 2020 due to the COVID-19 pandemic. This impacted the delivery of programs as well as the final evaluation of the outcomes of the programs.
The impact of the COVID-19 Pandemic has created issues with all in-person events, trainings & coalition meetings. The pandemic has also created engagement issues with coalition partners and targeted populations. Some outreach activities could not occur or were converted to a virtual format. The COVID-19 Pandemic has created issues with all in-person events, trainings & coalition meetings. The pandemic has also created engagement issues with coalition partners and targeted populations.
AzCH reported that in March COVID 19 brought an end to in school groups and community events. Coalitions had to restructure their prevention efforts. Distribution and completion of University of Arizona Community Surveys was minimal given face-to-face contact was discouraged. Given the rural nature of Gu Vo, transportation and willingness to volunteer for events was challenging.

Success Stories

GOYFF reported that the Facebook Social media platform continues to be used to disseminate information related to the harms of vaping, underage drinking and use/abuse of prescription medication and marijuana and to promote other HSHW events on campus. Monthly data indicates an increase in visitors to the page. The National Take Back Day activity was a great success with support from the Pima County Sheriff's Department. AUSD High School Students practiced their communication skills at the collection station to educate community members about safe disposal of prescription medication. Over 6 lbs. of medication were collected for disposal.
In Northern Arizona, HCA reported that coalitions have been able to make adjustments utilizing social media and video conferencing to create new opportunities to continue some events, trainings & coalition meetings. While these adjustments may not offer all opportunities of social engagement, nor all benefits of social engagement, in some instances these new tools for virtual engagement have not only proven to produce equivalent numbers of participation, but those numbers of participation have increased in some instances.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Arizona's goal was to decrease the percentage of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors), to 31.2% as measured by the 2022 Arizona Youth Survey. Based on 2020 data, the percentage of students currently facing high risk is 32%. We are close to meeting our goals, and we anticipate that effects of the pandemic have exacerbated substance abuse risk factors amongst Arizona students. Arizona will continue to focus prevention efforts on salient risk and protective factors in hopes to reach our goal in 2022.

How second year target was achieved *(optional)*:

Outreach
The Governor's Office of Youth, Faith, and Family (GOFYY) gathered 180 monthly narrative reports submitted by 22 agencies between 7/1/20 and 6/30/21. Fourteen (14) of the grantees reported outreach activities 33 times in their reports. Notable agencies and outreach efforts recognized were: Amistades, Arizona Youth Partnership (AZYP), Child and Family Resources, Constructing Circles of Peace, Friends of Navajo County Anti-Drug Coalition, Hushabye Nursery, Phoenix Indian Center, Pima Prevention Partnership, Pinal Hispanic Council, and Southwest Behavioral Health.
The following outreach efforts were conducted within Northern Arizona:
Arizona Youth Partnership (AzYP; Mohave County):
Social Media Campaign
Radio Media Campaign
Rx Abuse and Marijuana/Psychosis Presentations were held in communities, schools, and other groups. Lock boxes, parent talk kits, resource magnets, and UA kits were provided at these training sessions.
Coconino Coalition for Children & Youth (CCC&Y; Coconino County):
Trauma-informed and resiliency building movements
Community healing
Support was given to agencies doing trauma and education work
Tabling Community events
Creation of resource guides
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties):
Information Dissemination (Flyers, Brochures, Handouts, etc.)
Drug Take Back Events
Drug Trends Presentation

Overdose Prevention 101 Training
Naloxone Training
MATFORCE (Yavapai County):
Substance Abuse Education in Schools
Speakers Bureau
Social Media Campaign
Stand with Me, Be Drug Free Week
Red Ribbon Week Activities
School Assemblies
Rack Card Displays
Parenting Classes and Workshops
Lunch ‘n Learns
Youth Contests: Essay and Poster Contest
MATFORCE Youth Group
Teen Maze
The Central Arizona GSA (Geographic Service Area) conducted outreach in South Phoenix and Maryvale communities, working with faith -based organizations, schools, parents, community members, healthcare organizations, and others through the HEAAL Coalition. Other efforts included outreach throughout Maricopa County, working with LGBTQ-serving organizations in a variety of community sectors through the Safe Out Youth Coalition. The UICAZ Coalition conducted outreach to Native youth groups and Native-serving organizations, focusing efforts on Mesa, Tempe, and Phoenix. The Gila River Indian Community (GRIC) conducted prevention activities with cross-department collaboration, distributing flyers, emails, and texts, hosting community events and WebEx webinars, and broadcasting video messaging on the Gila River Indian Community Intranet and social media. In order to protect its residents, the Gila River Indian Community, implemented procedures to reduce the risk of COVID-19. Outreach shifted primarily to emails, phones, social media, and video platforms.
RBHAs and TRBHAs in Southern Arizona conducted various interactive community events and assessed needs utilizing a five-step approach. The five-step Strategic Prevention Framework (SPF) encompassed the following: assessing needs, building capacity, planning, implementing, and evaluating. Interactive community events were held multiple times throughout the year for both in-person events and on an online platform for safe gathering due to the COVID-19 pandemic.

Collaboration

The Governor's Office of Youth, Faith, and Family gathered 180 monthly narrative reports submitted by 22 agencies between 7/1/20 and 6/30/21. Eighteen (18) of the 22 grantees reported focusing on outreach and recruitment activities 47 times in their reports. Notable collaborations included the following agencies: Amistades, Arizona Youth Partnership, Child and Family Resources, Coconino County’s partner schools, Cottonwood Oak Creek School District, notMYkid, Phoenix Indian Center, Pima Prevention Partnership, Southwest Behavioral Health, and Terros.
Northern Arizona collaborative efforts are represented by the following:
Arizona Youth Partnership (AzYP; Mohave County):
AZYP collaborates with four community coalitions in Mohave County: MAPPED (Mohave Area Partnership Promoting Educated Decisions) in Bullhead City, YADAH (Young Adult Development Association of Havasu) in Lake Havasu City, MSTEPP (Mohave Substance Abuse Treatment and Education Prevention Partnership) in Kingman, and Hwal’bay hmany did Giv’ek in Peach Springs. AZYP also collaborates with the Mohave Community College in each of these cities as well as local school districts, other mental health agencies, and STAND (Students Taking a New Direction) youth anti-tobacco coalitions located in Kingman, Bullhead City, and Lake Havasu City.
Coconino Coalition for Children & Youth (CCC&Y; Coconino County):
Partnered with numerous agencies, volunteers, businesses, and community partners throughout the County.
Official members of the coalition currently number approximately 130, but even more are represented on committees and community networking meetings.
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties):
Coordination with the drug coalition in Show Low.
Coordination with local prescribers in area, probation, and law enforcement.
Collaborated with the county health department.
MATFORCE (Yavapai County):
Coalition of over 280 coalition members from all 12 sectors of the community.
Implementation of Arizona Drug Summit.
In Central Arizona, the RBHA (Regional Behavioral Health Authority) collaborated with local high schools and community organizations for Tobacco Free Kids, a local campaign banning flavored vaping products. LGBTQ-serving organizations worked to provide education to a variety of community sectors that serve LGBTQ young adults including Phoenix Children’s Hospital and Childhelp. Gila River Health Care Behavioral Health Services worked with the GRIC Boys and Girls Club, and GRIC Tribal Education Department to discuss implementation of the CAST curriculum, which focuses on youth who are at elevated risk for substance and alcohol use. As a leveraged resource, Prevention staff worked with the GRIC Police Department related to community messaging about opioid safety and distributing treatment resources.
In Southern Arizona, the RBHAs (Regional Behavioral Health Authorities) and TRBHAs (Tribal Regional Behavioral Health Authorities) provided strong foundations for collaboration. They provided the space to congregate and acknowledged the importance of recruitment and retention of their community partners. Diverse representation was achieved by providing information about substance use and misuse among businesses, youth serving agencies, behavioral health providers, law enforcement, and parents. In addition,

ongoing support of virtual content was shared in the forms of traditional arts and storytelling.

Targeted Interventions

The Governor's Office of Youth, Faith, and Family (GOFYY) offered resources to community partnerships that have the capacity to meet the unique needs of their communities by utilizing the principles of trauma-informed care (TIC) in preventing substance abuse. Grantees were required to incorporate a trauma-informed care (TIC) approach when developing their program. 152 of the 180 monthly narrative reports submitted by the 22 funded agencies between 7/1/20 and 6/30/21 reported on how they were incorporating the TIC approach. Specific approaches and programs being implemented include Mind Matters, Neurosequential Model of Education, Trauma Informed Lens, Recovery Works, Eye Movement Desensitization and Reprocessing, AVADE Workplace Violence Prevention Training, Understanding the Dragon training, Talk Space, Trauma and Resilience Life Coaching Beta program with Arizona Trauma Institute, and Youth Mental Health First Aid.
The following reflects some of northern Arizona's targeted interventions:
Arizona Youth Partnership (AzYP; Mohave County):
RX360 trainings were presented to youth and parents in all four locations served in Mohave County. At these trainings, prescription lock boxes, UA kits, resource magnets and Parent Talks Kits were also provided.
Marijuana Use and Psychosis training was provided to youth and parents in all four locations served in Mohave County. Lock boxes, UA Kits, resource magnets, and Parent Talk Kits were also provided at these trainings.
Naloxone training was held for community members across all four locations served in Mohave County. Naloxone was provided at these trainings.
Coconino Coalition for Children & Youth (CCC&Y; Coconino County):
Trauma Informed/Resiliency/ Mindfulness Training for the community and school districts. This has been conducted for Flagstaff Unified School District, Williams Unified School District, Tuba City Boarding School, Native Americans for Community Action's- Suicide Prevention Conference, and the Statewide Child Abuse Prevention conference, as well as a CCC&Y Board Meeting and a CCC&Y committee meeting.
Provided collective impact support to programs such as an Independent Living/Foster Youth Holiday party, The Flagstaff Festival of Science (resiliency building through STEAM exposure initiative), a partnership between Grand Canyon Youth and CFSS to send a group of behavioral health youth on a river trip.
Annual conference covered trauma stewardship, inequities in Native American education experience, the neurosequential model, and postpartum depression. All topics that go toward healing on a community-wide level as well as support to the practitioners of the work.
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties):
Drug Take Back Events
Drug Trends Presentation
Overdose Prevention 101 Training
Naloxone Training Presentation with Local medical providers on drug use and prevention.
MATFORCE (Yavapai County):
Dump the Drugs/National Take Back Day in 12 separate locations on four different dates.
14 RX Drop Box locations in county (three locations added in fiscal year)
RX 360
Not Prescribed ®
Sign Up to Save Lives Campaign
Overdose Fatality Review
Central Arizona targeted intervention included training youth in substance abuse prevention curriculum. A community forum addressed Fentanyl, counterfeit pills, and psychostimulants. Several access to care workshops were held with over two hundred participants. Other targeted interventions included Parenting Sessions, Family Nights, and "Coffee Talks." Information was disseminated by flyers, social media, and billboards.
Targeted interventions used by Southern region RBHAs and TRBHAs were conducted through documentaries, community events, and presentations. Some examples of these interventions were Yo'olam documentary, FUNtivity boxes that included articles and activities focusing on resistance skills and substance use prevention strategies, question and answer session with Chamber of Commerce regarding marijuana policy, and various other community presentation distributing information.

Other Efforts

In the Central GSA, training of professionals also took place with teachers as well as with community members, and family members. Topics included Adult Mental Health First Aid, Fentanyl, MAT (Medication Assisted Treatment), QPR, Suicide in Clinical settings, Trauma Informed Care, and Youth Mental Health First Aid. A total of 51 training activities took place with 522 adults in attendance.
Outcomes Measured
Northern region outcome measures are represented in the following:
Arizona Youth Partnership (AzYP; Mohave County):
Use of Prescription Painkillers by youth in Mohave County has dropped according to the Arizona Youth Survey
10th grade lifetime use in Mohave County has dropped according to the Arizona Youth Survey
12th grade lifetime use in Mohave County has dropped according to the Arizona Youth Survey
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties) and MATFORCE (Yavapai County):
30-Day Youth Use on Arizona Youth Survey

Decrease in Perception of Risk
Increase in unfavorable attitudes toward drug use
In the Central GSA, some outcomes measured from activities were as follows. “Active Parenting”-- 47 surveys collected:
100% of parents indicated that the program was valuable.
93% of parents indicated they learned new skills and knowledge about how to parent.
87.23% of parents indicated that the parenting program sessions helped them understand how I can influence my child’s decisions about drug and alcohol abuse.
“Mindspace” Feedback from Youth – 37 surveys collected:
91.67% of youth indicated that the discussion was facilitated in a way that everyone got to participate.
88.89% of youth indicated that they learned how to help a friend or someone they know to get resources in the community.
“Community Education Survey” – 70 surveys collected:
96.34% of participants indicated the presentation was useful.
82.35% of participants indicated they learned new information.
88.10% of participants indicated that they gained knowledge to connect to community resources.
Outcomes were measured in the Southern region by utilizing community surveys.
Questionnaires were conducted on a quarterly basis and were available to all residents within a service provider or coalitions targeted area. Surveys were delivered in both paper format and an online option and both options were kept confidential and voluntary. During FY 2021, 958 surveys were completed. One question asked how community members received messages involving substance usage, and the data indicated:
62.9% said social media, such as Facebook, Twitter, or Instagram.
55% stated television
46.4% stated community events
24.2% printed media

Progress/Barriers

Governor's Office of Youth, Faith, and Family (GOFYY) identified the following barriers at a state level. 22 grantees identified barriers and actions/progress toward meeting those barriers. A content analysis was done on the comments to categorize the barriers and actions. The COVID-19 pandemic was responsible for 65% of the comments made regarding barriers or issues related to the program. Staffing turnover and time required for bringing on staff at the beginning of the program was mentioned as an issue by 11% of the grantees. Some programs went months before being able to hire key staff.
A total of 182 barriers/issues were identified by the grantees:
22% COVID-19 impacting scheduling
13% Staff turnover/hiring staff
11% COVID-19 requiring adjustment to reliance on virtual platform, internet issues
9%. COVID-19 impacting outreach / recruitment
9%. COVID-19 impacting staff hiring and training
9%. COVID-19 impacting attendance
4%. Issues with scheduling implementation
3%. COVID-19 impacting treatment
2%. Adverse conditions outside control of grantee
2%. Recruitment issues
2%. Time to adjust to reporting requirements
2%. Internal evaluation challenges
2%. Internal delays in report submission
2%. Internal issues with the curriculum
2%. Lack of attendance and engagement by participants
2%. COVID-19 impacting funding
1%. Weather issues resulting in closures
1%. Seasonal workers/visitors reduced attendance
1%. Dysfunctional school administration reported by staff delayed implementation
1%. Issues with limited volunteer time
1%. Lack of transportation
In the Northern region, the COVID-19 pandemic created issues with all in-person events, trainings, and coalition meetings. The pandemic also created engagement issues with coalition partners and targeted populations.
In the Central GSA, barriers included staff vacancies during the pandemic. Organizations faced challenges early in the year with in-person presentations due to COVID-19 restrictions. Some training was not able to be adapted for virtual implementation, but many were overcome by selecting alternate evidence-based programs. Providers were unable to secure partners to host Historical Trauma workshops. They experienced challenges keeping formal logs of referrals and inability to do follow-ups, in some cases due to temporary contact information or families’ hesitancy to provide contact information. It has been difficult to reach youth members with a lack of after-school activities or extra-curricular activities. Staff skills related to coordinating and providing services virtually increased significantly.
Barriers identified in the Southern region of the state were due to the overwhelming impact of COVID-19. Many community events had to be canceled or altered to ensure limited interaction and safe social distancing. Outreach efforts were conducted through online platforms, but data suggested that children were feeling ‘online’ fatigue, as they had school online and social media online.

Success Stories

Governor's Office of Youth, Faith, and Family (GOFYY) reported that 367 success stories were gathered from the 22 grantees. A content analysis was done on the success stories and the following list contains the percentages for each success category.
● 1% Grant award
● 2% Changing curricula to virtual platform
● 14% Collaboration/attendance at meetings
● 1% Community events
● 14% Implementation of curriculum
● 1% Incentives provided
● 10% Outreach/recruitment
● 14% Planning meetings
● 1% Policy revision
● 5% social media promoted
● 4% Staff hired
● 13% Staff training/ coaching/community training
● 9% Tabling events/information dissemination/ distribution of food, etc.
● 13% Workshops/presentations
In the Northern region remarkable success was notated by the ability to use virtual platforms to continue efforts.
From a community education online learning session "Heroin and Other Opioids" one of the participants shared her recent experience with the loss of a loved one due to an overdose. It was incredibly sad and difficult to relate but knowing how to support her with resources was great. She wished she and her family had known strategies and approaches to have prevented the loss. She was thankful for the information and wants to share this information with her family.
Successes in the Southern region of the state were brought on through the accessibility of virtual platforms, as they were able to connect on a larger scale than before. Online platforms allowed for consistent and growing weekly coalition meetings.
Some other successes were:
The highest number of Lutu'uria youth group participants graduated from high school in 2020, with 11 graduates.
Gila Valley Coalition held an event called "Work Out with Justin Gaethje." Justin Gaethje, a mixed martial arts fighter, and former Cochise County resident, hosted a workout and talked to youth about how saying no to substances helped him to be successful.

Priority #: 2

Priority Area: Underage Alcohol, Tobacco and Other Drug (ATOD) Use

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce the amount of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors) from 33.2% in 2018 to 31.2%, as measured by the 2022 Arizona Youth Survey.

Objective:

Increase the use of prevention strategies that address community, family, school, and peer/individual risk factors through the use of evidence based practices and strategies that address both risk factors and ATOD use.

Strategies to attain the goal:

Provide education to increase awareness of available evidence based practices that address community, family, school, and peer/individual risk factors, and provide training on how to choose EBPs based on community need. Activities to include:
• Enhancing the ability of local community coalitions to more effectively provide prevention services for ATOD including: organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking
• Provide alternatives of ATOD use for youth including: drug free dances and parties, Youth/adult leadership/mentor activities, community drop-in centers and community service activities.
• Establish or change written and unwritten community standards and codes and attitudes that factor into ATOD use, including: promoting the establishment or review of alcohol, tobacco and drug use policies in schools, technical assistance to communities to maximize local enforcement, procedures governing availability and distribution of alcohol, tobacco, and other drug use, modifying alcohol and tobacco advertising practices, and product pricing strategies.
• Provide ATOD education and educational opportunities that involve two-way communication and is distinguished from information dissemination by the fact that interaction between the educator/facilitator and the participants is the basis of its activities, including: education to affect critical life and social skills, decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.
• Provide awareness and knowledge of the nature and extent of local and state ATOD use, abuse and addiction and their effects on individuals,

families and communities, and increase awareness of available prevention programs and services through: clearinghouse/information resource center (s), resource directories, media campaigns,, brochures, radio/TV public service announcements, speaking engagements, and health fairs/health promotion.
• Identify those who have indulged in illegal/age-inappropriate use of ATOD in order to assess if their behavior can be reversed through education, including: student assistance programs, and driving while under the influence/driving while intoxicated education programs.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Performance Indicators to measure success on a yearly basis.

Baseline Measurement: The percentage of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors) is 33.2%, according to the 2018 Arizona Youth Survey.

First-year target/outcome measurement: Decrease the percentage of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors), to 32.2% as measured by the 2020 Arizona Youth Survey.

Second-year target/outcome measurement: Decrease the percentage of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors), to 31.2% as measured by the 2022 Arizona Youth Survey.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Arizona Youth Survey (AYS)

New Data Source*(if needed)*:

Description of Data:

Data obtained from the Pre and Post Tests (Adolescent Core Measure) from the AYS

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

AYS is released every two years so the 2019 numbers will be difficult to evaluate until 2020.

http://azcjc.gov/sites/default/files/pubs/AYSReports/2018/2018_Arizona_Youth_Survey_State_Report.pdf

New Data issues/caveats that affect outcome measures:

Due to school closures in response to the coronavirus (COVID-19) pandemic, the 2020 Arizona Youth Survey (AYS) had been postponed until Fall 2020. Due to this, Arizona is currently unable to provide 2020 AYS data to show progress towards this measure. Arizona intends to add this data into the report and/or send to SAMHSA once it has become available.

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
Due to school closures in response to the coronavirus (COVID-19) pandemic, the 2020 Arizona Youth Survey (AYS) had been postponed until Fall 2020. Due to this, Arizona is currently unable to provide 2020 AYS data to show progress towards this measure. Arizona intends to add this data into the report and/or send to SAMHSA once it has become available.

How first year target was achieved *(optional)*:
Outreach

In Southern Arizona, the RBHA administered the Community Survey a brief community-level instrument designed to gauge attitudes and behaviors around substance usage by youth. The questionnaire is administered on a quarterly basis and is available to all residents within a service provider or coalition's target area. It is available in paper format and online. The survey is confidential and voluntary. Topics covered by the Community Survey include the severity of problems associated with various substances use in the community, ease of access, awareness of substance use messaging, perceptions of risk and harm, methods of obtaining substances, and medical marijuana items. During FY 2020, 1,595 surveys were completed. Data specific to Alcohol Use: Community members were asked where they thought youth obtained alcohol, marijuana, medications not prescribed to them, and e-cigarettes. Responses to the survey item ranged from the home, from friends, at school, at parties, or from businesses. For alcohol, the top ways were friends, parties, and the home. There were three types of presentations based on type of substance, alcohol, marijuana and medications. Results show that most agreed that attending the alcohol presentation motivated them to get more active in the community (68.6%). Participants at presentations around alcohol increased knowledge about how to help the community by 31.2%, along with a 21.9% increase in awareness of the ways that underage drinking was affecting the community.
GOYFF measured the High School Health and Wellness evaluation; perception of risk/harm, youth unfavorable attitudes of substance use, past 30-day use, and family communication of substance use, and exposure to prevention messaging.
In Central Arizona, PHOENIX INDIAN CENTER, TCDC and Terros outcomes include outputs and numbers served. Measuring changes in AYS data was not available yet for 2020. For Teen Lifeline, students completed program surveys, to report knowledge of warning signs of suicide and what they learned about intervening if a person is suicidal. The results revealed that 88.5% of youth reported increasing their knowledge about suicide risk factors and warning signs, 85% reported feeling more prepared to help someone displaying suicidal warning signs, and 95% reported having knowledge regarding community resources related to suicide prevention. Youth completed pre/post surveys. 99% of participants demonstrate knowledge of prevention information by a score of 80% or better; 85% of participants will demonstrate willingness to utilize help seeking behavior, & 85% will demonstrate willingness to tell someone about a friend's suicidal thoughts.
Pascua Yaqui utilized Harkins RX prevention Ad targeted the Guadalupe community and reached over 200,000 people over an 8 week period.
Youth and community member feedback was positive and prideful with comments on the positive awareness of Yaqui culture and youth from Guadalupe.
In Northern Arizona, attendance at coalition meetings, RX 360 trainings, Marijuana and Psychosis training, community events, use of Prescription Pain killers by youth in Mohave county has dropped according to the Arizona Youth Survey, 10th grade lifetime use in Mohave county has dropped according to the Arizona Youth Survey and 12th grade lifetime use in Mohave county has dropped according to the Arizona Youth Survey. Coconino Coalition for Children & Youth trained educators and other professional in trauma informed care practices (and mindfulness) that lead to resiliency for youth, annual April 2020 conference conducted virtually, and reached thousands through their newsletters and social media campaigns. MATFORCE provided the 30 Day Youth Use on Arizona Youth Survey, Decreased in Perception of Risk, and Increased in unfavorable attitudes toward drug use.

Collaboration

In Southern Arizona, some members provide meeting space, note taking, lead roles in work groups, and linkages to other community connections or financial support. Diverse representation helps spread the information about substance use and misuse among businesses, youth serving agencies, behavioral health providers, law enforcement and parents.
The Gila River Health Care (GRIC) BHS Prevention Program had established strong collaborations with schools in the community as well as those out of the community where GRIC members attend. At the beginning year, staff had been building a relationship with St. Peter’s Mission School for the first time in program history. Through ongoing outreach with the school, the school agreed for program to provide Botvin Life Skills and this was initiated prior to the onset of COVID-19. The pandemic restrictions cancelled the services in progress to ensure the safeguards for the community members.
The Gila River Prevention Coalition has continued to operate prior and during the COVID-19 community safeguards. The coalition includes community members, elders, health care providers, school personnel, social services, law enforcement, and others. GRIC BHS Prevention Program also collaborates with the community’s Head Start Programs, Boys and Girls Club, District Services Center, Health and Behavioral Health programs, law enforcement and other first responders, community social services, and other organizations to ensure a broad reach of messaging and services.
In Northern Arizona, AZYP collaborates with four community coalitions in Mohave County, Mohave Area Partnership Promoting Educated Decisions in Bullhead City, Young Adult Development Association of Havasu in Lake Havasu City, (Mohave Substance Abuse Treatment and Education Prevention Partnership in Kingman, and Hwal’bay hmany did Giv’ek in Peach Springs. AZYP also collaborates with the Mohave Community College in each of these cities as well as local school districts, other mental health agencies, and Students Taking a New Direction youth anti-tobacco coalitions located in Kingman, Bullhead City, and Lake Havasu City. Coconino Coalition for Children & Youth partnered with numerous agencies, volunteers, businesses and community partners throughout the County. Official members of the coalition number 118 currently, but even more are represented on committees and community networking meetings. ChangePoint Integrated Health Navajo County coordinated with the drug coalition in Show Low and with local prescribers in area, probation, & law enforcement as well as the County Health Department. MATFORCE in Yavapai County has a Coalition membership of over 280 from all 12 sectors of the community. In addition, they have successfully implemented the Arizona Drug Summit over the past several years. This has brought representation from the entire state. Adolescent Providers Partnership, SafeOut Youth Coalition, Isaac Community Coalition, Gila River Coalition, Kyrene School District, and
Mesa School District on community-based processes and community events. TCDC/HEAAL collaborated the South Mountain WORKS Coalition (SB&H) membership to collaborate on implementation of prevention programs and activities in South Mountain community. They attended monthly UICAZ (PIC) meetings to foster collaboration with the Native American community and support each other with

technical and operational assistance. They attended WOW and Tempe Coalition meetings to foster relationships with neighboring prevention communities to promote an exchange of ideas and support activities and trainings in order to provide united prevention messaging across the county. Isaac Community in Action Coalition was a restart in the Maryvale community that has access to Hispanic youth and community members in the Maryvale area, and HEAAL provided technical support and operational assistance. They attended monthly Maryvale Adolescent Provider Partnership (MAPPS) meetings to support youth substance abuse preventions activities network in Maryvale. TERROS/Safe Out collaborated with other area coalitions, including UICAZ and more. They also collaborated with other LGBTQ-serving organizations and worked to provide education to a variety of community sectors that serve LGBTQ young adults. Staff created prize bags for youth participating in Bloom 365 Social media campaign. The prizes were mailed to youth in the community with information regarding Substance use prevention and Suicide prevention information. Safe Out Staff Participated in a Terros Health Learn at Lunch series. The Safe Out staff talked about coming out stories and how LGBTQ+ folks have greater barriers to receiving healthcare due to lack of competent resources. 40 people attended the training. After several meetings with Terros Health Leadership team, an Employee Resource Group was formed called "Out Proud". The ERG will focus on LGBTQ issues by bringing more inclusive policies and informed best practices to Terros Health. Kitzya Herrera, Lead Community Development Coordinator for Safe Out, was chosen as the Co-Chair for this ERG. Teen Lifeline/AZSPC collaborates with other area coalitions and taskforces addressing suicide prevention and substance abuse. They have been instrumental in collaborating with advocacy groups including the American Foundation of Suicide Prevention AZ Chapter, which has led to historical passage of legislation for mandated suicide prevention education in schools, improved mental health parity and insurance laws, and universal hotline information shared on student identification badges. They lend expertise to other providers and stakeholders as well.
GOYFF Collaboration efforts were prevalent in providing many of the alternative activities. Local DFC, SAPE and other community coalitions were often solicited as partners for the activities and events. Local nonprofits were also partners in hosting or providing the alternative activity. In many instances multiple community partners would enter into agreements to provide space, presentations, funds for food, funds for messaging to promote the activity, etc.
Native Youth Know is a youth collaborated with the Pascua Yaqui Neighborhood Associate Inc. a non-profit and Governor's office of tribal affairs.

Targeted Interventions

In Southern Arizona, the City of Maricopa Teen Hall offered family presentations for teens and parents on substance use, legal ramifications of substance use and resources in Pinal County for use. In Ajo, prevention family packets were created to accompany free lunch delivery. Coalition Leads stressed the importance to school administrators of participating in the bi-annual AZ Youth Survey.
In Northern Arizona, Arizona Youth Partnership in Mohave County provided RX360 trainings to youth and parents in all four locations served in Mohave County. At each of these trainings prescription lock boxes, UA kits, resource magnets and Parent Talks Kits were provided. Marijuana Use and Psychosis trainings were provided to youth and parents in all four locations served in Mohave County. Lock boxes, UA Kits, resource magnets and Parent Talk Kits were also provided at these trainings. The Coconino Coalition for Children & youth has a newsletter showcasing local events by region to help families gain exposure to activities that prevent youth idleness. They provide collective impact support to programs such as an Independent Living/ Foster Youth Holiday party, The Flagstaff Festival of Science (resiliency building through STEAM exposure initiative), a partnership between Grand Canyon Youth and CFSS to send a group of behavioral health youth on a river trip. There was an annual conference that covered trauma stewardship, inequalities in Native educational experience; the neurosequential model and post partem depression. All these topics go towards the healing on a community-wide level as well as support to the practitioners doing the work. Trauma Informed/Resiliency/ Mindfulness Training for the community and school districts was conducted for Flagstaff Unified School District, Williams Unified School District, Tuba City Boarding School, Native Americans for Community Action's- Suicide Prevention Conference, and the Statewide Child Abuse Prevention conference, as well as a CCC&Y Board Meeting and a CCC&Y committee meeting. ChangePoint Integrated Health in Navajo County targeted group education, individual education, individual education, participated in CIT training with first responders and presentations with Local medical providers on drug use & prevention. MATFORCE in Yavapai County participated in the dump the Drugs/National Take Back Day in 12 different locations on four different dates, 14 RX Drop Box locations in county (three locations added in this fiscal year, RX 360 trainings, Not Prescribed ®, Sign Up to Save Lives Campaign, overdose Fatality Review board, and Pharmacy Team- community trainings.
GOYFF provided Too Good For Drugs, Botvins LifeSkills, ASAP/Insight, Mindfulness, Project Rewind, Project SUCCESS, and Alcohol360. These evidence-based or evidence informed practices that were used to target underage alcohol use across the schools. The 9th Grade students were the target population for the prevention programs.
Gila River provided 91 sessions of Botvin Life Skills and they were delivered with 371 (unduplicated) youth in attendance. Red Ribbon week activities were provided with 135 youth in attendance, 10 sessions were provided through our equine program (a leveraged resource) with 17 youth in attendance. For Parents; 14 family nights were held (includes alternative activities focused on family activities and small educational snippets) 135 youth and 204 parents attended, and 56 sessions of Active Parenting were provided with 89 (unduplicated) parents attending. For Community members; of the Community Education Sessions provided, 13 (15%) were focused on Youth Alcohol Use Prevention. In addition, four general substance use prevention presentations covering different drug trends took place. They also provided related sessions such as self-care, mental health awareness, a session focused on the relationship between opioid and substance use and healthy relationships. In total this represents, 34 of the 87 community education sessions provided. A total of 140 community members attended.
In Central Arizona, their targeted interventions included; Community based process, with monthly meetings, Information Dissemination with Facebook and Twitter. AZ College Career Fair, the PHOENIX INDIAN CENTER Event, Pathway to Employment Fair, A Place to Call Home Resource Fair Guadalupe Fair, Back to School Kick Off, were just some of the areas reached to provide in-person connections. In addition, there were Resilient Youth Fest, Phoenix Indian School Visitor Center's 2nd Anniversary, Indigenous People's Day and Native American Women's Conference. In Education, they provided ASU Hx Trauma, Virtual Historical Trauma, safeTALK Trainings as well as

ASIST trainings. Youth Taking Charge, Safe Out Youth Classes, gatekeeper training, Signs of Suicide and youth Education presentations, Life Skills trainings and Postvention eLearning models were shared with 888 schools. In the area of Alternatives, 28 youth participated in youth leadership. Peer counselors completed three trainings.
Pascua Yaqui provided Allere Summer Camp and served 55 students with two weeks of prevention programming and cultural awareness as well as mentorship. One Circle EBP was delivered to ten female youth group members' partially in person and virtually. Native Youth Know training on culture, strategic planning, and organizing of fourteen youth. Lutu'uria Youth Group strategic planning for the Guadalupe community.

Other Efforts or Information

In Southern Arizona, the use of TikTok brought Douglas youth together to create messages about alcohol use. San Carlos facilitated prevention classes in Bylas and San Carlos communities. City of Maricopa Chief of Police held a ZOOM meeting with youth and parents, reviewing city polices about substance use. Questions were answered and future collaborations discussed.
To complement Gila River's community education sessions, they also offer d sessions related to self-care, mental health, suicide prevention, and trauma. Historical trauma can play a significant role related to substance use. Over the past several years, they have committed some effort in expanding knowledge among community members and training professionals that serve in the community about trauma. In the reporting year they provided (as leveraged resources); 6 Adult Mental Health First Aid , 2 ASIST trainings, 26 QPR Trainings, 19 SafeTALK Trainings, 2 Trauma Informed Care Trainings, and 1 Youth Mental Health First Aid Training. These represent 56 sessions with 661 participants.
In Northern Arizona, Coconino Coalition for Children & Youth (CCC&Y; Coconino County) provided the mindfulness with the trauma informed practices intentionally.; knowing about 1/3 of students who use substances are self-medicating for mental health concerns such as anxiety and mindfulness tactics have shown a wide range of supportive outcomes.

Outcomes Measured

In Southern Arizona, the RBHA administered the Community Survey a brief community-level instrument designed to gauge attitudes and behaviors around substance usage by youth. The questionnaire is administered on a quarterly basis and is available to all residents within a service provider or coalition's target area. It is available in paper format and online. The survey is confidential and voluntary. Topics covered by the Community Survey include the severity of problems associated with various substances use in the community, ease of access, awareness of substance use messaging, perceptions of risk and harm, methods of obtaining substances, and medical marijuana items. During FY 2020, 1,595 surveys were completed. Data specific to Alcohol Use: Community members were asked where they thought youth obtained alcohol, marijuana, medications not prescribed to them, and e-cigarettes. Responses to the survey item ranged from the home, from friends, at school, at parties, or from businesses. For alcohol, the top ways were friends, parties, and the home. There were three types of presentations based on type of substance, alcohol, marijuana and medications. Results show that most agreed that attending the alcohol presentation motivated them to get more active in the community (68.6%). Participants at presentations around alcohol increased knowledge about how to help the community by 31.2%, along with a 21.9% increase in awareness of the ways that underage drinking was affecting the community.
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Progress/Barriers Identified

In Southern Arizona, in March COVID 19 brought an end to in school groups and community events. Coalitions had to restructure their prevention efforts. Distribution and completion of University of Arizona Community Surveys was minimal given face-to-face contact was discouraged. In San Carlos, there was a lengthy turnaround to get input from Administration and Tribal Council. Food Bank can no longer supply snacks for RISP-Net meetings and with schools closed, Ajo SAPE had to seek other areas for meetings and adopt a virtual

approach.
Gila River progressed at the beginning of the year; they had made in-roads into being able to provide life Skills at the St. Peter's Mission School on the west side of the community. Gila River has been building this relationship for several years and after years of promotion, the program established life skill services. Currently, GRHC is finalizing a contract with local schools. COVID-19 initially presented major barriers in making the shift from in person to virtual events. Staff met several times (virtually) and developed strategies to respond to the evolving situation. Activities included skill building related to the use of virtual tools (WebEx), how to educate in a virtual environment, how to be interactive in a virtual environment.
One barrier that could not be overcome was continuing life skills programming in the short term. They continue to work on this issue and have successfully transitioned our Active Parenting program to virtual.
For GOYFF, the High School Health and Wellness youth enrolled in the evidence-based prevention programs and showed positive increases and surpassed the targeted percent change for awareness of risk/harm of underage drinking. These youth also showed decreases in past 30-day use of alcohol, but did not meet the target percent change. The most notable barrier was the curtailment of programming in March/April 2020 due to the COVID-19 pandemic. This impacted the delivery of programs as well as the final evaluation of the outcomes of the programs.
In Northern Arizona, the COVID-19 Pandemic created issues with all in-person events, trainings & coalition meetings. The pandemic also created engagement issues with coalition partners and targeted populations.
In Central Arizona many program activities scheduled for Q3 and Q4 were postponed or cancelled due to the COVID pandemic.
Due to COVID Pascua Yaqui was unable to conduct their annual Prevention Week activities, which included; RX360 training for elders and our sticker shock campaign at local markets.

Success Stories Shared

There was positive feedback from GRIC departments when they receive emails with information or virtual activities. They were happy to receive them and took time to reply back that they are sharing it with others.
Everyone at Gila River is a little more comfortable with the IT aspect of working remotely and networking virtually.
In Southern Arizona, the National Guard and Border Patrol have a strong presence with Gu Vo Coalition activities; SAFF social media platforms had great engagement/views, Red Ribbon events took place in Ajo, Douglas and San Carlos, the city of Maricopa Teen Team created videos with prevention messaging that are being aired at local theater, and the Trunk or Treat and Dia de los Muertos events gave Yuma Coalition venues to distribute prevention messages.
Each year GOYFF usually sponsor's a graduation party for all high school students, but they knew this year it wasn't possible. After some brainstorming and talking with the students they decided to try an online version. They had a successful virtual graduation night party with the seniors. More than 50% of the graduating class joined zoom. They played games and won prizes. Initially, GOYFF planned on two hours but they had so much fun that it was extended to four hours. Some of the students that have a history of alcohol or drug use were on the virtual party which was awesome knowing they were celebrating with the seniors rather than being out using.
GOYFF has successfully maintained nine students out of court thanks to the Early Intervention Initiative.
With the combined efforts of the High School Health and Wellness program, a local church from the faith based coalition with community volunteers hosted a drug/alcohol free New Year's Eve Dance Party for students 13-18. All students were invited to attend. There were about 125 students that attend. The party had games, prizes, a photo booth, New Year's Eve countdown and balloon drop, and a big breakfast after midnight. The students had a great time, celebrated with each other in a positive and pro social setting that was alcohol and drug free. The community members that participated enjoyed spending time with the youth and helping create a memorable event.
Mindfulness continues to be a very new but effective way of giving the students a positive alternative option to using drugs or alcohol.
In Northern Arizona, Coalitions have been able to make adjustments utilizing social media and video conferencing to create new opportunities to continue some events, trainings & coalition meetings. While these adjustments may not offer all opportunities of social engagement, nor all benefits of social engagement, in some instances these new tools for virtual engagement have not only proven to produce equivalent numbers of participation, but those numbers of participation have increased in some instances.
In Central Arizona, all of the providers adapted to the changing scope of providing services virtually, modifying educational presentations and utilizing new platforms to create content and deliver messaging. They reported increased attendance in their youth leadership sessions and in coalition meetings, which is wonderful! Their creativity was inspiring!
Phoenix Indian Center reported new partnerships with UMOM, Aurora Behavioral health, and Sunnyslope Family Center. They also were able to partner with PIMC and Native Health to distribute flyers and materials at the pharmacy and food distributions.
TCDC Youth Taking Charge youth council is active and growing, and reported a high attendance increase at coalition meetings.
TERROS exceeded their social media outreach goal for the quarter and fiscal year by a significant amount.
Teen Lifeline and EMPACT: A parent called the school counselor at Queen Creek High School after the Signs of Suicide program was conducted. The parent shared that recently her daughter had been experiencing some depression and a decline in grades. After the presentation, her daughter expressed a desire to go to counseling to begin working on her issues. The mom called to thank EMPACT staff – the presentation was exactly what her daughter needed to hear. EMPACT staff responded to the COVID-19 pandemic by creating resource bags to distribute to youth at schools/boys' and girls' clubs during lunch pick up. Wonderful feedback has been given regarding the usefulness of these resource bags.
Pascua Yaqui Program still able to complete the One Circle EBP with the female members of the Lutu'urua Youth Group in a virtual setting.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Based on 2020 Arizona Youth Survey data, Arizona met this goal with 9.0% of 8th graders, 17.6% of 10th graders, and 27.3% of 12th graders reporting alcohol use in the past 30 days.

Outreach

The Governor's Office of Youth, Faith, and Family (GOFYY) gathered 180 monthly narrative reports submitted by 22 agencies between 7/1/20 and 6/30/21. Fourteen (14) of the grantees reported outreach activities 33 times in their reports. Notable agencies and outreach efforts recognized included Amistades,' Arizona Youth Partnership (AZYP), Constructing Circles of Peace, Cottonwood Oak Creek School District, notMYkid, Phoenix Indian Center, and Portable Practical Educational Preparation.
Outreach was accomplished in the Northern region by implementing the following:
Arizona Youth Partnership (AzYP; Mohave County):
Monthly Coalition Meetings
Social Media Campaign
Radio Media Campaign
Tabling Community Events
Information Dissemination (Flyers, Brochures, Handouts, etc.)
Rx Abuse and Marijuana/Psychosis Presentations were held in communities, schools, and other groups. Lock boxes, parent talk kits, resource magnets, and UA kits were provided at these training sessions.
Coconino Coalition for Children & Youth (CCC&Y; Coconino County):
Trauma-informed and resiliency building movements
Community healing
Support agencies doing trauma and education work
Offering resources
Family activities
Newsletters
Social Media Campaign
Tabling Community Events
Networking meetings
Creation of resource guides
Maintaining Community Activity calendars.
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties):
Monthly Coalition Meetings
Social Media Campaign
Billboard Media Campaign
Tabling Community Events
Information Dissemination (Flyers, Brochures, Handouts, etc.)
Drug Take Back Events
Drug Trends Presentation
Overdose Prevention 101 Training
Naloxone Training
MATFORCE (Yavapai County):
Substance Abuse Education in Schools
Speakers Bureau
Social Media Campaign
Billboard Messaging
Information Dissemination
Tabling at Community Events
Stand with Me, Be Drug Free Week
Red Ribbon Week Activities
School Assemblies
Rack Card Displays
Parenting Classes and Workshops
Lunch 'n Learns
Youth Contests: Essay and Poster Contest
MATFORCE Youth Group
Teen Maze
The Central GSA conducted outreach in south Phoenix and Maryvale communities, working with faith-based organizations, schools, parents, community members, health care organizations, and others through the HEAAL Coalition. Other efforts included outreach throughout Maricopa County, working with LGBTQ-serving organizations in a variety of community sectors through the Safe Out Youth

Coalition and with Native American youth groups, Native American-serving organizations, and more, focusing efforts in Mesa, Tempe, and Phoenix and working with the UICAZ Coalition. Prevention strategies within the Gila River Indian Community were conducted in a variety of ways including flyers, community events, and video messaging on Gila River Indian Community Intranet, social media, WebEx, emails, word of mouth, cross-department collaboration, and texts. The Gila River Indian community, to protect its residents, implemented procedures to reduce the risk of COVID-19. When this happened, outreach shifted primarily to emails, phones, social media, and video platforms.
Southern Arizona outreach included documentaries, such as Yo’oolam (I am victorious), and use of the Strategic Prevention Framework (SPF). Using the SPF approach, they were able to identify and implement the following: reduce risk factors, increase protective factors, changes to community norms, and collaborate with community coalitions and providers to develop preventative efforts to meet the community needs.

Collaboration

Governor's Office of Youth, Faith, and Family (GOFYY) collected 180 monthly narrative reports submitted by 22 agencies between 7/1/20 and 6/30/21. Eighteen (18) of the 22 grantees reported focusing on outreach and recruitment activities 47 times in their reports. Some notated collaborations included Friends of Navajo Anti- Drug Coalition, Graham County Substance Abuse Coalition, Hopi Foundation, MATFORCE, Pinal Hispanic Council, Scottsdale Unified School District, Southwest Behavioral Health, and Tempe Union High School District #213.
Northern Arizona had the following collaboration efforts:
Arizona Youth Partnership (AzYP; Mohave County):
AZYP collaborates with 4 community coalitions in Mohave County: MAPPED (Mohave Area Partnership Promoting Educated Decisions) in Bullhead City, YADAH (Young Adult Development Association of Havasu) in Lake Havasu City, MSTEPP (Mohave Substance Abuse Treatment and Education Prevention Partnership) in Kingman, and Hwal’bay hmany did Giv’ek in Peach Springs. AZYP also collaborates with the Mohave Community College in each of these cities as well as local school districts, other mental health agencies, and STAND (Students Taking a New Direction) youth anti-tobacco coalitions located in Kingman, Bullhead City, and Lake Havasu City.
Coconino Coalition for Children & Youth (CCC&Y; Coconino County):
Partnered with numerous agencies, volunteers, businesses, and community partners throughout the County.
Official members of the coalition currently number approximately 130, but even more are represented on committees and community networking meetings.
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties):
Coordination with the drug coalition in Show Low.
Coordination with local prescribers in area, probation, and law enforcement.
Collaborated with the county health department.
MATFORCE (Yavapai County):
Coalition of over 280 coalition members from all 12 sectors of the community.
Implementation of Arizona Drug Summit.

Gila River Health Care Behavioral Health Services worked with the GRIC Boys and Girls Club, and GRIC Tribal Education Department to discuss implementation of the CAST curriculum, which focuses on youth at elevated risk for substance and alcohol use. As a leveraged resource, Prevention staff worked with the GRIC Police Department related to community messaging about opioid safety and distributing treatment resources.
Collaboration in the Southern region was achieved by conducting strategic planning meetings, incorporating programs such as the Girl Scouts, and inviting diverse community partners to participate.

Targeted Interventions

Programs and practices are evidence-based when their effectiveness has been demonstrated by causal evidence obtained through one or more outcome evaluations. As the State of Arizona moves toward becoming a trauma-informed state, applicants are encouraged to incorporate life skill training to further address risk factors associated with substance abuse. Governor's Office of Youth, Faith, and Family (GOFYY) grantees were required to utilize culturally competent evidence-based programs and promising practices which focus on increasing protective factors and building resilience while addressing at least one of the following substances: vaping, alcohol, wax pens (THC oil), marijuana, polysubstance abuse, and increasing community identified trends (methamphetamine, fentanyl, etc.).
Northern Arizona targeted the following interventions:
Arizona Youth Partnership (AzYP; Mohave County):
RX360 trainings were presented to youth and parents in all four locations served in Mohave County. Prescription lock boxes, UA kits, resource magnets, and Parent Talks Kits were also provided.
Marijuana Use and Psychosis training was provided to youth and parents in all 4 locations. Lock boxes, UA Kits, resource magnets, and Parent Talk Kits were also provided at these trainings.
Naloxone training was held for community members across all four locations. Naloxone was provided at these trainings.
Coconino Coalition for Children & Youth (CCC&Y; Coconino County):
Events Calendar showcased local events by region to help families gain exposure to activities that prevent youth idleness.
Trauma Informed/Resiliency/ Mindfulness Training was offered to the community and school districts, specifically Flagstaff Unified School District, Williams Unified School District, Tuba City Boarding School, Native Americans for Community Action’s- Suicide Prevention Conference, the Statewide Child Abuse Prevention conference, and CCC&Y Board and Committee meetings.
Provided collective impact support to programs such as an Independent Living/Foster Youth Holiday party, the Flagstaff Festival of

Science (resiliency building through STEAM exposure initiative), a partnership between Grand Canyon Youth and CFSS to send a group of behavioral health youth on a river trip.
Annual conference covered trauma stewardship, inequities in Native American education experience, the neurosequential model and postpartem depression. All topics promote healing on a community-wide level as well as support to the practitioners of the work.
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties):
Drug Take Back Events
Drug Trends Presentation
Overdose Prevention 101 Training
Naloxone Training
Presentation with Local medical providers on drug use and prevention.
MATFORCE (Yavapai County):
Dump the Drugs/National Take Back Day in 12 separate locations on four different dates.
14 RX Drop Box locations in county (Three locations added in fiscal year)
RX 360
Not Prescribed ®
Sign Up to Save Lives Campaign
Overdose Fatality Review
Pharmacy Team- Community Trainings
In the Central GSA, targeted interventions included Youth Taking Charge (17 participated) and Safe Out Youth (16 youth completed). In all, seven Substance use presentations were delivered with 163 participants. Two new staff were trained as facilitators in training of trainers.
The Gila River Indian Community held 78 Community Education activities with 98 youth and 269 adults participating (a total of 367). Topics included Alcohol, Fentanyl, Healthy Relationships, Heroin and other Opioids, Marijuana, Mental Health Awareness, Methamphetamine, Parenting as Prevention, Self-Care, and Tobacco/Vaping. Of all the community education activities, eight (10.2%) were focused on alcohol.
Southern Arizona targeted interventions by facilitating personalized youth group meetings. Some examples of these meetings were:
Allere Campo Summer Camp operated virtually from Zoom and serviced 26 students
One Circle EBP (Evidence Based Practices) facilitated virtually to nine female youth group members.
Lutu'uria Youth Group Strategic Planning for Guadalupe Community
Healthy People Coalition on the Tohono O' Odham Nation, staff created messaging for the community in conjunction with Substance Education Facts Week.
San Carlos Wellness Center, bags were created and distributed with prevention messages, fruit, and information about COVID-19.
In Gila Valley, partnerships with law enforcement, health, business, school, and parent sectors created and implemented an underage drinking, and driving under the influence campaign.

Other

In the Central GSA, training of professionals also took place with teachers as well as with community members, and family members. Topics included Adult Mental Health First Aid, Fentanyl, MAT, Question, Persuade, and Refer (QPR), Suicide in Clinical settings, Trauma Informed Care, and Youth Mental Health First Aid. A total of 51 training activities took place with 522 adults in attendance.
Measured Outcomes
Governor's Office of Youth, Faith, and Family (GOFYY) measured outcomes:
24% increase in youth reporting that they have been exposed to a prevention message
20% increase in youth not using alcohol or cigarettes in a 30-day period
13% increase in youth not vaping in a 30-day period
25% increase in youth not using Rx stimulants
33% increase in youth not using heroin, methamphetamine, or fentanyl in a 30-day period
Northern Arizona outcomes were measured by the following:
Arizona Youth Partnership (AzYP; Mohave County):
Attendance RX 360 trainings where lock boxes, UA Kits, and parent talk kits were provided along with referral resource magnets
Attendance at Marijuana and Psychosis training where lock boxes, UA Kits, and parent talk kits were provided along with referral resource magnets
Attendance at community events where underage drinking and substance abuse information was disseminated
Use of Prescription Painkillers by youth in Mohave County has dropped according to the Arizona Youth Survey
10th grade lifetime use in Mohave County has dropped according to the Arizona Youth Survey
12th grade lifetime use in Mohave County has dropped according to the Arizona Youth Survey
Coconino Coalition for Children & Youth (CCC&Y; Coconino County):
Annual April 2020 conference conducted virtually.
Reached thousands through our newsletters and social media campaigns.
Community Bridges, Inc. (CBI; Apache, Gila & Navajo Counties) and MATFORCE (Yavapai County):
30 Day Youth Use on Arizona Youth Survey
Decrease in Perception of Risk
Increase in unfavorable attitudes toward drug use
In the Central GSA, some outcomes measured from activities were as follows.
"Active Parenting"- 47 surveys collected:

100% of parents indicated that the program was valuable.
93% of parents indicated they learned new skills and knowledge about how to parent.
87.23% of parents indicated that the parenting program sessions helped them understand how I can influence my child's decisions about drug and alcohol abuse.
"Mindspace" Feedback from Youth –37 surveys collected.
91.67% of youth indicated that the discussion was facilitated in a way that everyone got to participate.
88.89% of youth indicated that they learned how to help a friend or someone they know to get resources in the community.
"Community Education Survey" – 70 surveys collected:
96.34% of participants indicated the presentation was useful,
82.35% of participants indicated they learned new information,
88.10% of participants indicated that they gained knowledge to connect to community resources.
Community surveys were used to measure outcomes in the Southern region of the state. During FY 2021, 958 surveys were completed, the following are examples of the data collected:
Underage drinking was considered a "severe" problem in the community by 28.9% of respondents.
21.8% increase in perceived risk with taking one or two drinks of an alcoholic beverage compared to FY 2020.
10.0% increase in youth talking to adults about alcohol.

Progress and Barriers

The Governor's Office of Youth, Faith, and Family (GOFYY) collected the following: a total of 182 barriers/issues were identified by the grantees (categorized under Goal 1) and 130 actions/progress were described by the grantees. The following percentages reflect the number of actions identified for each category of action/progress:
38% Adaptations made (related to COVID-19 restrictions)
31% Attempting to resolve (no specific action mentioned)
10% Collaboration (working with other partners to solve issue)
7% New staff hired
5% Extended timelines (primarily related to scheduling implementation of programs)
4% Focus on Trauma Informed Care (reflections on home environments, school climate)
3% Training and Coaching (for Evidence Based programs and use of virtual platforms)
2% TA (Technical Architecture) received (specific questions on Exhibit E and grant reporting)
In the Central GSA, some barriers noted were:
Staff vacancies during the pandemic.
Organizations faced challenges early in the year with in-person person presentations continuing to be a challenge due to COVID-19 restrictions. Some training was not able to be adapted for virtual implementation, but many have been overcome by selecting alternate evidence-based programs.
Unable to secure partners to host Historical Trauma workshops.
Challenges keeping formal logs of referrals and inability to do follow ups, in some cases due to temporary contact information or families' hesitancy to provide contact information.
Difficult to reach youth members with lack of after school activities or extra-curricular activities due to COVID-19.
Staff skills related to coordinating and providing services virtually increased significantly.
The Northern and Southern regions of the state identified barriers related to COVID-19. The pandemic created engagement issues with coalition partners and targeted populations. Many programs and outreach attempts were conducted on virtual platforms. Data collection was affected to a great degree.
Success Stories
Governor's Office of Youth, Faith, and Family (GOFYY) documented those 22 grantees reported 367 success stories. A content analysis was done on the success stories and the following list contains the percentages for each success category. Sample success stories are also provided.
1% Grant award
2% Changing curricula to virtual platform
14% Collaboration/attendance at meetings
1% Community events
14% Implementation of curriculum
1% Incentives provided
10% Outreach/recruitment
14% Planning meetings
1% Policy revision
5% social media promoted
4% Staff hired
13% Staff training/coaching/community training
9% Tabling events/information dissemination/distribution of food, etc.
13% Workshops/presentations
A local school, PPEP Tech High School, is looking into the revision on their current trauma-informed policy to refresh or adopt a more comprehensive policy
The Northern region noted that coalitions have continued to make adjustments utilizing social media and video conferencing to create new opportunities to continue some events, trainings, and coalition meetings. While these adjustments may not offer all opportunities

of social engagement, nor all benefits of social engagement, in some instances these new tools for virtual engagement have not only proven to produce equivalent numbers of participation, but those numbers of participation have increased in some instances.
Phoenix Indian Center reported an increase in attendance in virtual education sessions and great collaboration with Phoenix Indian Medical Center, allowing for the distribution of over 3,000 materials and promoting upcoming events and services. Nine outreach events were hosted virtually or in person during the 4th quarter to engage and reach various sectors of the community. Additionally, social media reach has vastly grown.
Successes in the Southern region of the state were achieved on virtual platforms and community events, some of the events facilitated were:
La Frontera's Refugee Program facilitator was invited to speak on the radio regarding prevention services.
Youth members of the Be Awesome Coalition worked with Maricopa Police Dept., Local Business, and the city to film a short video for social media to encourage adults and teens to talk to each other called "Battle of the Genz."
Douglas SADD group did an underage drinking campaign starting November 23, 2020, till December 2, 2021. Group gave out flyers and SADD club also shared information on their social media.
Allere Campo programming was well received at the initial start of summer July 2020 by the youth.

Priority #: 3

Priority Area: Youth

Priority Type: SAT

Population(s): Other (Adolescents w/SA and/or MH)

Goal of the priority area:

Increase the percentage of those how are in the behavioral health system diagnosed as having a substance use disorder and received treatment under the age of 18.

Objective:

Implement programs that are inclusive of education, implementation, and monitoring/oversight.

Strategies to attain the goal:

Arizona Health Care Cost Containment System (AHCCCS) Managed Care Organizations (MCOs) lines of business will continue to collaborate and meet regularly with child/adolescent providers to share information on substance abuse screening, trends, and best practices. AHCCCS and the MCO will provide and promote access to substance abuse training initiatives available to child/adolescent providers including those employed though other agencies such as the Department of Child Safety (DCS).
AHCCCS and the MCOs will continue to educate providers, contractors, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and substance abuse treatment centers. AHCCCS will ensure the availability of the standardized, parent-friendly, screening tool to identify substance use/abuse in the children and adolescents.
Additionally, AHCCCS is currently in the process of implementing the ASAM (American Society of Addiction Medicine) CONTINUUM®/AZ WITS (Web Infrastructure for Treatment System). Providers will to utilize an online portal that contains the ASAM CONTINUUM® to place members in the appropriate level of care. AHCCCS will monitor enrollment number of youth diagnosed with a substance use diagnosis within the system of care.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of persons under the age of 18 diagnosed with SUD and received treatment.

Baseline Measurement: In State Fiscal Year 18, 35% of those with a substance use disorder and received treatment were under the age of 18.

First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2020), 37%

Second-year target/outcome measurement: Second year target/outcome measurement (Final to end of SFY 2021), 20.7% (Progress to end of SFY 2021), 39%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Arizona Health Care Cost Containment System's (AHCCCS).

New Data Source*(if needed)*:

Description of Data:

Arizona Health Care Cost Containment System's (AHCCCS) eligibility, enrollment, claims, and encounters data.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No Data related issues identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Outreach

Outreach is completed to various Transition Age Youth (TAY) initiative in the community. The provider regularly attends Homeless Youth Committee and Youth On the Rise initiative. Goals for these meetings are providing support and resources to help get TAY off the streets and into housing, services, etc. Various programs are available for Transition Age Youth at meetings with system partners to include collaboration meetings with DDD, Children's System of Care Meetings, as well as System of Care Practice Reviews (SOCPRs, when applicable. Providers are reminded during the SOCPRs of best practices for working with TAY, which includes utilization of the TIP Model. Providers are advised to review the TIP Model with their feedback reports show a lack of engagement with TAY and when there is no evidence of preparing the youth members for adulthood. The Substance Use Block Grant and State Opioid Response Grant allocates funds to specific providers to ensure outreach to our adolescent population with substance use and opioid use.
Information, education and treatment is offered to the target groups such as students at schools are identified by teachers, as individuals in need of substance abuse (SA) treatment and then referred to Behavioral Health services, as needed. Educational and informational booths were offered at outpatient clinics and hospitals, throughout the reporting year. Referrals are accepted by anyone in the community such as primary care physicians, teachers, tribal social services and probation department.
Adult and Children's Services Committee and Criminal Justice Collaborative Committees to inform community partners about SABG funds for youth services across Northern AZ.
Collaboration with Maricopa County Juvenile Probation Department to connect youth to services and prevent/decrease involvement in the Juvenile Justice System. Youth who are Non TXIX eligible and have been identified to meet the criteria for SABG funding are connected to a behavioral health service through JJET process. Training/education to school staff in the various districts to increase their knowledge in areas such as mental health awareness, substance abuse and suicide prevention.

Collaboration

Integrated Care exists to help youth and young adults navigate various services and information about behavioral health services and where to go in need of substance abuse treatment. Health Homes and outreach workers are available as well. Through the year, 2nd Tuesdays has expanded to having a TAY event every Tuesday of the month. The first Tuesday is dedicated to housing resources for TAY, the 2nd Tuesday is behavioral health providers, the 3rd Tuesday is employment resources and the last Tuesday is dedicated to holding a TAY dinner. Juvenile Probation/Detention Centers within our service areas to receive TAY referrals for substance abuse services, as well as specific programming for SABG youth. Probation Departments to educate our contracted providers regarding the Risk Assessment tools used by probation to identify moderate to high-risk TAY, evaluating criminogenic factors that may lead to continued or increased Substance Use behaviors. In addition, working together and attend weekly staffing's with probation officers and judges. Nursing staff are trained in identifying and referring students to BHS services. Community schools collaborate with BHS. Tribal Social Services identify and refer to GRHC BHS. Collaboration with the Juvenile Justice system and is in the process of updating joint protocols with Juvenile Justice.
Treatment providers who have been allocated funding through the Substance Abuse Block Grant (SABG) have collaborated with ADJC and MCJPD to provide treatment services for youth on probation or parole who are not eligible for Title XIX services. There is an established referral process to ensure these youth are connected that are outlined in the Collaborative Protocols.

Targeted Interventions

The goal is to be able to meet youth and young adults where they are in the community and immediately connecting them to behavioral health services and resources and working with contracted providers and Juvenile Probation to identify youth who have been detained and are in need of Substance Use services, as this population exhibits a higher level of need for services. Youth program has a dedicated youth substance abuse treatment program (7 Challenges). Traditional counselors are utilize to connect with youth and their

families, in a useful way. This helps increase and maintain youth participation as well as decrease community stigma.
Youth-focused treatment provider (Child & family Support Services) continues to provide substance use services with SABG funding in two separate counties in Northern Arizona. This is particularly important because this provider receives all juvenile probation referrals within these counties. Health Homes use the ASAM as a screening tool to identify youth with a substance use disorder; some also use the SASSI-A2 or other adolescent-specific tools in conjunction with an ASAM assessment. Health Homes collectively offer the following evidence-based practices to treat youth identified with a substance use disorder. A-CRA, CBT, CPT, DBT, EMDR, GAIN, Living in Balance, Matrix, Motivational Interviewing, MST, Seeking Safety, Seven Challenges, Strengthening Families, TBRI.

Other Efforts or Information

Continues participation in all TAY initiatives in our covered service areas and also participate in community collaborations, coalitions, crisis systems meetings, provider meetings and other forums to ensure education and access to care for adolescents with substance use. In addition, they monitor providers for the ASAM Continuum to ensure utilization of the portal and members are receiving appropriate levels of care and also have internal trainings for the Utilization Management teams to ensure the authorization process is effective.
There are created youth-focused marketing materials and distributed to schools and other youth-focused community organizations. These materials provide information about SABG funds and available services. Providers hosts Project ECHO focused on SUD & MAT and offers training on these topics to all Health Homes and Providers.
There are continued efforts with the T4T suicide prevention trainings targeting educators and community members working with children.
• ASIST – 3 trainings completed with a total of 90 community, provider and educators trained.
• safeTALK – 4 trainings completed with a total of 120 community, provider and educators trained.
• YMHFA – 4 trainings completed with a total of 100 community, provider and educators trained.
In addition, Mercy Care is also facilitating focus groups for those who have completed the train the trainers for ASIST, Youth Mental Health First ad and safeTALK to assist with future trainings. It may be worth noting that these activities have been temporarily postponed due to COVID-19, however they will resume when determined safe to do so

Outcomes Measured

Outcomes are measured through monthly deliverables for our outreach specialists and programs with adolescent substance use. At this time almost 3000 youth have been outreached and 172 youth have been enrolled in treatment for substance use services in Pima County. Also, 7 youth referred from drug court.
Approximately 2.1% of all SABG members served within the current reporting period were under age 18. These youth members accounted for approximately $97,000 (2.7%) of SABG expenditures according to claims paid within the reporting period. These trainings presented evidence-based, cognitive behavior therapy (CBT) methods for helping treat individuals with substance use disorders (SUD), including opioid use disorders. Please see the success stories below as reference for the impact of these trainings.

Progress/Barriers Identified

The number of youths who participate in the events has slowly been increasing due to the familiarity and consistency of provider staff engaging with the population. The adolescent substance use providers continue to increase education in the community and raise awareness of resources, medication assisted treatment and stigma related to substance use. Prior to COVID-19 transportation and parental involvement were barriers. Current barriers are access to internet and technology. Not all providers across Northern AZ have specialized tracks for youth substance abuse treatment due to low enrollment of youth
members. All providers can and do offer youth treatment, but some providers due to greater enrollment in their area have the opportunity to offer youth groups in addition to individualized services, especially for youth involved in the criminal justice system. Providers continue to struggle with engaging families and youth in continued treatment. Probation/Courts can get in the way of treatment processes by treating substance use as a criminal issue instead of an addiction, which can disrupt therapeutic processes. Current community resources that are available to support families who are not TXIX Eligible or are undocumented.
Other barriers include: Increased engagement in services; ongoing positive relationship with area schools; relationship established with the juvenile court Barriers: Parental engagement; social determinants of health; juvenile court process; pandemic.

Success Stories Shared

A 17-year-old showed up at one of the adult clinics. Staff outreached and within an hour, the 17-year-old was at COPE completing an intake for youth services and evaluation for Medication Assisted Treatment.
One pregnant teen used the program to successfully abstain from substance use once she found out she was pregnant. Also, 3 youth completed 7 Challenges.
As a result of increased monitoring of utilization of funds, HCA continues to support an SABG provider who exclusively serves youth and young adults.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

AHCCCS is currently compiling data and will submit to SAMHSA as per the guidance letter sent to SSA on 8/19/2021.

How second year target was achieved *(optional)*:

Outreach

Northern Arizona accomplished outreach efforts by providing information about block grant funded treatment to Health Homes, Peer and Family Run Organizations, and Community Agencies. They participated in community-facing coalitions and meetings where grant-funded services are routinely mentioned, and outreach materials were offered. For example, HCA's Youth and Young Adults Programs Coordinator provided information about grant-funded services and promoted referrals to services. The health homes partnered with schools in their communities to ensure schools are aware of available services and youth in need of services are engaged timely.
Mercy Care collaborates with the Maricopa County Juvenile Probation Department to connect youth to services and prevent/decrease involvement in the Juvenile Justice System. Together they have implemented processes for youth who have detention or probation involvement to be connected to services. Youth who are Non TXIX Eligible and have been identified to meet the criteria for SABG funding are connected to a behavioral health service through the JJET Process. As part of Mercy Care's SABG Juvenile Justice Plan proposals to AHCCCS (Arizona Health Care Cost Containment System), an expansion of personnel affiliated with the JJET is anticipated through additional liaison positions while also funding provider in-reach services designed to support release-planning to community-based treatment providers. Mercy Care is prepared to fund clinical personnel employed by ADJC for screening, referral, provision of interim service for identified youth, and care continuity/release planning with in-reach provider entities. Mercy Care and the contracted providers have been providing training and education to school staff in the various districts to increase their knowledge in areas such as mental health awareness, substance abuse, and suicide prevention. Providers hold formal partnerships with a total of 39 school districts. The Clinical Operations Department has conducted several Community Education events with providers, coalitions, and other community stakeholders. Community Education/outreach was conducted with Valleywise Hospital social workers including staff on their adolescent units. Additionally, Mercy Care conducted community education/outreach to the monthly school prevention coalition in Maricopa County. Information, education, and treatment are offered to the targeted group.
Students at Gila River Indian Community (GRIC) schools are identified by teachers as individuals in need of substance abuse (SA) treatment and then referred to Gila River Health Care (GRHC) Behavioral Health Services (BHS), as needed. BHS has counselors embedded in GRIC Community Schools which improves identification of students needing treatment and access to treatment. Referrals are accepted by anyone in the community such as Primary Care Physicians, Teachers, Tribal social services, and the Probation Department. GRIC drug court will refer identified individuals to GRHC BHS.
The Southern region of the state accomplished outreach goals by Transition Age Youth (TAY) initiatives in the community. Some examples of outreach events attended and facilitated are:
Regular attendance to Pima County's Homeless Youth Committee and Youth on The Rise.
COPE and Pima Prevention Partnership (PPP)/Sin Puertas.
Continues to meet with COPE, Touchstone, and PPP/Sin Puertas to track outreach for youth under SABG funds. AzCH-CCP monitors regular outreach and spending for these providers. AzCH-CCP notes that at the beginning of September 2020, PPP/Sin Puertas completed SOR Grant programming, and this programming is now sustained through the SABG.

Collaboration

The Northern region of the state, HCA engages in ongoing collaboration with the juvenile justice system and reviews/updates joint protocols as needed. The requirements and responsibilities outlined in the joint protocols apply to all HCA members, including those receiving services through SABG funding. HCA is working with multiple juvenile detention facilities to determine potential ideas for SABG funding.
Mercy Care participates in collaborative meetings with stakeholder partners such as the Department of Child Safety (DCS) and Maricopa County Juvenile Probation Department (MCJPD). Mercy Care and the adolescent substance abuse treatment providers who have been allocated funding through the Substance Abuse Block Grant (SABG) collaborated with ADJC and MCJPD to provide coordination of treatment services for youth on probation or parole who are not eligible for Title XIX services. They have established a referral process outlined in the Collaborative Protocols. Pending AHCCCS and SAMHSA's formal approval, Mercy Care anticipates collaboration with MCJPD to operationalize Juvenile Justice Plans funded by CRRSAA. Mercy Care is partnering with Mesa School district and Community Bridges to secure services targeted to youth who are at risk or using substances in the Mesa Public School District. Mercy Care is also working with five other provider agencies and Mesa Public Schools to develop a shared Partnership model in efforts of covering the 80+ schools that are in the Mesa School District. Mercy Care has been working with Community Bridges to expand throughout Maricopa County to address students who are struggling with substance use. As of August 2021, they partnered with some schools within the Queen Creek Unified School District and Gilbert Unified School Districts.
The Gila River Indian Community (GRIC) Drug court diversion program and GRHC BHS attend weekly staffing's (virtual) with probation officers and judges. GRHC School Nursing staff are trained in identifying and referring students to BHS services. Community schools collaborate with BHS. Tribal Social Services identify and refer to GRHC BHS.
In the Southern region some examples of community collaboration include:
Community Health Associates (CHA) and Intermountain Centers for Human Development (ICHD) which both have dedicated Transition Aged Youth teams of outpatient providers that follow evidence-based models of care.
Juvenile Justice stakeholders to maintain communication regarding operational adjustments due to Medicaid directives and/or COVID-19 pandemic. Additionally, the justice Team is making continued contact with Adult and Juvenile Probation Departments to build effective and meaningful Data Sharing Agreements and processes.
COPE to provide the youth and family centered program, Life in Full Throttle (LIFT). This program provides comprehensive, evidence-based treatment services for youth 13 and up with addiction to drugs and/or alcohol. COPE has also initiated a new collaboration with the Tucson Police Department (TPD)

Sin Puertas provides individual counseling; group counseling; recovery support groups; peer led activities; trauma informed care tools for educational success; family support services; healthy relationship building and life skills.
Continued contract with waived buprenorphine doctors across the state to provide suboxone in addition to Opioid Use Disorder (OUD) programming services for youth identified as needing medication.
Casa De Los Ninos (CDLN) and the Easter Seals Blake Foundation-CDLN assigns Family Support Specialist to work with families identified on the provider's case roster who are at elevated risk of being placed in DCS custody or at risk of being placed in an inpatient behavioral health facility. The Easter Seals Blake Foundation assigns children who are at risk of dropping out of services due to a lack of engagement or 'burn out' from the child to their Family Support Specialist program.

Targeted Interventions

Northern Arizona uses the ASAM (American Society of Addiction Medicine) criteria to screen and identify youth with a substance use disorder. Some also use the SASSI-A2 or other adolescent-specific tools. The youth-focused treatment provider (Child & family Support Services) continues to provide substance use services with SABG funding in two separate counties in Northern Arizona.
Mercy Care required the adolescent SABG treatment programs to utilize a community-based Evidenced Based Practice (i.e., A-CRA, MST, Matrix Model, Seven Challenges, etc.) and has implemented screening tools to identify substance use/use in children and adolescents to better meet the needs of this population. A variety of programs allow for choice for service recipients and referral sources and appropriate matching of services to individualized needs. In addition, training has been provided on several targeted substance use interventions for youth including Cognitive Behavioral Therapy Substance Use Disorder, ASAM, and Adolescent and Community Reinforcement Approach (A-CRA). Mercy Care providers utilize screening tools such as the American Society of Addiction Medicine Criteria – ASAM, Substance Abuse Subtle Screening Instrument (SASSI) and CRAFFT to screen and assess for substance abuse.
GRHC Oasis youth program has a dedicated youth substance abuse treatment program (7 Challenges). Traditional counselors connect with youth and their families, which helps increase and maintain youth participation and decrease community stigma.
The Southern region meets youth and young adults where they are in the community and immediately connects them to behavioral health services and resources. This is done by connecting with providers and Juvenile Probation to identify youth who have been detained and need Substance Use services, as this population exhibits a higher level of need for services. AzCH-CCP continues to build upon existing stakeholder relationships and works to forge new collaborative partnerships for dually served members involved with the Justice System throughout the Southern and Central Regions.

Other

In the Central GSA, Mercy Care provided funding for Clinical School Liaison positions through the Mental Health Block Grant and community reinvestment dollars with Arizona Children's Association, Community Bridges, EMPACT, Resilient Health, Southwest Behavioral Health Services, Touchstone, and Valle Del Sol to help provide training and assistance with connecting youth to services. School liaison representatives are knowledgeable of non-Title XIX resources such as Substance Abuse Block Grants and actively leverage existing school-based partnerships to educate teachers and parents on services available for students with identified behavioral health needs.
Measured Outcomes
Outcomes are measured in the Northern region of the state by examining the number of youth receiving SABG-funded SUD Treatment services. The number of youth SABG members and expenditures for this population remains consistent with prior year's numbers.
Due to the success demonstrated through the Clinical School Liaison Positions, Mercy Care is currently looking to expand these positions to other providers that are currently doing school-based work to enhance current work as well as being able to connect to more resources and potentially offer trainings to district and school employees. Valle Del Sol's Clinical School Liaisons (3 positions total) spent 358 hours developing and implementing workshops, marketing, and meeting with schools for school based specific programs. They also saw a 24% increase in enrollments for services from the same time the prior year even with the pandemic. In addition, they engaged with 12 new schools and a community center and a total of 664 unique individuals.
In the Southern region outcomes were measured by deliverable reports and data on those enrolled in programs. AZCH-CCP currently has 157 SMI (Serious Mental Illness) Transition Aged Youth between the ages of 18 and 21 enrolled with the health plan; 22% of these members are currently followed by care management. In SFY (State Fiscal Year) 2021 (July 1, 2020 – June 30, 2021), COPE and Pima Prevention Partnership/Sin Puertas have outreached 1,286 youth and enrolled 142 youth under SABG fund.
Progress and Barriers
In the Northern region, HCA has begun strengthening partnerships with juvenile probation and detention departments to increase their ability to assist with SUD treatment for youth.
Mercy Care continues to hold regular meetings surrounding school-based services for all qualified service providers regardless of their involvement with schools. Mercy Care Providers hold formal partnerships with a total of 39 school districts. Mercy Care Providers continue to identify the following barriers to treatment:
With the challenges surrounding COVID-19, Providers continue to struggle with engaging families and youth in continued treatment.
Due to continued concerns surrounding COVID-19 and having large groups of people in a space Mercy Care was unable to conduct in person substance abuse related training for providers and stakeholders like the advanced CBT SUD and ASIST Trainings.
Probation/Courts can get in the way of treatment processes by treating substance use as a criminal issue instead of an addiction, which can disrupt therapeutic processes.
The Southern region experienced barriers with engagement from young EPSDT (Early and Periodic Screening Diagnosis and Treatment) populations. The COVID-19 pandemic has presented numerous challenges during this SFY, however AzCH-CCP and its providers have implemented telehealth programming to assist with services.

Success Stories

Success was seen in the Northern region with behavioral health services available within the school system brought forth by the Children's System of Care Team.
Community Bridges provided the following success story: Many of the teens CBI serves are faced with severe trauma that has not been addressed, suicidal ideations, sexual identity confusion, and/ or are dealing with difficult transitions. The school's point of contact who referred the youth into the School Based Services program are grateful for the services and have seen a drastic change in behavior with some of the teens enrolled in the program.
The following success stories were noted from the Southern region of the state:
January 2021, COPE reported that a youth receiving MAT services was showing improvement. His attendance has improved, and he even shows up early to meetings. In addition, he has not been to the CRC, been arrested, or run away from home.
COPE had a youth who when he came to them, had six overdoses in a six-week period, all fentanyl. After the last overdose, he was also detained. He now will have a year of sobriety in October. He is working full time and, in a program, to complete his GED.
A 17-year-old member currently residing in a TFC (Therapeutic foster home) following multiple hospitalizations and one behavioral health residential stay over the past year has made great progress. Youth experienced the hardships of having their father commit suicide and their mother diagnosed with stage 4 cancer; as a result youth began to verbalized suicidal ideation on multiple occasions to her family and was hospitalized. After great engagement methods and utilization of crisis services, youth is now transitioning into her own apartment and was accepted for SMI benefits.

Priority #: 4

Priority Area: IV Drug Users

Priority Type: SAT

Population(s): PWID, Other (Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Increase the availability and service utilization of Medication-Assisted Treatment (MAT) options for members with a SUD. AHCCCS will focus on reaching out to the IV drug use population. Arizona has worked to improve MAT access and availability through provider network monitoring to assess needs, expanding lists of approved MAT medications, and increasing convenience of locations and hours. Providers and their prescribers receive training on the availability and use of MAT services, as well as education on MAT medications. Additionally, there are now Methadone and Suboxone Directories available for Maricopa County to assist in making appropriate referrals. These services and ease of access to services continue to be a collaborative goal of the block grant and additional Opioid focused grants.

Objective:

Educate providers, members, and stakeholders on MAT options in the community.

Strategies to attain the goal:

AHCCCS will further rollout the expanded MAT services available to those with a substance use diagnoses through additional advertising within the community. AHCCCS and RBHAs will provide education for healthcare practitioners on best practices and availability of MAT services. AHCCCS will update the Behavioral Health page to provide links to locate MATs available throughout the State to assist members in locating appropriate services.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Performance Indicators to measure on a yearly basis

Baseline Measurement: In Fiscal Year 18, 89.3% of those with a substance use disorder and received treatment were IV drug users.

First-year target/outcome measurement: First year target/outcome measurement (Progress to end of SFY 2020), 90%

Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2021), 91%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

CIS (Client Information Services)

New Data Source*(if needed)***:**

Description of Data:

Arizona Health Care Cost Containment System's (AHCCCS) eligibility, enrollment, claims, and encounters data.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No data related issues identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Outreach

Regional Behavioral Health Authorities (RBHA's) leveraged their State Opioid Response (SOR) and State Targeted Response (STR) grants to engage the I.V. drug using population into treatment services. In Southern Arizona, the RBHA Arizona Complete Health, expanded reach-in efforts for their opioid use population in detention in Pinal, Santa Cruz, Yuma, and Pima Counties through Community Medical Services.
Additionally, RBHA's rebranded their marketing material or are in the process of rebranding their marketing material to better reflect and engage the SABG populations served under this funding. Distribution of marketing material went to all Health Homes who receive SABG funds, as well as Peer and Family Run organizations, and other community partners to raise awareness about services, including MAT.
In Northern Arizona, the RBHA Health Choice Arizona implemented Project ECHO, a program that routinely shares SABG updates and best practices to providers in the region.
Our Tribal Regional Behavioral Health Authorities (TRBHA's) provided ongoing outreach through community events and education, communication with local IHS (Indian Health Services) unit, and provided BHS and Primary Care provider trainings on Opioid Use Disorder: Making the Diagnosis, and Medication Assisted Treatment.

Collaboration

The RBHA's increased Medication assisted treatment (MAT) availability to members and successfully increased member participation in these services through education and community outreach. Additionally, the RBHA's encouraged collaboration between 24/7 access points and other network providers. Mercy Care provided resources and TA to network providers to increase referrals to network providers for services. 24/7 access points required to report number of referrals to outside providers on a quarterly basis.
In our northern region, the RBHA collaborated with organizations like Sonoran Prevention Works and Community Medical Services to raise awareness of MAT services through outreach and engagement.
One RBHA in the central region held quarterly meetings with their provider networks to review the SABG process and ensure providers are assessing for the most appropriate level of care.
In our southern region, one RBHA integrated an Access Point in Pima County through Community Bridges, Inc. (CBI) to provide the community and law enforcement 24/7/365 access to urgent and routine behavioral health services. Co-located at the Access Point facility is a Patient Centered Health Home (PCHH) where patients can receive ongoing medical and behavioral health services.

Targeted Interventions

The RBHA's have invested efforts in increasing access to Medication Assisted Treatment to address the physiological aspects of providing treatment to the target population. One RBHA targeted MAT providers and provided a CBT for SUD training to providers in effort to increase implementation of counseling services for individuals receiving MAT services.
Through alternative funding sources (STR/SOR) are allocated to assist in housing, as this has been a social determinant of health identified by provider peers. Funding will assist members with rental/utility assistance, eviction prevention and welcome kits. Efforts have been enhanced to promote the use of naloxone, as well as network providers offering training/education on naloxone to members (and their families) they are treating.
One RBHA successfully launched a "Do you know MAT" campaign. This resulted in pocket guides being available for providers and members regarding MAT services through the valley including a map of MAT providers within Mercy Care network.
Another RBHA implemented The IV Drug User Project (IVDUR), which is a process improvement project to increase the initiation of Medication-Assisted Treatment (MAT) services within 24-48 hours of hospital admission for members who are IV drug users and experience an infection that require a hospitalization and IV antibiotic therapy.

Other Efforts or Information

One RBHA has been coordinating with Oxford House for the last several months to open recovery houses throughout Maricopa County. During this reporting period 9 Oxford Houses opened. With an additional 3 houses scheduled to open by October 2020. It is worth noting that we renewed our contract with Oxford House for an additional 6 properties for SABG under FY21. Another RBHA has received allocations from AHCCCS and SAMHSA for the State Opioid response grant to expand and sustain outreach/ peer support, street-based outreach, Jail diversion and reach-in, Medication assisted treatment in rural areas, and workforce development for the opioid use population.

Outcomes Measured

Outcomes measured for SABG funded IV drug users include, but are not limited to:
• Discharge status
• Number of intakes
• ASAM level of care throughout service delivery
• Achievement of treatment goals as identified by member
National Outcome Measures can be found in member records to include:
• Employment status
• Enrolled in school or vocational education program
• Housing
• Arrests within 30 days
• Abstinence from drugs and/or alcohol
• Participation in social support recovery 30 days prior
ASAM score based on ASAM criteria can also be used to measure outcomes.

Progress/Barriers Identified

The increased outreach and ability of our providers to serve this population has resulted in positive outcomes and an increase in the number of members enrolled.
A barrier that we often face with this population is transition from the criminal justice system and detention centers.
The impact of the COVID19 Pandemic has been a barrier recently for ensuring members are consistent with their MAT clinics.
The stigma that continues surrounding opioid use and medication assisted treatment.
Transportation is often a barrier for members depending on their geographical area or medical necessity. Not all rural locations in Northern and Southern AZ have MAT providers, therefore in some cases patients are travelling long distances to obtain their daily doses and sometimes must take the entire day to travel and receive care. This poses a particular problem for patients who are newly employed and must coordinate around their schedule or take time off work (sometimes without pay) to obtain their MAT doses.
One TRBHA found that individuals struggling with IV drug use typically do not seek services in their clinics. A Narcan standing order was developed to increase community access to this emergency medication for individuals and their loved ones that may be at risk for an opioid overdose. Additionally, one TRBHA shared progress in increasing communication with local providers.

Success Stories Shared

Member started treatment services with CMS October 2018. This member was on DTAP and in another agency residential due to just being released from jail. Last year they promoted out of DTAP on 12/2/19 (meaning no court hearings unless he messed up) and this summer graduated from DTAP on 7/9/20. The member has worked their way up to monthly privileges and comes in for their monthly Suboxone medication. The member is stable, responsible, and has had no altered drug screens since their DTAP graduation.
A member from a provider was referred by outpatient services. Member successfully found a good paying job and exited without a housing subsidy. This member has continued in their MAT services and is doing well. In Central Arizona, over 14,300 RBHA members for the report period have received harm reduction training through Naloxone and
Naltrexone education. This demonstration of increased education in the network has led to almost 6,000 overdose reversal interventions through Naloxone for a population of membership that are at risk for overdose.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

AHCCCS is currently compiling data and will submit to SAMHSA as per the guidance letter sent to SSA on 8/19/2021.

How second year target was achieved *(optional)*:

Outreach

Examples of outreach in Northern Arizona include:

Through a SUD-specific Project ECHO, SABG information is routinely shared with providers and community agencies across the network, including information regarding MAT services.
HCA presented information at the Adult and Children's Services Committee regarding SABG services, including MAT services.
Through the State Opioid Response (SOR) grant, Sonoran Prevention Works (SPW) conducts street outreach programs and assists individuals in finding treatment services.
In Central Arizona, providers are subcontracted to engage in street outreach to assist in the engagement of individuals into treatment. Mercy Care has developed multiple marketing campaigns, providing information encouraging the IV Drug Using population to seek services, as well as providing resources where they may engage in services. An SABG Brochure serves as a tangible resource utilized at community events and distributed throughout the network. This brochure highlights and promotes the services available under the SABG and connects the community to agencies offering MAT services. Mercy Care proposed additional funding through CRRSAA to use SABG funding to support SABG providers who have a dedicated outreach staff to engage SABG eligible populations and encourage treatment. Mercy Care leveraged the State Opioid Response (SOR) to engage in non-billable services to engage the IV Drug Using population into treatment services. The grants allow contracting with providers in the network to hire peer support to conduct outreach in the jails to assist in the coordination of care once an individual is released. Efforts are being made to coordinate with hospital emergency departments and inpatient units for care coordination for individuals visiting a hospital due to opioid use related medical issues. Clinical Operations and GMHSU Staff conduct Annual Provider site visits. Mercy Care holds regular community meetings to increase outreach and education on the SABG.
Gila River's addictionologist has provided BHS and Primary Care provider training on Opioid Use Disorder: Making the Diagnosis, and Medication Assisted Treatment.
In the Southern region, some examples of outreach efforts include:
The SOR Grant expanded COPE to ensure outreach efforts in Pima County.
The availability of Medication Units and Opioid Treatment Programs in the rural communities such as Pinal (Casa Grande), Graham (Greenlee coverage as well) (Safford), Cochise (Sierra Vista), Lake Havasu (La Paz coverage) and Santa Cruz (Nogales).
Increased support to individuals involved in the Criminal Justice System through CMS and the SOR Grant.
Increased outreach to the community, first responders, criminal justice system and hospitals through the SOR Grant for the OUD and Stimulant Use Disorder population.
Continued partnership with Crisis Services; the First Responder Services team; the Justice Services team; PPEP and the City of Tucson 9-1-1 Emergency Communications Center to support the 9-1-1 High Utilizer program.
Collaboration

In the Northern region, HCA collaborated with organizations like SPW and Community Medical Services (CMS) to raise awareness of the availability of MAT as an option for SUD treatment. Additionally, peer support services are encouraged in conjunction with MAT services to increase long-term recovery success. HCA Adult Programs Coordinator collaborates with STR/SOR Program Manager to ensure grant funding streams are utilized appropriately. HCA partnered with prevention agencies across the Northern GSA to ensure information about the risks of IV drug use and needle-sharing are readily available to all communities, as well as information about obtaining overdose prevention medication (Naloxone).
Mercy Care collaborates with eleven providers offering Medication Assisted Treatment throughout Maricopa County. Three operate access points to treatment, consisting of extended dosing hours and intakes being available 24/7. Mercy Care asks MAT providers to provide self-reported quarterly deliverables which assess percentages of members that are engaged in peer support services, counseling services, adolescent census, tapered members, tapering members, average length of service, daily average census, and community outreach efforts such as harm reduction training or interventions. Mercy Care provided resources and technical assistance to network providers to increase referrals to network providers for services. The Maricopa County Correctional Health Department has been an instrumental partner in giving access to Mercy Care providers inside the jail setting to help engage the OUD using population (inclusive of the IV Drug Using population) and coordinate care upon their release from jail with sub-contracted Navigators. Mercy Care holds quarterly grant-provider meetings and monthly GMHSU Meetings to review the SABG process to ensure the providers are assessing for the most appropriate level of care. Mercy Care encourages network participation specifically in the MAT ECHO program hosted by ASU. Mercy Care actively participates in the Arizona Opiate Treatment Coalition. Efforts are being made to coordinate with hospital emergency departments and inpatient units for care coordination for individuals visiting a hospital due to opioid use related medical issues. Mercy Care was able to complete coordination with Valleywise Social Workers to educate on Grant eligibility, services, and service providers. A relationship with St Joes Hospital is also being cultivated to provide similar opportunities.
In the Gila River Indian Community (GRHC), Behavioral Health Service and Primary Care staff members identify and refer individuals with OUD. GRHC has 10 Primary Care providers with the ability to prescribe Suboxone at 3 GRHC clinics. GRHC has 2 addictionologists providing OUD treatment at 4 GHRC locations.
Collaboration in the Southern region included:
Integrated an Access Point in Pima County through Community Bridges to provide the community and law enforcement 24/7/365 access to urgent and routine behavioral health services. Co-located at the Access Point facility is a Patient Centered Medical Home (PCMH) where patients can receive ongoing medical and behavioral health services.
CODAC – 24/7 COE (Court Ordered Evaluation) in Pima County; Safety Lounge; Women's Health (OBGYN) services; Outreach to hospitals and detention; Transitional living for Pregnant and Parenting Individuals (PPI).
CMS – Expansion of MAT availability to Rural areas was completed in Pinal, Yuma, La Paz/Mohave, Greenlee/Graham, Santa Cruz, and Cochise counties. In addition, the availability of outreach support, workforce development, and alternatives therapies to opioid use.
CBI – Jail Pre – Post booking diversion; hospital outreach, homeless outreach with law enforcement.
COPE – Jail reach in; and outreach to skilled Nursing Facilities – Pima county.
CHA – Jail Reach in – Pima County and Forensic and Peer Support Programming in Cochise and Santa Cruz counties.
HOPE Inc. – Increased outreach and Peer Support; and PPI specific outreach – Pima and Yuma County

TLCR – Increased outreach and Peer Support – Pinal County
Through the Governor's Office Substance Use Disorder funds (GO SUDS), AzCH-CCP implemented collaborations with Hospitals, First Responders, Fire Departments and Law Enforcement.

Targeted Interventions

In the Northern region of the state target measures were met by offering a needle exchange & harm-reduction programs in multiple locations where IV users can dispose of sharps and receive naloxone, overdose education, fentanyl test strips, HIV/Hep-C testing and education, and MAT treatment referrals at no cost.
A concerted effort has been taken to increase access to Medication Assisted Treatment to address the physiological aspects of providing treatment to the target population. Increased monitoring is occurring, and being advanced, to monitor the implementation of behavioral health services (i.e., counseling) for individuals receiving MAT services. Efforts have been enhanced to promote the use of naloxone, as well as network providers offering training/education on naloxone to members (and their families) they are treating. With SABG funding, Mercy Care opened 11 Oxford Homes throughout Maricopa County. Mercy Care successfully launched a community education campaign, resulting in over 15 community-based virtual presentations. This included educating community stakeholders on MAT providers with SABG funding. Over 455 attendees were provided the training, education, and resources for MAT services.
GRHC provided staff education on identifying OUD in patients/clients. GRHC has provided staff with education in MAT services. GRHC increased community awareness around opioid addiction and provided staff and community members with education on the use of Narcan Nasal spray. GRHC increased access to Narcan nasal spray to individuals (and their loved ones) that are at risk for an opioid overdose.
The Southern region's targeted interventions came from implementing the SUD Continuum of Care Initiative, a process improvement project to pinpoint a subpopulation of elevated risk, high utilizers who use IV drugs and develop complex medical infections.
Behavioral Health Telehealth services were added, as telehealth has demonstrated cost efficiency, reduced transportation expenses, enhanced access to care, and improved communication amongst providers. Through telehealth services, rural members can access psychiatrists or psychiatric nurse practitioners in their own communities instead of having to travel to urban locations for the services.

Other

In the Central GSA, Mercy Care requires an annual SABG Relias training that is validated by Mercy Care through the SABG Annual Policy Review tool. During the expenditure period provided, over 9,296 statewide staff affiliated with network providers were trained on provisions affiliated with the Substance Abuse Block Grant (SABG) Relias training module. Network providers completing the training may not have all been SABG subrecipients.
Measured Outcomes
Outcomes in the Northern region of the state were measured by examining the number of members receiving SABG-funded MAT services. MAT continues to be a large amount of total SABG expenditure, remaining consistent with prior years. Engagement in MAT services has increased over the past year.
Outcomes measured for SABG funded IV drug users included discharge status, number of intakes, ASAM level of care throughout service delivery, and achievement of treatment goals as identified by members.
The National Outcome Measures can be found in member records to include employment status, school or vocational education program enrollment, housing, arrests within 30 days, abstinence from drugs and/or alcohol, and participation in social support recovery 30 days prior.
The Gila River Health Center distributed 192 Narcan kits and 32 locking bags at pharmacies.
The Southern region of the state reported an increase in 54 MAT clinics and 158 OBOT's. As of April 2021, of 2,624 members, 1,527 were considered Low risk; 675 were considered medium risk, and 422 were considered high risk.

Progress and Barriers

Barriers in the Northern region stemmed from the COVID-19 pandemic. Providers had to alter services offered, and some examples of these are:
Arizona Executive Order to expand Telehealth codes.
DEA changed rules to Ryan Haight, allowing buprenorphine to be inducted via telehealth (previously this was not allowed, and will likely go back to that soon)
AHCCCS obtained a waiver to allow OTPs to relax take-home doses
Although the public health emergency created a unique set of challenges regarding the service delivery for grant eligible populations (Staff retention and recruiting being a big challenge), providers have shown resilience, flexibility, and creativity by adopting new practices to meet the needs of their clients, specifically those most at risk using drugs intravenously. Shifting to having groups virtually, counseling sessions virtually, or virtual visits with a provider is changing the southern landscape of healthcare service delivery moving forward. New legislative changes/progress that have been recently made such as SB1250 legalizing syringe service programs, SB1486 which decriminalized fentanyl test strips, SAMHSA (Substance Abuse and Mental Health Services Administration) allowing fentanyl test strips to be purchased with federal grant dollars, and the use of Mobile Vans to provide MAT services including the administration of MAT medications.
GRHC reports individuals struggling with IV drug use typically do not seek services in their clinics. There is a Narcan standing order in the pharmacy that increases community access for individuals and their loved ones that may be at risk for an opioid overdose.
In the Southern region of the state, many services had to be transitioned to virtual platforms. Due to these new efforts, there was an increased outreach and the ability of providers to serve this population has resulted in positive outcomes and an increase in the

number of members enrolled.

Success Stories

In Northern Arizona, a 35-year-old male who historically struggled with pain, hearing voices, and substance misuse has maintained his sobriety from opioids for one year now. He is engaged with his provider on finding an appropriate medication for hearing voices and meets with his clinician consistently for his appointments. His relationships with his wife and children have improved greatly and he reports he is happy and feels successful in life.
Client X came from Lake Havasu to Maricopa County to seek residential treatment for intravenous opioid abuse. Client X was an individual experiencing homelessness, depression and who was at high risk of relapse. Client X was able to come into the agency's residential program for SA treatment. Upon admission to residential treatment, Client X was also able to enroll in the agency's community outpatient management program for intensive case management and integrated services. Client X was able to have been scheduled for a Suboxone consultation with the agency's provider to help focus on a harm reduction and relapse prevention plan. With the help of funding from SABG this member was provided with the resources and assistance to move forward with his recovery. Agency staff was able to assist Client X in applying and receiving T19 AHCCCS benefits. Today Client X is currently progressing in the agency's IOP program and is on track to becoming a staff member within the agency.
In the Southern region, a husband and wife attending services through CMS Broadway clinic had reached 1 year of sobriety, the longest period of sobriety, either of them had experienced in 30+ years. Both were tearful, sharing that they had never received an "award or certificate" in their entire lives.
In May 2021, CODAC reported success with a member who started the program in July 2019 and identified Heroin IV as his drug of choice. Member was using almost ½ gram over 2x daily and reports that his first use was at age 19. Members heavily used alcohol, drinking 1 gallon of vodka daily and having seizures when he stopped. Since starting the program at CODAC, members have been sober from opiates (it will be 2 years in July 2021) and members also report being sober from alcohol for 5 years. Member states, "If you work the program it works. Everyone is really nice." Member has support from his family and girlfriend. Member lives in his own house and has been employed with Vital Care for the past 5 years. Members successfully completed the methadone program on 5/28/2021.

Priority #: 5

Priority Area: Older Adults

Priority Type: SAT

Population(s): Other

Goal of the priority area:

Increase the percentage of those who are in the behavioral health system diagnosed as having a substance use disorder and received treatment aged 55 years and older.

Objective:

Implement programs that are inclusive of education, implementation, and monitoring/oversight.

Strategies to attain the goal:

The Managed Care Organizations (MCOs) AHCCCS contracts with will continue efforts to promote access to substance abuse treatment services for older adults during meetings with providers and collaborators, and through community-based trainings. Trainings provided by the RBHAs have included components on how to screen for substance abuse in the older adult population, and effective substance abuse treatment and other evidence-based practices targeting the older adult population.

Additionally, providers continue to utilize Substance Abuse screening tools, including ASAM. AHCCCS will monitor enrollment numbers for older adults diagnosed with a substance use diagnosis who receive substance use disorder (SUD) treatment. The MCOs will continue to collaborate and meet regularly with providers to share information on substance abuse screening, trends and best practices. AHCCCS and the MCOs will provide and promote access to substance abuse training initiatives available to Arizona Long Term Care System (ALTCS) providers.

AHCCCS and the MCOs will educate treatment providers, and coalitions on how to engage community stakeholders in identifying and referring older adults to substance abuse treatment services. AHCCCS will ensure the availability of a standardized, age appropriate, screening tool to identify substance use/abuse in older adults.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of persons 55 years and older diagnosed with SUD and received treatment.

Baseline Measurement: In State Fiscal Year 18, 20.3% of those with a substance use disorder and received treatment were 55 years and older.

First-year target/outcome measurement: First year target/outcome measurement (Progress to end of SFY 2020), 20.5%

Second-year target/outcome measurement: Second year target/outcome measurement (Final to end of SFY 2021), 20.7%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Arizona Health Care Cost Containment System's (AHCCCS).

New Data Source*(if needed)*:

Description of Data:

Arizona Health Care Cost Containment System's (AHCCCS) eligibility, enrollment, claims, and encounters data.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No Data related issues identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Outreach

Outreach to identify older adults in need of substance use treatment under the Substance Abuse Block Grant is conducted through the RBHAs and Tribal RBHAs (TRBHAs). Outreach efforts were conducted for all demographic groups through engagement in various community forums and meetings such as the Adult & Child Services Committee, Dept. of Justice Collaborative meetings, quarterly Substance Use Treatment Providers Meeting and the AZ Coalition for Veterans and Families. RHBAs have also utilized vendors to support targeted print and digital media focusing on health literacy, and education on treatment options for older adults engaged in substance use. This education also includes information on treatment availability for individuals who are underinsured or uninsured.
For one TRBHA, although much of the outreach is being done online due to Covid-19 restrictions, they are still providing information and education to their district's senior centers. They also have BHS staff assigned to hospitals that are available to provide outreach to elders in the Emergency Department, Primary Care and Inpatient centers.
Outreach efforts by one RBHA included beginning work with high-risk AMA (against medical advice) member populations that are leaving hospitals, which showed that 51-75 year olds were discharging AMA at higher rates and attempting to wrap with services for outreach and harm reduction. Programming was also implemented for a Chronic Pain Management program for members which also breaks out the 55 and over population. 24% of the members being care managed in the Chronic Pain program are 55 and over. Results show a 13% decrease in PMPM costs for members being care managed in the Chronic Pain program. This RBHA has increased outreach to the community, hospitals, first responders, and the criminal justice system as well as implementing outreach and engagement specialists in each of their services areas that ensure the older adult population receives appropriate resources and access to care.

Collaboration

RBHA staff coordinates with contracted and non-contracted community organizations to ensure SABG information is dispersed and community partners know who to reach out to for further information, questions, and technical assistance.
One RBHA funded two substance use prevention coalitions that focus on the use and misuse of medications by older adults. BeMedSmart Coalition (BMS) - Pima Council on Aging – (PCOA) operates out of Pima County and Coalition to Improve Health and Increase Awareness of Medication Management through Prevention Coalition (CHAMMP) - Pinal Gila Council for Senior Citizens (PGCSC) runs in Pinal County Both coalitions guide decision making and education around counter-indicated medications and safe storage of prescription drugs. They also collaborated with the Health Department and Law Enforcement to sponsor medication drop off days.
The TRBHAs maintained ongoing collaboration with community stakeholders and with off- reservation Behavioral Health Residential Facilities. They also worked with Primary Care to refer individual for review by the pain management committee to obtain treatment recommendations. The Gila River Caring House Skilled Nursing Facility referred identified individuals and counseling was provided

either in office or on-site. There was also coordination with Elderly Services to participate in their events.

Targeted Interventions

One RBHA assisted in developing policies within the subacute facilities that allow for law enforcement drop off of members. This sped up the process in getting older adults with substance use disorder (SUD) into behavioral health services.
They have also partnered with Catalytic Health Partners (CHP) to work with members who are at the highest risk and cost. Many of these members were homeless and had multiple physical and behavioral health comorbidities, including SUD. Catalytic worked with these members wherever the member was. They were able to help stabilize their comorbidities and address their social determinants of health. CHP helped them to reconnect with their families, health homes and PCPs. Over 16.5% of the members that Catalytic served were 55 and over.
This RBHA also implemented three different training curricula for older adults. The Mental Health First Aid (MHFA) course is a skillsbased training course that teaches participants about mental health and substance-use issues. The Rx 360 course is a research-based curriculum to raise awareness of the Rx problem, the risks of misuse, resistance strategies, and methods for proper storage and disposal. The Wellness Initiative for Senior Education (WISE) is a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process.
Another RBHA made SUD training available to all Health Home staff including a section on older adults which provided specialized information for serving this population. Some of these Health Homes have "whole health" programs for aging adults which encouraged the use of exercise, movement, and yoga or other mindfulness practices as an alternative to pain medication to help reduce and prevent the development of opioid use disorder in aging adults. One Health Home operates a behavioral health residential facility for co-occurring treatment specifically for aging adults. Another clinic offered a Senior Peer Program to address substance use in the senior population. One TRBHA offered ongoing support for adults with co-morbid mental health and substance sue disorders. While another's
addictionologists provided MAT treatment to individuals with opioid use disorder.

Other Efforts or Information

One RBHAs Behavioral Health and Special Programs team continued to oversee programs for older adults to include engaging providers in increasing age-specific programming and integrated care for older adults with substance abuse, increasing collaboration with community service providers for older adults in their service areas, and monitoring outcomes for older adults.
They are also continued to meet with providers and coalitions to develop programs specific to this population based on demand and the need of the community.
Another RBHA recognized a salient opportunity to engage the older adult population and will continue to work on their efforts for Fiscal year 2021.
One TRBHA stated that their efforts included the ongoing review of referral procedures both internally and externally.

Outcomes Measured

One RBHA examined the community stabilization, demographics, COE, and other measures to ensure that the crisis system and subacute facilities were working efficiently and appropriately. This RBHA also gathered outcome measure data through 2 coalition sidewalk surveys.
The Pima Council on Aging and BeMedSmart conducted a total of 395 surveys that were completed in program year four (2019-2020). The survey results indicated that nearly three-quarters of the survey takers stated that they were aware of messaging about safeguarding medications, while 73.1% said they safeguarded their medications due to the messaging. 40% reported they had used medication disposal sites for their medications. There was also 0.7% increase in community members reporting awareness of messaging about safeguarding medications, from 72.6% in. 2018-19 to 73.3% in 2019-2020.
Pinal Gila Center for Senior Citizens and Coalition to Improve Health and Increase Awareness of Medication Management through Prevention conducted a total of 206 surveys in 2019-2020. The survey results indicated that a large majority (81.3%) recognized that medication misuse was a problem in their community, and this majority was consistent across program years. Over half (52.2%) said they were aware of messages about safeguarding medications, and of these 78.8% said they safeguarded their medications because of the messaging. Many (56.9%) reported not using medication disposal sites for their medications down slightly from 60.7% in the previous program year. 41.9% said they were unaware of drop box locations, a decrease from 55.1% the previous year, suggesting there is increased awareness of drop box locations. There was also a 4% increase in awareness of messages about safeguarding medications, from 48.2% (2018-19) to 52.2% (2019-20), along with a 3.8% increase in community members reporting they had used medication disposal sites for prescription or over-the-counter medications, from 39.3% (2018-19) to 43.1% (2019-20), though it was not statistically significant.
Another RBHA gathered that of all members that received services funded by the Substance Abuse Block Grant, 22.3% within the current reporting period were over the age of 55 at the time of services.
One TRBHA conducted a treatment plan review for substance use disorder group completion rates. Another TRBHA documented that 3 elders were admitted to RTC Treatment Center and 13 elders are receiving MAT treatment for Opioid Use Disorder.

Progress/Barriers Identified

One RBHA noted that COVID-19 pandemic that has restricted the ability to host events, facilitate coalition meetings and teach curricula. An additional noted barrier was that some older adults have limited knowledge about computer usage. The Coalition to Improve Health

and Increase Awareness of Medication Management through Prevention assisted with a brief training on ZOOM meeting and other basic operational pieces to engage the population and promote participation. Treatment providers are also making virtual platforms and telemed available due to the impact of COVID19. Attendance for coalition meetings, virtual trainings, treatment provider meetings and collaboration meetings has improved as the community realizes that the pandemic is not going away.
Another RBHA noted that Covid-19 was their main barrier as well. The restrictions due to the pandemic have forced them to re-evaluate traditional care and treatment modalities including outreach and engagement. This is particularly true for their older adult populations who were less likely to participate on social media platforms for their health education and are also learning how to engage in telehealth services.
One TRBHA stated that Covid-19 has been the main barrier for tribal nations as well. Another TRBHA noted that their barriers included social determinants of health and off-reservation providers.

Success Stories Shared

One RBHA saw an increase in outreach to the older adult population through monitoring outcomes. For example, in November of 2019 they reached 168 individuals, 142 individuals were reached in December 2019, and in January of this year, they reached 197 individuals. They also noted some prevention successes that impacted the treatment strategies. These include CHAMMP utilizing virtual meetings applications in order to accommodate those who cannot attend the meetings physically which helped increase the number of meeting attendees. Also, by distributing Medication Safety Bags, the Coalition to Improve Health and Increase Awareness of Medication Management through Prevention has been able to provide medication education to 70 older adults and caregivers. In another example, BMS, in collaboration with Pima County Health Dept., presented on medication misuse to a rural retired community of 200 participants at Tucson Estates and raised awareness of the importance of safe medication use, storage and disposal. BMS also facilitated delivery of Deterra medication disposal bags to the community and engaged the interest and support of the District 3 Supervisor, Sharon Bronson, in supporting/promoting the safe medication use and disposal in older adults.
One TRBHA highlighted the success story of a patient who was struggling with chronic pain and use of opioids for over 30 years. Due to aberrant behaviors with their narcotic use, they were started on MAT and are now consistently engaging in a counseling and addiction treatment plan. Another individual struggling with significant illicit fentanyl addiction was also started on MAT with outpatient services. The patient and their GRHC team felt that they needed a higher level of care and so they were admitted to the Thwajik Ke Residential Treatment Facility. They are planning to graduate 11/20 and transition to their transitional living program for continued support.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

AHCCCS is currently compiling data and will submit to SAMHSA as per the guidance letter sent to SSA on 8/19/2021.

How second year target was achieved *(optional)*:

Outreach

Outreach was achieved by distributing marketing materials, advertisement, and community events which included events with tribal partners, such as the recently completed Tribal Summit.
COVID-19 restrictions impacted Mercy Care's ability to formally outreach to older adult populations in Central Arizona. Several Community Education events have been conducted for providers, coalitions, and other community stakeholders. Community Education/outreach was conducted with Valleywise Hospital Social workers. Mercy Care's prevention providers and corresponding coalitions which included Area Agency on Aging and their coalition MEBHAC.
GRHC provided information and education at the Districts' Senior Centers. Staff assigned to the hospital were available to provide outreach to elders in the Emergency Department, Primary Care, and Inpatient. Outreach is conducted through social media and other online venues due to COVID.
The Southern region accomplished outreach efforts by conducting monthly collaboration meetings with system partners, which addresses substance misuse across Pima county, to include overdose and treatments for all ages. They utilized the data submitted by the health department that breaks out in specific age categories to determine gaps and needs for programming. Specific agencies were identified to provide services to this specific population. Agencies providing these services were Pima Council on Aging (PCOA); Pinal Gila Council for Senior Citizens (PGCSC); Western AZ Council of Governments (WACOG) serving Yuma; and the Southeastern AZ Governments Organization (SEAGO) serving Cochise, Santa Cruz, Graham and Greenlee Counties.

Collaboration

In the Northern region collaboration was achieved by working with contracted and non-contracted community organizations to ensure SABG information was dispersed and community partners knew who to reach out to for further information, questions, and technical assistance.
Collaboration included surveys, focus groups and key informant interviews with community stakeholders and community members/residents.
GRHC Caring House (TCH) skilled nursing facility referred individuals and counseling is provided either in the office or on-site. There is also Coordination with Elderly Services and participation in their virtual events.

The Southern region conducted collaboration with two substance use prevention coalitions that focus on the use and misuse of medications by older adults. BeMedSmart Coalition (BMS) - Pima Council on Aging – (PCOA) operates out of Pima County and Coalition to Improve Health and Increase Awareness of Medication Management through Prevention Coalition (CHAMMP). The Pinal Gila Council for Senior Citizens (PGCSC) runs in Pinal County. Both coalitions provide community outreach specific to older adults and their caregivers to guide decision-making and education around contraindicated medications and safe storage of prescription drugs. In addition, collaboration also included the Health Departments and Law Enforcement who sponsor medication drop off days. Assisted living facilities and other older adult communal living residences, which are great venues for educational lessons and special events.

Targeted Interventions

Targeted interventions within the Northern region consisted of SUD training available to all Health Home staff which included a section on older adults which provides specialized information for serving this population.
HCA Health Homes have whole health programs for aging adults which encourage the use of exercise, movement, and yoga or other mindfulness practices as an alternative to pain medication to help reduce and prevent the development of OUD in aging adults. Polara offers a specific Senior Peer Program to address substance use in the senior population. Mohave Mental Health Center (MMHC) operates a BHRF for co-occurring treatment specifically for aging adults.
For FY22 bearing any COVID-19 restraints Mercy Care identified community safety net organizations, community faith based and educational entities, Arizona Senior Center Association, Alliance for Retired Americans, AARP, National Council on Aging, Ozanam Manor, and the Justa Center.
GRHC addictionologists provide MAT treatment to individuals with opioid use disorder (OUD). They provided weekly announcements for TCH patients. Topics include mindfulness, stress reduction, gratitude, and self-gratitude.
Southern Arizona targeted interventions included the development of policies within the subacute facilities that allowed for law enforcement to drop-off members directly to facilities, so behavioral health services could be processed more effectively for this targeted age group. In addition, Wellness Initiative for Senior Education (WISE) curriculum-based health promotion program was implemented to help older adults increase their knowledge and awareness of issues related to health and the aging process.

Other

Using data collected from Mercy Care's needs assessments, Mercy Care is working on health equity and equality solutions for older adults.
Measured Outcomes
Northern Arizona measures were determined by HCA examining the number of aging adult members receiving SABG-funded treatment services. This population continues to be one of the largest age categories of SABG members, remaining consistent with prior years.
Mercy Care's needs assessment data collected from 2018-2020 indicated that the age group of 45–64-year olds had the second highest use of substances only behind the age group 25–44-year olds. Also indicated was that alcohol, stimulants and other psychoactive drugs were the top 3 substances used within 2018-2020.
GRHC reports that 14 elders received MAT services for OUD (including Suboxone and Methadone clients).
The measured outcomes within the Southern region are encompassed by examining the community stabilization, demographics, COE, and other measures to make sure that the crisis system and subacute facilities are working efficiently and appropriately. Monthly deliverables for the outreach and engagement specialists in each of our communities that are broken out by age groups. Coalitions serving older adults request that community members in their Counties complete a Sidewalk Survey. Surveys are conducted on a quarterly basis. The results of the survey are presented below:
Pima Council on Aging (PCOA) – BeMedSmart
A total of 378 surveys were completed in the program year 2020-21.
Nearly all those surveyed thought medication misuse was a problem in the community (97.1%)
86.7% indicated they were aware of messaging about safeguarding medications.
43.3% reported they had used medication disposal sites for their medications.
There was a 13.4% increase in community members reporting awareness of messaging about safeguarding medications compared to data from FY2020.
Pinal Gila Center for Senior Citizens (PGCSC) - Coalition to Improve Health and Increase Awareness of Medication Management through Prevention (CHAMMP) – Sidewalk Survey Results
A total of 108 surveys were completed in 2020-21.
A large majority (76.2%) indicated that medication misuse was a problem in their community, and this majority was consistent across program years.
Over half (54.6%) said they were aware of messages about safeguarding medications, and of these 74.5% said they safeguarded their medications because of the messaging.
51% of respondents used medication disposal sites for prescription or over-the-counter medications.

Progress and Barriers

In Northern Arizona, aging adults who are eligible for NT19 services may become eligible for regular T19 (Medicare) services as they reach the eligibility age. Health homes conduct ongoing eligibility assessments to ensure members are receiving the right type of enrollment and change their enrollment type, without interruption to services, as needed.
As part of the secondary data collection for the Needs Assessment it was indicated that many older adults are not talking openly or seeking help regarding their behavioral health while engaging in risky behaviors. COVID-19 continues to be a barrier.

Some older adults have limited exposure and knowledge about computer usage. CHAMMP and BeMedSmart Coalitions assisted with coaching around the use of computer-based learning to engage the older adult population and promote participation. Attendance for coalition meetings, virtual training, treatment provider meetings and collaboration meetings has improved as the community realizes that the pandemic is not going away.

Success Stories

This year a community elder was referred to our addiction team requesting help for OUD. This individual was recently released from federal prison and struggled with heroin addiction for most of his life. He initially lived in a halfway house where he started MAT treatment for his heroin addiction. The gentleman moved back to live in the community and was referred to our addiction team. Our client is regularly attending his appointments with addiction providers and remains on Suboxone treatment. He was referred to BHS services where he now receives on-going psychiatric care, counseling, case management, and peer support services. The client is also consistently maintaining medical and specialty appointments to improve his health. He remains sober and in long term recovery.
In the Southern region the following success stories were highlighted:
CHAMMP utilized a real-time virtual on-line meeting app, Zoom, for those who could not attend the meeting physically. This helped increase the number of meeting attendees. CHAMMP facilitated a virtual session of Mental Health First Aid.
CHAMMP partnered with other Pinal County Coalitions to provide services due to pandemic restrictions.
Medication Safety and research-based articles highlighted the work of BeMedSmart in Pima Council on Aging's monthly newsletter.
AmeriCorp Senior Companions participated in the BeMedSmart Wellness Initiative for Senior Education (WISE) Program.
The Pima County Hispanic Chamber of Commerce requested a medication misuse presentation from BeMedSmart.

Priority #: 6

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Ensure women have ease of access to all specialty population related substance use disorder treatment and recovery support services.

Objective:

Increase outreach and educate the community about services available to pregnant women and women with dependent children.

Strategies to attain the goal:

Arizona Health Care Cost Containment System (AHCCCS) and the assigned Managed Care Organization (MCO) will collaborate on ways to expand public awareness campaigns directed towards the priority populations. AHCCCS and the assigned MCOs will regularly monitor treatment waitlists to ensure access to care. AHCCCS will review encounter codes to ensure pregnant women and women with children receive the full array of covered services. AHCCCS and the assigned MCO or the utilization of services for this priority population.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Performance Indicators to measure success on a yearly basis.

Baseline Measurement: Number of those with a substance use disorder and received treatment who were pregnant and/or women with dependent children. SFY18 was 30.2%.

First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2020), 30.5%

Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2021), 30.8%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Arizona Health Care Cost Containment System's (AHCCCS).

New Data Source*(if needed)*:

Description of Data:

Arizona Health Care Cost Containment System's (AHCCCS) eligibility, enrollment, claims, and encounters data.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No Data related issues identified

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Outreach

Arizona Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) contract with community treatment providers to provide services and conduct outreach for programs and services.
RBHAs and providers conduct outreach and education regarding programs and services for pregnant and parenting individuals in their respective Geographic Services Areas (GSAs). Outreach is conducted in the community at large, and also to various groups or organizations such as first responders, the criminal justice system and hospitals, pediatric providers, OBGYN providers, women's clinics, IHS service units, Headstart programs, daycares, preschools, pregnancy resource centers and prenatal care providers. For example, one provider reported outreached 60 pregnant and parenting individuals through the detention center.
One RBHA reports providing posters that promote SABG service availability for pregnant and parenting women (PPW) during annual site visits with SABG providers, having developed a poster specifically targeting PPW and women with dependent children. Additionally, one RBHA hired a perinatal case manager and community health worker to target pregnant/parenting women to engage them in services, coordinate services addressing social determinants of health and provide education/training on MAT delivered to pregnant/parenting women. This is in addition to the SMI perinatal team who work to triage the acute and chronic treatment needs for our pregnant population.

Collaboration

RBHAs and TRBHAs collaborate with various treatment providers, private and public organizations and social service organizations for the care of PPW and women with dependent children.
Examples of collaboration include RBHA support of medical centers and providers for Neonatal Abstinence, assisting providers including treatment facilities to develop a full continuum of care this population, expanding transitional housing facilities including sober living environments specifically for PPW, expanding OBGYN services at the 24/7 MAT clinic, and collaborating with Opioid Treatment Programs (OTPs) to ensure service provision to this population. TRBHAs also collaborate with women's clinics, Pediatric Integrated Care Collaborative (PICC), local IHS service unit, pediatric providers, Headstart, daycares, preschools, OBGYN providers, organizations such as First Things First and Healthy Steps, Tribal Social Services and weekly meetings with Family Drug (Healing to Wellness) Court.
RBHAs and TRBHAs collaborate with diverse provider organizations. One specialty provider offers a recovery environment for babies born with neo-natal abstinence syndrome and their post-partum mothers in substance abuse recovery as well as education, vocational skills and parenting support. Meanwhile, another collaborative partner provider addresses the high prevalence of physical, sexual, and psychological trauma and violence experienced by at-risk women. Another provider offers a 45-day program for substance use and cooccurring treatment with specialized services for pregnant and post-partum women with on-site child care for children from birth to 5 years of age.
One RBHA is hosting Project ECHO focused on SUD & MAT, offering training to all Health Homes and providers on the treatment options and care for pregnant and parenting women. Another RBHA hosted the 2nd Annual Opioid Symposium, having a large focus on providing services to pregnant/parenting women.
An example of an outcome of these collaborations includes:
• To date, one RBHA's transitional living program has served 39 parenting individuals with 18 successful completions from the program. From August 2019 until January 2020, the provider has outreached 43 pregnant and parenting individuals in the medical center and detention settings.

Targeted Interventions

The following efforts are reported by the RBHAs and TRBHAs as targeted interventions for PPW and women with dependent children:
• Working with hospitals to ensure warm hand offs, prevention, treatment, and outreach services are offered • Start Smart for Your Baby Maternal Child Health Program which expanded to all child-bearing individuals in our communities to

ensure access to pre- and post-natal care and well-child care
• Providers added to the network who serve pregnant and parenting women and provide specialized programs or services to meet the unique needs of this population (sober living and residential treatment, parenting skills training and support offered at all Health Homes)
• Programs within provider agencies that are specifically dedicated to women, pregnant/parenting women in particular; wrap-around services for women needing substance use services, integrated care, childcare options
• PPW Social service provider coordinating with opioid treatment providers to provide critical services and education to pregnant/parenting women receiving MAT services
• Oxford House contract requirement to open homes that cater to pregnant women and women with dependent children. Three of these homes were opened during the reporting period. Oxford house also is a MAT friendly recovery home that supports pregnant and parenting women receiving MAT services as well
• TRBHA provider priority for off-reservation treatment when members are identified
• PPW with dependents are offered substance abuse treatment, while waiting to be reactivated with AHCCCS. A case manager is assigned to assist with this coordination. There is no wait list for this service.

Other Efforts or Information

The Northern RBHAs attends collaborative forums, coalitions, crisis systems meetings, and others to ensure education and resources are readily available in all service areas for pregnant and parenting individuals. There are multiple specialized service providers who have the ability to accept into residential treatment any PPW, with or without their dependent children.
Other efforts designated to impact the PPW population involve targeted secret shoppers calls for SABG-Contracted and Non-SABG Contracted network providers regarding the provision and accessibility of services. This affords opportunities to offer technical assistance and training to provider staff to ensure they are leveraging knowledge of the service availability through network partners as well as the urgency associated with coordinating care for this priority population.
For FY21 one RBHA is looking to leverage a partnership with Department of Child Safety (DCS) to facilitate trainings on MAT with the hopes reducing stigma around MAT as a modality of treatment for parents with DCS involvement.
One TRBHA reports that nurses continue to do urine pregnancy testing for all newly admitted women to makes sure we identify pregnant women who may have tested negative on routine testing a few months prior to admission.

Outcomes Measured

RBHAs and TRBHAs may measure outcomes in terms of provider performance measures, % of members served that are pregnant, SABG dollars expended for pregnant women, ASAM level of care scores, treatment plan achievement, number of women receiving services, number of patients delivering health babies during treatment, number of PPW sent to residential treatment, services received in outpatient clinic, and NOMs (employment status, enrollment in school of voc ed, housing status, arrests within 30 days, abstinence from drugs/alcohol, participation in social support recovery in prior 30 days).

Progress/Barriers Identified

Progress includes:
• The increased outreach and ability of providers to serve PPW has resulted in positive outcomes and an increase of the number of members enrolled.
• One RBHA is beginning a partnership with a provider that offers individualized and trauma-informed care to those suffering from addiction(s) in an outpatient setting. Services include but are not limited to:
o Comprehensive assessments
o Individualized treatment plans
o Treatment of co-occurring disorders
o Individual counseling
• One TRBHA is developing relationships across community stakeholders and providing awareness in the community

Barriers include:
• The barrier most commonly reported by RBHAs and TRBHA is fears of many PPWs that DCS may remove their children from the home if they test positive for substances or seek treatment
o One RBHA reported combined efforts from the RBHA staff, provider network, and other organizations to educate mothers about treatment and providing care coordination/communication with DCS will assist in alleviating concern.
• Challenges related to transitioning from the criminal justice system and detention centers.
• Impacts of the COVID-19 Pandemic
• In the Northern GSA, the rural nature of the area creates a barrier to sufficient number of providers who are specific to PPW. Many locations that can accept PPW are in the Central GSA and although Northern providers can send and "sponsor" their members at these locations, causing PPW to uproot their lives to receive specialized treatment can be a huge barrier to treatment. The North GSA did add a few new providers of this nature, but none are exclusively serving PPW
• A lack of the OB/GYN providers willing to provide services to PPW who use substances, particularly if they are on MAT services.
• Social determinants of health
• Community awareness of resources

Success Stories Shared

RBHAs and TRBHAs report many success stories including the following:
• Member transitioned to a Transitional Living Setting program in later stages of her pregnancy from an inpatient rehab program. With support of the program, she was able to stay sober for the remainder of her pregnancy and gave birth to a healthy baby. The member gained employment several weeks after having her baby. As her recovery strengthened, she felt she was ready to begin therapy services. She continued to work the program, and remain employed, while parenting her newborn child and working on personal issues. After gaining confidence, she applied and was hired for a job that she wanted for quite some time. Around the one-year mark in treatment, she felt that she was ready to transition out of the program, into a place of her own with her child. She continues to do well and remains substance free.
• Member enrolled in a program after being referred by her therapist. She arrived with an open DCS case, involving her multiple children. She was in the early stages of pregnancy, struggling with sobriety, and trying to end an abusive relationship. She was able to find stability in the program, found employment and was able to establish home visitation with her children. As she continued to progress, she was granted full custody of one of her children, and shared custody with the others. She recently gave birth to a healthy baby. She looks forward to being cleared to return to work, and working towards her program goals. She often expresses gratitude to staff for the milestones she has reached while in the program.
• The creation and formation of Oxford houses was implemented and one of the new locations is exclusively for women, and within this house, 2 bedrooms are set aside for parenting women who have dependent children. Oxford house is a sober-living environment initially funded through SABG, while residents pay for the house expenses independently and share the expenses equally.

Provider agencies under one GSA served the following unique members:
• Provider 1 served 160 unique members.
• Provider 2 served 424 unique members.
• Provider 3 served 103 unique members.
• Provider 4 offers 24 beds for members and 32 beds for children and is nearly always at capacity.
• Oxford House - 120 new admissions into their Women’s Homes.

The TRBHA was notified of a pregnant patient struggling with opioid addiction. The TRBHA made immediate arrangements to have MAT initiated for the safety of the mother and unborn child. The mother successfully remained on MAT throughout the pregnancy and delivered a healthy baby. The mother remains sober and engaged with counseling and MAT services.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

AHCCCS is currently compiling data and will submit to SAMHSA as per the guidance letter sent to SSA on 8/19/2021.

How second year target was achieved *(optional)*:

Outreach

Outreach efforts in the Northern region of the state were accomplished by providing outreach materials to community organizations, including pregnancy and family resource centers.
Mercy Care visits all SABG providers on an annual basis to ensure providers have the appropriate posters promoting SABG service availability. Mercy Care developed a poster specifically targeting pregnant women/women with dependent children. Mercy Care hosted a Community Education Event with Valley Perinatal leadership. Valley Perinatal was educated on SABG eligibility, providers and services offered under the SABG. Mercy Care has also created an SABG Brochure, a tangible tool utilized at community events and distributed throughout the Mercy Care network. This brochure highlights and promotes the services available under the SABG as well as connects the community to agencies offering services. This Brochure highlights the priority populations of pregnant women and women with dependent children.
GRHC Behavioral Health workers provide Information, education and refer to services within the community, for this population. GRHC Behavioral Health response team frequently engages in the Women’s clinic for outreach. BHS is currently working with our Pediatric and Primary Care Departments to improve integration. One of the steps is placing a full-time Behavioral Health Coordinator in each clinic.
In Southern Arizona, outreach was increased to the community, first responders, the criminal justice system, and hospitals in each of our service areas for pregnant and parenting individuals (PPI). The organization HOPE, inc. assisted in assuring Pima and Yuma counties had access to PPI care.

Collaboration

Collaboration in the Northern part of the state was achieved by hosting Project ECHO focused on SUD and MAT and offering training on these topics to all Health Homes and Providers. Topics have included treatment for pregnant and parenting women. During these presentations, information is shared on treatment specific to this population and information on how providers can refer these patients to specialty providers, or provide additional care coordination. Additionally, there was collaboration with HushaBye Nursery to provide specialized services for HCA members with babies experiencing withdrawal symptoms
Mercy Care Clinical Operations department encouraged provider participation at an online seminar series hosted by AHCCCS and HMA “Gender Specific Treatment for Women with Substance Use Disorder (SUD)” Additionally, Mercy Care participated and encouraged

participation in AHCCCS's PPW-PLT pilot project. In January of 2021, AHCCCS participated in Mercy Care's quarterly Grant Provider Meeting on the PPW-PLT pilot project. National Council for Alcohol & Drug Dependency (NCADD) - NCADD offers supportive housing and outpatient programming for both pregnant substances abusing women and teenagers (Sally's Place) as well as innovative programming for women and children (Weldon House).
Referrals are accepted from GRIC Tribal Social Services and Family Drug (Healing to Wellness) Court. There are weekly meetings with the Healing to Wellness court (virtual), for the purpose of reviewing services and accepting referrals. HQ2/PHQ9 is administered annually, by medical providers. Referrals are made to BHS for patients who require additional assessment and screening. Specific attention is given to those who indicate moderately severe depression or higher. GRHC women's clinic, Pediatric, and Primary Care Departments identify and refer individuals for services, as needed
Collaboration in the Southern region of the state continued and expanded with the emphasis on PPI training and continuum of services. Programs included Tucson Medical Center (TMC), CODAC for Neonatal Abstinence Syndrome (NAS), Banner University Medical Center (as they have implemented a Family Centered Neonatal Abstinence Syndrome (NAS) Care program), Yuma Regional Hospital, and the Haven, which offers Behavioral Health Residential, Intensive Outpatient and Outpatient services to our PPI population.
Targeted Interventions
The Northern region added providers to the network who serve pregnant and parenting women and provide specialized programs or services to meet the unique needs of this population. These providers include sober living providers and residential treatment providers. Parenting skills training and support were offered at all Health Homes for any member identified as parenting and/or pregnant. Oxford House now offers 2 locations exclusively for women, and within these houses, bedrooms are set aside for parenting women who have dependent children.
Mercy Care hosted UofA RENEW Team (Recovery through Engaging and Empowering Women) to present at quarterly Grants Provider Meeting to help integrate Women's Health and Substance Misuse. Targeted interventions for PPW included program expansion using SABG CRRSAA funding. Some initiatives include maximizing the capacity of Center for Hope to 56 PPW women, expansion of services at Arizona Women's Recovery Center increasing capacity by 72 percent, Hushabye Nursery for the detoxification for substance-exposed newborns and supportive services to mothers through their nursery, including the provision of HOPPE parenting courses. Allium Health will also support the complex OB and SUD needs for pregnant and postpartum women in recovery.
GRHC reports that pregnant women and women with dependents are offered substance abuse treatment, while waiting to be reactivated with AHCCCS. A case manager is assigned to assist with this coordination. There isn't a wait list for this service.
The Southern region coordinated and collaborated with hospitals to ensure warm hand-offs, prevention, treatment, and outreach services were offered to Pregnant and Postpartum Individuals (PPI.) In addition, there was an addition of doula services that include a trained and certified professional who specializes in providing in-home emotional and physical support to families before and after the birth of their child. The AzCH-CCP doula visits members 1-2 times per week over a 6–8-week period providing education on the importance of prenatal and postpartum care and ensuring members are attending all scheduled appointments.

Other

Other efforts designated to impact the PPW population involve targeted secret shoppers calls for SABG-Contracted and Non-SABG-Contracted network providers regarding the provision and accessibility of services. This affords opportunities to offer technical assistance and training to provider staff to ensure they are leveraging knowledge of the service availability through network partners as well as the urgency associated with coordinating care for this priority population. Additionally, Mercy Care encourages attendance and attends AHCCCS PPW-PLT pilot Learning Collaborative.
Measured Outcomes
Outcomes were measured in the Northern region of the state by examining the number of pregnant members receiving SABG-funded treatment services. This population continues to be one of the smallest categories of SABG members, remaining consistent with prior years.
Outcomes are also measured by the members ASAM level of care scores based on the ASAM criteria. Treatment plan achievement is another indicator of outcome achievement. The number of women receiving services is another outcome measured.
The National Outcome Measures can be found in member records to include employment status, school or vocational education program enrollment, housing, arrests within 30 days, abstinence from drugs and/or alcohol, and participation in social support recovery 30 days prior.
ASAM scores based on ASAM criteria are also used to measure outcomes.
In the Southern region outcomes were measured by monthly deliverables; it was identified that there is an accessible array of services for PPI in all areas through monthly gap analysis and tracking of current and expansion programs for all SUD programs and providers, including MAT programs.

Progress and Barriers

In the Northern region there are a limited number of residential providers who specialize in serving PPW in the Northern GSA. HCA is conducting a needs assessment to determine what locations in the Northern GSA, if any, will be suitable to host a facility that specializes in serving PPW. White mountain Apache tribe identified that a barrier was found in the community unaware of the resources that could be available to them. However, they noted progress in the collaboration with stakeholders and relationships within the community.
Although the public health emergency has created a unique set of challenges regarding the service delivery for grant eligible populations (Staff retention and recruiting being a big challenge), providers have shown resilience, flexibility, and creativity by adopting new practices to meet the needs of their clients during the pandemic, specifically those most at risk using drugs intravenously. Shifting to having groups virtually, counseling sessions virtually, or virtual visits with a provider is changing the

landscape of healthcare service delivery moving forward. SABG Member Surveys conducted in FY21 indicated that COVID-19 played an impact on behavioral health services, but that overall members were satisfied with their recovery needs being met as well as satisfied with their providers and staff.
GRHC continues to disseminate informational brochures related to risk associated with drug use, postpartum depression and how to get services. The fear of losing your children to Tribal Social Services, if you test positive for drug use, continues to be a barrier.
Barriers identified within the Southern region were the continued barriers of DCS removing children from PPI identified members and unable to have services provided to them and COVID-19. However, there has been great progress in the increased outreach and PPI members to programs.

Success Stories

A 27-year-old pregnant female who used opioids and was not previously enrolled in services was engaged in services last year. The member has been engaged in treatment since last year and has maintained recovery. Her last opioid use was on 1/16/20 and the member has now earned bi-monthly take home privileges for MAT.
Feedback from a provider regarding AHCCCS/HMA gender specific treatment webinar (funded by SABG TA $), "The HMA Gender Specific training series for providers was better than fantastic. The information regarding SUD and specific best practice for pregnant and new moms was applicable to CBI's clinical work; data was current, the trainers were engaging and on point. More training such as these would be highly appreciated to help us enrich our service provision!"
In February 2021, CMS reported that a new member came into their clinic and informed staff she was pregnant. Staff were able to connect her to necessary pregnancy and parenting programs to ensure that members/mom and baby would be safe and healthy throughout the pregnancy. Member continued to engage in services even as she struggled with her pregnancy. Member safely delivered the baby and has continued services. CMS is happy to say the member was able to keep her child and is doing well in her recovery.
In April 2021, Hope, Inc. reported that they engaged a PPI while she was in the hospital, after giving birth. The member remained compliant with her methadone and was able to return home after treatment in the hospital. Member remains in contact and has been engaged in services.
In April 2021, CODAC reported that they met with a member during a Recovery Toolbox/Seeking Safety group. The member was pregnant at the time and her baby was her biggest motivation to stay sober, even after release. However, the member didn't feel like she had the best environment to come out to upon release. CODAC enrolled the member with AHCCCS and Las Amigas Residential Facility, where soon after she gave birth to her baby girl (which was great because she did not want to give birth in jail). Upon completing treatment at Las Amigas, the member moved into the Connie Hillman House (CHH) where she continued to succeed. The member is now participating in outpatient services and feels individual therapy is helping her process past traumas. The member is now 1 year and 10 months substance-free and is incredibly grateful to everyone at CODAC who believed in her.
In May 2021, CODAC reported that a member who was at the Connie Hillman House (CHH) for 11 months was recently secured a job at another residential program for women. Member has her child with her now and has over a year of sobriety. Member's drug of choice was heroin and she had been using drugs since age 16. Member's young child was in DCS custody (living in foster care) with a plan for reunification. Member was at Las Amigas Residential Facility for 30 days, then transitioned to CHH back in July of 2020.

Priority #: 7

Priority Area: Tuberculosis (TB) Screening

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Increase the number of tuberculosis screenings for members entering substance abuse treatment.

Objective:

Increase documentation around screening for TB and related services.

Strategies to attain the goal:

Strategies that providers are and will continue to implement include: integrating TB education, in addition to hepatitis C, HIV, and other infectious diseases into member orientations, educational material, referrals handouts for TB, hepatitis C, and HIV testing at specified locations, as well as including elements to capture TB screening documentation in contactor's audit tools.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Performance Indicators to measure success on a yearly basis.

Baseline Measurement: Fiscal Year18 data on the number of members receiving substance abuse treatment with document screening for tuberculosis (TB), hepatitis C, HIV, and other infectious diseases was at 69%

First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2020), 75%

Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2021), 80%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Independent Case Review

New Data Source*(if needed)*:

Description of Data:

A random sample of charts is pulled and scored based on pre-determined elects that include documented evidence of screenings and referrals for TB services, screening for hepatitis C, and HIV

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No data related issues anticipated.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Outreach

Outreach is provided in different ways depending upon the location in Arizona. In Southern Arizona the Arizona Complete Health Complete Care Plan (AzCH-CCP) Regional Behavioral Health Authority (RBHA) providers have street-based outreach and engagement specialists providing outreach and engagement in Pima, Pinal, Cochise, Yuma, Santa Cruz, Greenlee/Graham and La Paz Counties. These outreach providers ensure that individuals who use drugs by injection have access to HIV and Hepatitis C education, prevention and treatment. In Northern Arizona, Health Choice Arizona (HCA) RBHA's providers educate members on the risk of communicable disease due to substance use at intake and prior to admission to any CDR or inpatient facility. TB screening and testing is also advertised as an available service.
In central Arizona the Mercy Care RBHA, TB testing is completed for members receiving residential services, particularly if they are placed on the waitlist. Mercy Care provides oversight of providers through policy review tool to include TB early intervention and services. Mercy Care evaluates provider's ability to provide TB services or their referral process for TB services and intervention at annual site visits. Mercy Care provides Technical Assistance for providers when needed regarding TB early intervention and services. At Gila River Health Care, individuals are referred to substance abuse residential programs are referred to complete TB screenings, as a criteria of admission. During this screening they are also screened for hepatitis C, HIV and other infectious diseases.

Collaboration

AzCH-CCP meets with health homes and specialty providers to collaborate on improving TB screenings and documentation for TB screenings. Their Behavioral Health and Special Programs team attends Collaborations, Coalitions, Crisis Systems Meetings, Health Department Meetings and other forums to ensure education and partnerships are effective and resources are available for TB, HIV and Hepatitis C. Gila River Health Care primary care provides TB screenings, upon request of individuals referred to Substance Abuse treatment. Behavioral Health staff has access to these medical records to provide coordination of care. HCA subcontractors are required to have infection control policies and procedures and must provide a copy of the procedure when requested. The RBHA staff and its subcontractors work together to ensure these policies are updated on an annual basis. Mercy Care providers have collaborations with Maricopa County and PCP's to assist with TB screenings and/or referrals for positive TB tests. Many providers are also transforming to becoming integrated facilities. Mercy Care's Medical Management Department also maintains policies related to infectious disease control. Policy 7000.80D – Provider Preventable Conditions, governs criteria and guidelines regarding the identification and evaluation of provider preventable conditions (PPCs), including hospital-acquired conditions (HACs), health care-acquired conditions (HCACs) and

other provider-preventable conditions (OPPCs) so as to facilitate compliance with federal and state regulations that prohibit Medicaid and Medicare programs from reimbursing certain providers for services resulting from a PPC.

Targeted Interventions

AzCH-CCP targeted interventions are to increase the number of members receiving TB testing and information. One of their providers, Community Medical Services (CMS) has provided Hepatitis C since September 2019. Due to the COVID-19 pandemic, this program temporarily stopped due to lack of Personal Protective Equipment (PPE). Additionally, CMS provides TB testing to every member at intake. AzCH-CCP through the Reach-In program ensures coordination of care upon release for incarcerated members with complex needs, to include chronic illness, HIV, and substance use/opioid use disorders.
For Gila River Health Care, counselors and case managers assist to identify individuals with obtaining TB screenings, through coordination with GRHC primary care. HCA and its subcontractors provide a continuum of care that offers screening for tuberculosis, testing for tuberculosis as needed and referrals to treatment for any members identified as having tuberculosis. HCA requires that all members presenting with substance use be offered tuberculosis screening and testing as a routine part of intake assessments, especially if the member has not been tested for communicable diseases recently. Testing for tuberculosis is required prior to admission to a chemical dependency residential treatment facility (CDR) or inpatient facility for any HCA member entering one of these facilities. If TB is found, treatment interventions begin and the member is referred to an appropriate medical provider for TB treatment services prior to admittance into an inpatient or residential treatment facility. When treatment services for tuberculosis are completed, the member can resume their admission process into a CDR or inpatient facility. Members may be identified as high-risk if they report intravenous drug use, report high-risk behaviors, or have any other accompanying medical conditions that might increase their risk of contracting tuberculosis. These members are educated about their increased risk due to these behaviors or conditions and should be educated about the benefits of being testing for tuberculosis and/or receiving treatment for tuberculosis if the member tests positive. Mercy Care conducts TB screenings to members in residential services and refer positive screenings to the appropriate medical providers as necessary. Screenings include PPD skin testing and chest x-rays. Testing and Education on HIV, TB, and Hep C is provided on a regular basis made possible through partnerships with Terros Health. HIV/TB and Hep C educational material are available from all Mercy Care providers.

Other Efforts or Information

AzCH-CCP continues to hold substance use disorder treatment provider meetings where TB, HIV, Hep C are addressed for education, current programming and outreach efforts, as well as barriers for this population.
AzCH-CCP monitors an online State Residential Waitlist. Providers are required to update and track members on this waitlist, providing interim services to priority populations. Some of these services include education about TB and HIV and the risks of transmission for individuals who use drug by injection and referrals for TB and HIV treatment if needed.
AzCH-CCP Care Management Program coordinates services for members identified with complex needs, to include HIV and other chronic diseases, ensuring access to care. If a member who tests positive for TB also qualifies for a specialized care or disease management program they will be referred to the appropriate program. During the expenditure period Mercy Care provided, over 5,086 staff affiliated with 41 network providers training on provisions affiliated with TB screenings, treatment and early intervention through the Substance Abuse Block Grant (SABG) Relias training module. This content reinforced the expectation that Individuals receiving Substance Use treatment services under the SABG at minimum receive interim services that includes TB screening and referrals for services.
Providers are evaluated on offering TB and HIV services directly or if unable to, provide such services that the provider has printed educational material and offers referrals for TB testing and treatment for members. Mercy Care asks that this information be offered in both English and Spanish. Provider site visit follow up meetings take place to offer technical assistance to help improve provider efforts towards TB screening and services.

Outcomes Measured

AzCH-CCP continues to complete audits of our Substance Use Block Grant Providers through the Independent Case Review (ICR) Peer Review process to ensure completion of Tuberculosis (TB) testing and referrals. The ICR Peer Review audit results and outcomes are utilized to measure the impact of the interventions and identify areas for improvement. AzCH-CCP is in the process of implementing an additional audit tool for use with providers to educate and track outcomes for TB screenings. All individuals admitted to substance abuse residential treatment from Gila River Health Care are screened for TB, hepatitis C, HIV and other infectious diseases. No individual will be admitted if screening is not complete. Mercy Care measures outcomes by screening all members receiving a residential level of care. Further, referrals are provided for members having a positive TB screen result. The Provider Policy Review facilitated for FY2020, 100% of SABG subcontractor policies outlined response times and interim services consistent with AMPM 320-T, Mercy Care has recently updated the Mercy Care SABG Provider Policy Review Tool to be consistent with AMPM 320-T1, including provisions for health promotional education & early intervention services for HIV and tuberculosis disease in high-risk individuals who use substances.

Progress/Barriers Identified

AzCH-CCP Ensures there is continuous training when providers have turnover in positions working with substance use populations. They ensure they attend trainings and meetings and are then coordinating and communicating the information to others in their organizations and agencies. AzCH-CCP continues to work with providers to ensure TB screening and resources are part of their Electronic Health Records. The impact of the COVID19 pandemic has affected certain outreach programming at this time as members are

more reluctant to follow up on intakes. For HCA some Health Homes do not have the capacity to test for TB in-house and must complete a referral for TB testing to an outside provider when needed. In these cases, the member may be less likely to attend an additional appointment and/or may decline testing if it is not required as part of admission to a treatment program, as is only the case for CDR or inpatient treatment. Mercy Care has recognized monitoring of TB screenings and services as an area of opportunity and has revised their internal policy deliverable tracking tool to include network providers' evidence their referral and screening processes. These policies and processes will be validated through annual site visits and ongoing TA with providers.

Success Stories Shared

(AzCH-CCP) Since September 2019, CMS offered Hep C screening to 234 members, completing 164 screenings. Of those screened, 42 members tested positive for Hep C. Of the members with positive Hep C tests, CMS treated and cured 10 members, while 22 members with positive Hep C tests cleared on their own.
(HCA) To date there have been no incidents of exposure to TB while in residential treatment.
(Mercy Care) 46 percent of cases reviewed for the ICR for the previous reporting period evidenced TB screening upon assessment. Mercy Care intends to continue to grow in this area of service delivery.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

According to the 2020 Independent Case Review (ICR), 57% of sampled charts documented providing tuberculosis screening for members receiving substance use treatment services. Moving forward, AHCCCS will be providing technical assistance to contractors to identify barriers to completion of these assessments, and developing plans to increase the number of screenings.

How second year target was achieved *(optional)*:

Outreach

Outreach efforts in the Northern region include dissemination of information on TB testing requirements to service providers. The TB protocol is available to providers on the HCA website. White Mountain Apache Tribe partnered with Behavioral Health Residential Facilities (BHRF) to provide services.
In Central Arizona, TB testing is completed for members receiving residential services, particularly if they are placed on the waitlist.
Mercy Care provides oversight of providers through a policy review tool to include TB early intervention and services. Mercy Care evaluates providers' ability to provide TB services or their referral process for TB services and intervention at annual site visits. Technical assistance is available for providers regarding TB early intervention and services. Mercy Care created an SABG Brochure, a tangible tool utilized at community events and distributed throughout the Mercy Care network. This Brochure highlights interim services including referrals for HIV, Hepatitis C, and TB screening/services.
Southern Arizona provided street-based outreach and engagement specialists in Pima, Pinal, Cochise, Yuma, Santa Cruz, and La Paz Counties. These outreach providers ensure that individuals who use drugs by injection have access to HIV and Hepatitis C (Hep C) education, prevention, and treatment.

Collaboration

In Northern Arizona, local IHS service units collaborate internally to ensure SABG measures are accounted for during case file reviews and annual QM audits, including the requirement for TB testing.
Mercy Care providers collaborate with Maricopa County and PCPs (Primary Care Providers) to assist with TB screenings and/or referrals for positive TB tests. Many providers are becoming integrated facilities. Mercy Care's Medical Management Department maintains policies related to infectious disease control. Policy 7000.80D – Provider Preventable Conditions, governs criteria and guidelines regarding the identification and evaluation of provider preventable conditions (PPCs) including hospital-acquired conditions (HACs), health care-acquired conditions (HCACs) and other provider-preventable conditions (OPPCs) to facilitate compliance with federal and state regulations that prohibit Medicaid and Medicare programs from reimbursing certain providers for services resulting from a PPC.
GRHC primary care provides TB screenings upon request for individuals referred to SA treatment. Behavioral health staff have access to these medical records for coordination of care.
In the Southern region collaboration is achieved by meeting with health homes and specialty providers to improve Tuberculosis (TB) screenings and documentation for TB screenings. AzCH-CCP works with COPE and Southern Arizona AIDS Foundation (SAAF) to coordinate HIV outreach and testing. Counties served include Cochise, Pinal, and Pima. Staff attend programs at residential treatment centers and provide HIV 101 and Sexually Transmitted Infection 101 sessions. After each session, participants can get an HIV test. Resources and support are provided.

Targeted Interventions

Targeted interventions in the Northern region of the state were accomplished by conducting mandatory screenings for TB and having set protocols for responses to positive results. If a member of the White Mountain Apache tribe tests positive they have set coordination of care with the local IHS service unit when an individual will receive off-reservation BHRF services.
Mercy Care conducted TB screenings to members in residential services. Members with positive screenings were referred to the appropriate medical providers, as necessary. Screenings include PPD skin testing and chest x-rays. Testing and Education on HIV, TB,

and Hep C is provided on a regular basis made possible through partnerships with Terros Health.
HIV/TB and Hep C educational materials are available from all providers. Counselors and case managers assist to identify individuals with obtaining TB screenings, through coordination with GRHC primary care.
The Southern region targeted interventions to increase the number of members receiving TB testing and information. The Reach-In program was used to ensure coordination of care upon release for incarcerated members with complex needs, to include chronic illness, HIV, and substance use/opioid use disorders.
Other
During the expenditure period provided, over 9,292 staff statewide affiliated with network providers were trained on provisions affiliated with TB screenings and treatment and early intervention through the Substance Abuse Block Grant (SABG) Relias training module. This content reinforced the expectation that Individuals receiving Substance Use treatment services under the SABG at minimum receive interim services that include TB screening and referrals for services. Providers are evaluated on offering TB and HIV services directly or if unable to provide such services that the provider has printed educational material and offers referrals for TB testing and treatment for members. Mercy Care asks that this information be offered in both English and Spanish. Provider site visit follow up meetings take place to offer technical assistance to help improve provider efforts towards TB screening and services. Based on our ICR findings evidence of TB screenings will be asked for at all provider site visits.
Measured Outcomes
The Northern region measured individuals sent to off-reservation BHRFs (Behavioral Health Residential Facility). HCA monitored TB testing compliance in the SABG Waitlist report. The most recent SABG ICR results for (SFY2020) indicated there was an increase in the number of cases that included documentation of TB testing from the previous year's findings.
Central Arizona measured screening for all members receiving a residential level of care and referrals for members having a positive TB screen result. As of the Provider Policy Review facilitated for FY21, 100% of SABG subcontractor policies outlined response times and interim services consistent with AMPM (AHCCCS Medical Policy Manual) 320-T1. Mercy Care has recently updated the SABG Provider Policy Review Tool to be consistent with AMPM 320-T1, including provisions for health promotional education & early intervention services for HIV and tuberculosis disease in high-risk individuals who use substances.
In the Southern region of the state outcomes were measured by completing annual audits of Substance Use Block Grant Providers through the ICR Peer Review process. Completion of Tuberculosis (TB) testing and referrals were tracked. The ICR Peer Review results and outcomes are utilized to measure the impact of the interventions and identify areas for improvement. AzCH-CCP is in the process of implementing an additional audit tool for use with providers to educate and track outcomes for TB screenings.

Progress and Barriers

Some Health Homes in Northern Arizona indicated they do not have the capacity to test for TB "in-house" and must complete a referral for TB testing to an outside provider as needed. In these cases, HHs work to ensure the member attends their appointment and follows up with the member as needed. White Mountain Apache had to work with "off the reservation" providers.
During annual site visits, Mercy Care has emphasized the importance of incorporating TB screenings and referrals as part of not only interim services but including this as part of their regular service delivery.
In Southern Arizona, providers ensured TB screening and resources were part of their electronic health records (EHR.) The impact of the COVID-19 pandemic affected certain outreach programming and members have been more reluctant to follow up on intakes.

Success Stories

In the Central region, Mercy Care saw a 12 percent increase in cases with evidence of TB screening upon assessment, with a total of 58 files indicating appropriate screening. Mercy Care intends to grow in this area of service delivery.
Since September 2019, CMS offered Hep C screening to 234 members, completing 164 screenings. Of those screened, 42 members tested positive for Hep C. Of the members with positive Hep C tests, CMS treated and cured 10 members, while 22 members with positive Hep C tests cleared on their own.

Priority #: 8

Priority Area: Suicide Prevention/Intervention

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

Reduce the Arizona Suicide Rate to 17.4% per 100,000 by the end of calendar year (CY) 2021.

Objective:

Promote suicide awareness through the use of technology and trainings.

Strategies to attain the goal:

AHCCCS will work collaboratively with other health agencies to research and implement strategies to reduce the suicide rate. Strategies will include but

are not limited to: social media messaging, social market/public awareness, youth leadership programs, gatekeeper trainings, improved data surveillance, and ongoing collaboration with stakeholders or systemic improvement.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Annual Performance Indicators to measure success on a yearly basis.
Baseline Measurement:	The suicide rate in Arizona for CY17 was 18.1% per 100,000 population (1304 suicide/7,171,646 population.
First-year target/outcome measurement:	First-year target/outcome measurement (Progress to end of CY20), 17.7% per 100,000
Second-year target/outcome measurement:	Second-year target/outcome measurement (Progress to end of CY21), 17.4% per 100,000

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS)

New Data Source*(if needed)*:

Description of Data:

Each Fall, the Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS) calculates the State's suicide rate by determining the number of death certificates of Arizona residents where "suicide" was indicated by a medical examiner as the cause of death during the second most recent calendar year (i.e. CY 2019 data will be available in Fall 2020). Aggregated across the general population, this number establishes a suicide rate per 100,000 persons.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No data related issues at this time.

https://pub.azdhs.gov/health-stats/report/im/index.php?pg=suicides

New Data issues/caveats that affect outcome measures:

The CY 2019 data release has been delayed, as it was initially supposed to be released during Fall 2020. Due to this delay, Arizona is unable to provide current rates and trends. Once the data has been released, Arizona will add it to the report and/or send it to SAMHSA.

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
The CY 2019 data release has been delayed, as it was initially supposed to be released during Fall 2020. Due to this delay, Arizona is unable to provide current rates and trends. Once the data has been released, Arizona will add it to the report and/or send it to SAMHSA.

How first year target was achieved *(optional)*:
Outreach

RBHAs and TRBHAs collectively reported over 146 trainings implemented to over 1,889 individuals including trainers or trainers (TOTs). Suicide prevention education and activities were implemented through several mechanisms. One significant effort is the implementation of suicide prevention trainings such as Question, Persuade and Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), Youth and Adult Mental Health First Aid (Y/MHFA), and other suicide prevention trainings that provide education on adolescent suicide, suicide risk factors, screening and assessments. The RBHAs and TRBHAs offer these trainings often to a diverse array of organizations and groups. Examples of organizations and groups that receive these trainings include RBHA/TRBHA staff and health plan staff, contracted provider staff, Indian Health Services (IHS), county sheriff offices, community groups such as leadership groups and coalitions, teen groups, Boys & Girls Clubs, church groups, and elderly groups, college students and staff, suicide prevention panels, school districts, school resource officers, and homeless collaborative staff.

In addition, RBHAs, TRBHAs and providers participate in health fairs, symposiums, community forums, and events related to suicide prevention in their respective Geographic Service Areas (GSAs), or even sponsor suicide prevention conferences and events such as suicide prevention awareness walks, the Arizona Suicide Prevention Coalition (AZSPC) HOPE Conference, AFSP Community Out of the Darkness Walk, EMPACT Jeremyiah Walk.
Additional examples of outreach through the RBHAs, TRBHAs and contracted providers include a school-based suicide prevention video, social media marketing outreach, news interviews, and dissemination of branded flyers, brochures, and door to door outreach with Crisis Help Line information in communities, district service centers and neighborhoods. Messing is also distributed through RBHA and provider, and partner group websites.

Collaboration

RBHAs, TRBHAs, and providers collaborate with a diverse array of partner groups including: suicide prevention providers, prevention coalitions, the AZSPC for meetings and events, local and state (AHCCCS) Suicide Prevention Taskforce the AHCCCS and the, American Foundation for Suicide Prevention and the "Out of the Darkness Walk", the ASU College of Journalism for suicide prevention documentary, ASU Active Minds Chapter for supporting college students, Johns Hopkins University Celebrating Life, and other college students and staff, school districts and Arizona Department of Education (ADE) and the ADE Project Aware team, ADHS Office of Children with Special Health Care Needs, TeenLifeline, Crisis and Veterans' Services Dept, the American Foundation for Suicide Prevention to for their More Than Sad suicide prevention curriculum, IHS, Sherriff's Departments and other law enforcement agencies. On a local level, at least one TRBHA also collaborates with recipients of the Substance Abuse and Suicide Prevention Program-SASP funds for the Zero Suicide Initiative. The collaboration focuses on an integrated approach to enhance resources and response related to suicide prevention—Key community stakeholders include Community Members, Tribal Community Council, first responders and health care organizations.

Targeted Interventions

Some examples of targeted interventions in Arizona include RBHA work with the San Carlos Apache Suicide Prevention Task Force, work with the Tohono O'Odham Native Connections program, other Native American groups, older adults, individuals experiencing first episodes of psychosis (FEP), African Americans, LGBTQ young adults, and Native Americans. At least one RBHA targets suicide prevention towards the school setting and youth-serving organizations.
RBHAs, TRBHAs, and providers use a variety of strategies in these targeted interventions such as evidence-based education and training, coalition work, enhanced collaboration and resource building, assessment and referral for those at higher risk of suicide including FEP and SMI individuals, Hearing Voices training, workshops on depression and suicide, self-injury, bullying, stress and coping.
Additional efforts include youth peer leadership, alternative activities, social media and awareness campaigns, information dissemination, and problem identification and referral/screening.
Other Efforts or Information
The RBHA in the Southern GSA has a designated email for suicide prevention training requests, and also provide suicide prevention posters, in English and Spanish, targeting specific populations - youth, adults, and older adults – with the crisis telephone number and Teen Life Line number. These posters were distributed throughout Southern Arizona at conferences, coalition meetings and other events.
While one TRBHA is implementing the tenets of Zero Suicide including comprehensive training for health care providers through the Substance Abuse and Suicide Prevention Program-SASP, another TRBHA reports participating in the Zero Suicide Grant activities and collaboration with community stakeholders; coordinated response to suicide deaths in the community.

Outcomes Measured

RBHAs and TRBHAs are collecting outcomes in various ways. While some work with University of Arizona Evaluation Research and Development (ERAD) to measure outcomes for the QPR trainings, such as Participant perception of training satisfaction and Participant perception of trainer knowledge on subject matter. Others measure Usefulness of training, Knowledge about suicide risk factors, Feeling of preparedness to help someone displaying suicidal warning signs, and Feeling of ability to recognize signs of mental health problems or crisis. Others measure Feeling the training was useful, Feeling an increase in knowledge about suicide risk factors, and level of preparedness to help someone displaying suicidal warning signs. In addition, Number of suicide prevention referrals; Number of suicide risk assessments, and Number of individuals transferred to acute psychiatric stabilization facility are measured outcomes.
One RBHA requires FEP providers to monitor and report on suicide attempts/suicidal ideation in members who are receiving FEP services.
Most or all of the RBHAs and TRBHAs measure outputs from suicide prevention trainings such as numbers of trainings completed, and numbers of individuals trained and may break numbers out by youth and adults.
Finally, at least one RBHA measures the county suicide rate over time and school crisis mobile team data.
Specifically, one RBHA reported:
• 73.7%strongly agreed that "overall, they enjoyed this training" in CY2020. A larger majority (89.5%) strongly agreed that the trainer was knowledgeable about the subject matter.
Specifically, one TRBHA reported:
• 96% of participants included that the training was useful to them.
• 94% of participants reported that they increased their knowledge about suicide risk factors.
• 94% of participants reported that as a result of the training, they felt more prepared to help someone displaying suicidal warning

signs.
• 95% of participants felt they could reach out to someone with a mental health problem or crisis.
• 95% of participants reported that they could actively and compassionately listen to someone in distress.

Progress/Barriers Identified

A major barrier for RBHAs, TRBHAs and contracted providers has been the COVID-19 pandemic and its impacts. A large number of staff are working from home, providing services virtually, which requires new training and preparation. In some cases, virtual options for programs and curricula were not available and trainings were cancelled. Further, a lack of access to a 24 hour observation facility was a challenge, and some members were likely to be challenged with social determinants of health such as unemployment and poverty. Despite these challenges, many providers found success in providing services virtually and some block grant recipients reported an increase in inter-agency participation, increased awareness among community members, and an increase in referrals and assessments with a decrease in attempts.

Success Stories Shared

According to the QPR Annual Report created by University of Arizona ERAD:
• Almost three –fourths (73.2%), strongly agreed that they learned new skills during the training.
• When asked if they could use the information professionally and/or personally, (82.2%) strongly agreed they could, indicating that the information presented in the training was useful.
• Over 80% of participants noted that they increased their knowledge about suicide prevention.
• In narratives shared, participants said that the QPR training is a highly effective and engaging training that is not only extremely useful but is led by a knowledgeable trainer.
The RBHA in the Southern GSA sponsored the annual statewide Arizona Suicide Prevention Coalition HOPE Conference.
There was tremendous success this year with outreach and advocacy and collaborations, resulting in historic suicide prevention legislation mandating evidence-based training for school personnel and increased mental health parity. The network of schools and youth-serving organizations that completed our trainings were able to begin implementing these evidence-based trainings prior to the law being enacted. Schools reported cultural shifts in staff beginning to feel more comfortable talking about their own thoughts of suicide. A school district in Maricopa County shared that after training their bus drivers and staff, they noticed more employees talking about their own mental health concerns, and more openness is part of the process of decreasing the stigma. The same was noticed when the RBHA trained their own staff. In the early months of the pandemic, as schools began shifting all education to virtual, schools requested help adapting their assessments and intervention protocols.

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

According to 2020 data, the adjusted rate of suicide among Arizona residents in 2019 was 18.9 per 100,000 population. The 2019 Arizona suicide rate was 36.0 percent above the national rate of suicide that year (ADHS). Arizona is anticipating that this rate will increase in future years due to the effects of the pandemic, and will continue to focus efforts on suicide prevention amongst those at high risk.

How second year target was achieved *(optional)*:

Outreach

The White Mountain Apache Behavioral Health Services provided suicide prevention education, door-to-door information, suicide prevention month activities including a virtual walk and conference, and regular outreach to individuals and families of individuals at risk of suicide. HCA provided specific trainings on suicide and psychosis through the FEP (First Episode Psychosis) program, as individuals experiencing psychosis are at an increased risk of suicide. HCA hosted a two-day workshop on evidence-based treatment for FEP, medication adherence, and Cognitive Behavioral Therapy for Psychosis. Through the Mobilize AZ program HCA/BCBSAZ provided trainings, support and funding to community partners and promoted information through social media on suicide and mental health.
Mercy Care participated in various outreach activities. The Prevention Administrator participated as a speaker on a Trauma and Suicide panel at the virtual CBI Art of Recovery EXPO. A public service announcement was filmed for Teen Lifeline's virtual parent educational video. School suicide prevention education and resources were discussed with state legislators Senators Alston and Bowie. Mercy Care participated in the HEAAL Coalition's Suicide Prevention subcommittee and September 2020 Community Forum on Suicide and sponsored the October 2020 Arizona Suicide Prevention Coalition HOPE Conference (virtual).
Mercy Care completed a Community Needs Assessment in December 2020 which included virtual focus groups, key informant interviews, community survey as well as quantitative data gathering on the prevalence and impact of suicide among residents in our target geographic area for the RBHA. Prevention providers funded conducted outreach within their targeted communities as part of their strategic plans, including health fairs, town halls and community forums, educational workshops and training, presentations and collaborations with schools and other organizations. Mercy Care used various social media platforms to help disseminate suicide awareness and prevention resources to the community. Some areas of focus included the LGBTGIA+ communities, veterans, youth/adolescent, parents of children displaying mental health concerns. These social media platforms were designed to also connect the community to varying community resources/agencies.
The GRHC BHS Prevention Program conducted outreach related to suicide prevention in a variety of ways. Flyers, brochures,

newspapers, self-care packets, mass mailing, vaccine events, health booths are distributed throughout the community including district service centers and this occurred under the community COVID-19 restrictions. The GRHC BHS Prevention Program has several branded items –Yes to Life is distributed and includes the Gila River Indian Community Crisis Help Line. Information regarding the Crisis Help Line was distributed via education sessions, community centers, departments or via social media, internet, and organization websites.
AzCH (Arizona Complete Health) has partnered with the following agencies to conduct outreach:
Pima County Sheriff Training Academy
Douglas Coalition Prevention Week QPR
Veteran Partners Training
AZ Western College
Foster Care Community Southern AZ
AZCH (Arizona Complete Health) QPR virtual internal
Jail Liaison Partners Training
Yuma Community Partners
CGA Youth Conference
AzCH Promotora
Collaboration
Collaboration in Northern Arizona included regular and ongoing efforts with the local Indian Health Service unit, Johns Hopkins University Celebrating Life, and the White Mountain Apache Tribe Division of Health. HCA partnered with law enforcement to provide Hearing Voices training to law enforcement professionals, a program that utilizes technology to simulate psychotic symptoms to increase empathy, understanding, and intervention competencies for the population experiencing psychosis.
Mercy Care participated in the Arizona Suicide Prevention Coalition and collaborated with a variety of organizations including: AFSP AZ Chapter, Teen Lifeline, EMPACT/LaFrontera SPC, Phoenix Indian Center, Tanner Community Development Corporation (TCDC), TERROS, Community Bridges, and Area Agency on Aging. They collaborated with the Arizona Department of Education's Project AWARE team on evidence-based school suicide prevention training and partner with Vitalyst on trauma informed school advocacy and share resources. They participated in AHCCCS' Statewide Suicide Prevention Plan stakeholder meetings and are members of the Zero Suicide Task Force. Mercy Care hosts regular Crisis Collaborative meetings through Crisis and Veterans' Services Department and presents to AHCCCS and other state agencies' PIOs (ADVS, ADHS (Arizona Department of Health Services), county offices, sheriff offices, etc.) on media guidelines for safe and effective suicide prevention messaging.
Gila River Health Care is a recipient of MSPI (now the Substance Abuse and Suicide Prevention Program-SASP) funds for the Zero Suicide Initiative coordinated by GRHC BHS Prevention Program staff. The collaboration is focused on an integrated approach to enhance resources and response related to suicide prevention—Key community stakeholders include Community Members, Tribal Community Council, First Responders, and Gila River Health Care.
A new Suicide Prevention Task Force has been created in Pima County. Over 25 participants representing diverse agencies participate in the Task Force. A Prevention Specialist was a member of the core team to develop the Arizona Department of Health Services Health Improvement Plan. They are also a consultant for the launch of a Teen LifeLine component based in Pima County. A Prevention Specialist is a member of the Arizona Suicide Prevention Coalition and a member of the AHCCCS Zero Suicide Task Force. AzCH works collaboratively with the Pima Sherriff's Department offering quarterly suicide prevention training to new 911 dispatchers. Lastly, a Prevention Specialist facilitates QPR to Arizona Western College students and staff in Yuma. This class is offered in both Fall and Spring semesters.

Targeted Interventions

In Northern Arizona, targeted interventions included the SHOUT high-risk suicide protocol to identify individuals who are at risk of suicide. SHOUT is a program designed to reduce suicide deaths and decrease rates of suicide attempts. White Mountain Apache utilized ASIST and Safe TALK training and conducted a reservation-wide, door-to-door campaign.
Mercy Care funded suicide prevention efforts through its HEAAL, MEBHAC, Safe Out Youth Coalition, UICAZ, and AZSPC coalitions targeting African Americans, older adults, LGBTQ young adults, Native Americans, and schools throughout our service area. Prevention efforts included youth peer leadership, alternative activities, education and training, social media and awareness campaigns, information dissemination, and information and referral/screening. Teen Lifeline had incredible success collaborating with and providing education and awareness events at over 30 schools during TSPAM (Teen Suicide Awareness Month) in September. They provided workshops on depression and suicide, self-injury, bullying, stress and coping, Signs of Suicide, and outreach to schools to provide education through an online e-learning series on developing postvention policies and procedures. The HEAAL Coalition held a virtual Community Forum on Suicide. Mercy Care suspended all in person suicide prevention training for providers and community due to COVID-19 precautions but opted to utilize QPR online for staff serving members.
AzCH's Prevention Specialist provided suicide prevention materials to older adult coalitions in Pima and Pinal counties. AzCH-CCP is working closely with Centene, the oversight company, to launch an internal suicide prevention training with an accompanying tool kit for case managers.

Other

AzCH-CCP has a designated email for suicide prevention training requests, CAZsuicide_prev_trng@Arizona Complete Health.com and a link on their webpage about suicide prevention.
QPR is the only evidence-based curriculum that has been adapted to a virtual format. Participants are provided with a link after the training to download materials. Communication between AzCH-CCP and stakeholders for these programs is often via email or the Zoom platform.

Measured Outcomes

Measured outcomes included suicide prevention referrals, suicide risk assessments, and individuals transferred to an acute psychiatric stabilization facility. The First Episode Psychosis Program monitors all clients potentially at risk of self-harm and conducts crisis safety plans for all clients found at risk, as well as whether each client has family support outlined in their plans. Data on these outcomes are reported on a quarterly basis.
Mercy Care measures outputs in terms of numbers of youth and adults served, number of educational sessions held, etc. The Maricopa County suicide rate is monitored for progress over time and school crisis mobile team data is analyzed regularly. National data as well as Arizona Vital Statistics data is only available as recently as 2019. Our statewide population adjusted rate of suicide is 19.5 per 100,000 in 2019.
The Southern Arizona RBHA worked with the University of Arizona Evaluation Research and Development (ERAD) Department who created a database that measured outcomes for the QPR training. For fiscal year 2021, 396 individuals were trained in the QPR curriculum.
In the current program year, 2020-21, there were fewer surveys than respondents. This is due to changes in training delivery moving to online only due to the pandemic. Thus, there were no face-to-face interactions where surveys could be administered in person, which may increase survey completion. Instead, participants were instructed to complete an online survey in their own time.

Progress and Barriers

Northern Arizona identified progress in inter-agency participation, increased awareness among community members, and increased referrals and assessments with decrease in attempts. They also made progress in implementing Pyx Health[LM1].
Northern Arizona barriers included lack of access to a 23-hour observation facility, challenges with social determinants of health, and difficulty responding due to the pandemic.
COVID-19 restrictions certainly impacted availability to do in person events and training, but outreach continued through creative virtual methods. Staff skills related to coordinating and providing services virtually increased significantly.

Success Stories

The Central region RHBA shared the success of school partnerships implementing evidenced base suicide prevention trainings for staff working with youth despite the COVID-19 pandemic barriers. In addition, Gila River Prevention Coalition (GRHC) began a mobile application to increase awareness and access to prevention activities and received the SAMHSA Emergency Response Suicide Prevention grant.The Southern region RHBA shared their success of sponsoring the annual statewide Arizona Suicide Prevention Coalition HOPE Conference and annual reporting created by the Unoverosty of Arizona ERAD. The QPR Annual Report data:
73.7% strongly agreed that "overall, they enjoyed this training."
89.5% strongly agreed that the trainer was knowledgeable about the subject matter.
When asked if the length of the session was appropriate, 73.2% strongly agreed that it was.
82.0% strongly agreed that the learning objectives were clearly stated and addressed.
78.9% strongly agreed that the training increased their knowledge about suicide prevention.

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Footnotes:

COVID Testing and Mitigation Program Report
for the Community Services Mental Health Block Grant (MHBG)
for Federal Fiscal Year Ending September 30, 2021
Due Date: December 31, 2021

List the items and activities of expenditures completed by September 30, 2021.

COVID Testing and Mitigation Program Report for Arizona	
Item/Activity	Amount of Expenditure
N/A	N/A

C. State Agency Expenditure Reports

MHBG Table 2A (URS Table 7) - State Agency Expenditures Report

This table describes expenditures for public mental health services provided or funded by the state mental health agency by source of funding. Include ONLY funds expended by the executive branch agency administering the Mental Health Block Grant.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity (See instructions for using Row 1.)	Source of Funds								
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) [1]	I. ARP Funds (MHBG) [2]
1. Substance Abuse Prevention and Treatment									
a. Pregnant Women and Women with Dependent Children									
b. All Other									
2. Primary Prevention[3]		$0	$0	$0	$0	$0	$0	$0	$0
3. Evidence-Based Practices for Early Serious Mental Illness[4]		$1,636,778	$0	$0	$0	$0	$0	$0	$0
4. Tuberculosis Services									
5. HIV Early Intervention Services									
6. State Hospital			$1,673,400	$629,265	$73,530,935	$900,000	$0	$0	$0
7. Other Psychiatric Inpatient Care			$0	$0	$0	$0	$0	$0	$0
8. Other 24-Hour (residential Care)		$539,150	$0	$0	$0	$0	$0	$0	$0
9. Ambulatory/Community Non-24 Hour Care		$17,432,522	$0	$0	$0	$0	$0	$0	$0
10. Administration (Excluding Program and Provider Level)		$852,629	$0	$0	$0	$0	$0	$0	$0
11. Crisis Services (5 percent set -aside)[5]		$0	$0	$0	$0	$0	$0	$0	$0
12. Total	**$0**	**$20,461,079**	**$1,673,400**	**$629,265**	**$73,530,935**	**$900,000**	**$0**	**$0**	**$0**
Comments on Data:									

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the 'standard' MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2020 – June 30, 2021, for most states.

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

[3]States may only use MHBG funds to provide primary prevention services to the priority populations of adults with serious mental illness and children with severe emotional disturbance.

[4]Column 3B is for expenditures related to ESMI including First Episode Psychosis programs funded through MHBG setaside. These funds are not to be also counted in #9 Ambulatory/Community Non-24-Hour Care.

[5]Row 11 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

Please indicate the expenditures are actual or estimated.

○ Actual ○ Estimated

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 2B (URS Table 7A) - MHBG State Agency Early Serious Mental Illness and First Episode Psychosis Expenditures Report

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity (See instructions for using Row 1.)	Source of Funds					
	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. CSC-Evidences-Based Practices for First Episode Psychosis[1]	$0	$0	$0	$0	$0	$0
Training for CSC Practices	$0	$0	$0	$0	$0	$0
Planning for CSC Practices	$0	$0	$0	$0	$0	$0
2. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	$0	$0	$0	$0	$0	$0
3. Training for ESMI	$0	$0	$0	$0	$0	$0
4. Planning for ESMI	$0	$0	$0	$0	$0	$0
5. Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Comments on Data:						

[1]When reporting CSC- Evidence Based Practices for First Episode Psychosis, report only those programs that are providing all the components of a CSC model. If the state uses only certain components of a CSC model specifically for FEP, please report them in row 2.

Note, The Totals for this table should equal the amounts reported on Row 3 (Evidence-Based Practices for Early Serious Mental Illness) on MHBG Table 2a (URS Table 7a)

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: 7/1/2020 Reporting Period End Date: 6/30/2021

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	**Actual SFY 2020**	**Estimated/Actual SFY 2021**	**Expense Type**
$5,789,298	$7,937,237	$10,931,643	(●) Actual ( ) Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: ____________

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

Please see attachment MHBG Description of Calculations, Table 3, Set-Aside for Children's Mental Health Services

MHBG Description of Calculations for SFY2021, Reporting Due 12/1/2021

Table 6: Maintenance of Effort for State Expenditures for MHBG as required by 42 U.S.C. §300x-30(a);

The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the MHBG. The methodology is based on the requirements of 42 U.S.C. §300x-30(a). The methodology utilizes generally accepted accounting principles and is applied consistently each year. The calculation includes expenditures from the State General Fund (GF). The calculation excludes federal, city, and county funds.

Table 3: Set-Aside for Children's Mental Health Services;

Calculations for the set-aside for Children's Mental Health Services are based on the baseline for state expenditures in accordance with 42 U.S.C. §300x-2(c); the State will expend for such system not less than an amount equal to the amount expended by the State for fiscal year 1994 ($5,789,298). The calculation includes expenditures from the Mental Health Block Grant.

The Chart of Accounts has a Major Program/Program structure set up in the AFIS Accounting System that tracks all disbursements for the MHBG Children's Set-Aside. The amount reported reflects the total amount of expenditures on a cash basis of all SED grant expenditures during the state fiscal year.

Table 3: Set-Aside for Children's Mental Health Services

Period (State Fiscal Year)	Base (A)	Actual (B) Excludes State Match for Children with SED	State Match for Children with SED
1994	$5,789,298		
2008		$7,038,779	
2009		$7,185,646	
2010		$7,740,645	
2011		$6,510,140	
2012		$4.638,570	$92,817,129
2013		$6,385,157	$91,264,499
2014		$4,538,626	$93,745,761
2015		$4,680,656	
2016		$5,902,894	
2017		$5,951,356	
2018		$6,446,265	
2019		$9,928,433	
2020		$7,937,237	
2021		$10,931,643	

Footnote: Please reference the June 20, 2015 letter from CMHS related to meeting the requirements for MHBG Table 4 – Set-Aside for Children's Mental Health Services.

C. State Agency Expenditure Reports

MHBG Table 4 (URS Table 8) - Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

This table is used to describe the use of MHBG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Activity	A. Total of Block Grant	B. COVID Funds[a]	C. ARP[b]
1. Information Systems	$		
2. Infrastructure Support	$		
3. Partnerships, Community Outreach and Needs Assessment	$		
4. Planning Council Activities	$		
5. Quality Assurance and Improvement	$		
6. Research and Evaluation	$		
7. Training and Education	$		
Total Non-Direct Services	$	$	$

Comments on Data:	Arizona expended $852,629.43 in MHBG administrative expenses in SFY2021, which includes $163,934.70 of MHBG TA expenditures. Arizona does not track administrative expenditures in its Statewide Accounting System in the Activity categories noted above.

[a] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023,** which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured for the state planned expenditure period of
July 1, 2020 – June 30, 2021, for most states.

[b] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025,** which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured for the state planned expenditure period of July 1, 2020 – June 30, 2021, for most states.

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 5 (URS Table 10) - Profiles of Agencies Receiving Block Grant Funds Directly from the State MHA

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

									Source of Funds		
Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs
4		Gila River Healthcare Corp					$85,204.00	$2,164.00	$83,040.00	$0.00	$0.00
1		Health Net Access Inc.					$5,911,014.00	$1,971,770.00	$3,552,905.00	$386,339.00	$0.00
2		Mercy Care					$10,368,468.00	$3,807,595.00	$5,961,907.00	$598,966.00	$0.00
5		Pascua Yaqui Tribe					$34,693.00	$22,791.00	$11,902.00	$0.00	$0.00
3		Steward Health Choice Arizona Inc.					$3,164,822.00	$1,240,037.00	$1,273,312.00	$651,473.00	$0.00
6		White Mountain Apache TRBHA					$48,577.00	$0.00	$48,577.00	$0.00	$0.00
Total							$19,612,778.00	$7,044,357.00	$10,931,643.00	$1,636,778.00	$0.00

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Footnotes:

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Period (A)	Expenditures (B)	B1 (2019) + B2 (2020) 2 (C)
SFY 2019 (1)	$531,583,256	
SFY 2020 (2)	$437,033,950	$484,308,603
SFY 2021 (3)	$429,871,388	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2019	Yes	X	No	____
SFY 2020	Yes	X	No	____
SFY 2021	Yes	X	No	____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: ____________

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Footnotes:

The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the MHBG. The methodology is based on the requirements of 42 U.S.C. §300x-30(a). The methodology utilizes generally accepted accounting principles and is applied consistently each year. The calculation includes expenditures from the State General Fund (GF). The calculation excludes federal, city, and county funds.

The State will submit an MOE Waiver Request for the shortfall in SFY2021.

MHBG Description of Calculations for SFY2020, Reporting Due 12/1/2021

Table 6: Maintenance of Effort for State Expenditures for MHBG as required by 42 U.S.C. §300x-30(a);

The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the MHBG. The methodology is based on the requirements of 42 U.S.C. §300x-30(a). The methodology utilizes generally accepted accounting principles and is applied consistently each year. The calculation includes expenditures from the State General Fund (GF). The calculation excludes federal, city, and county funds.

Table 3: Set-Aside for Children's Mental Health Services;

Calculations for the set-aside for Children's Mental Health Services are based on the baseline for state expenditures in accordance with 42 U.S.C. §300x-2(c); the State will expend for such system not less than an amount equal to the amount expended by the State for fiscal year 1994 ($5,789,298). The calculation includes expenditures from the Mental Health Block Grant.

The Chart of Accounts has a Major Program/Program structure set up in the AFIS Accounting System that tracks all disbursements for the MHBG Children's Set-Aside. The amount reported reflects the total amount of expenditures on a cash basis of all SED grant expenditures during the state fiscal year.

Table 3: Set-Aside for Children's Mental Health Services

Period (State Fiscal Year)	Base (A)	Actual (B) Excludes State Match for Children with SED	State Match for Children with SED
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2015		$4,680,656	
2016		$5,902,894	
2017		$5,951,356	
2018		$6,446,265	
2019		$9,928,433	
2020		$7,937,237	
2021		$10,931,643	

Footnote: Please reference the June 20, 2015 letter from CMHS related to meeting the requirements for MHBG Table 4 – Set-Aside for Children's Mental Health Services.

D. Population and Services Report

MHBG Table 7 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the state with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two-time periods, one for the report year and one for three years into the future. CMHS will provide this data to states based on the standardized methodology developed and published in the Federal Register and the state level estimates for both adults with SMI and children with SED.

Expenditure Period Start Date: Expenditure Period End Date:

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)		
Children with Serious Emotional Disturbances (SED)		

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Footnotes:

D. Population and Services Report

MHBG Table 8A and MHBG Table 8B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

Table 13A

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	30,677	44,078	0	74,755	1,619	2,232	0	258	358	0	2,031	3,242	0	56	83	0	12,003	17,416	0	0	0	0	14,710	20,747	0
13-17 years	24,705	22,843	0	47,548	1,561	1,478	0	240	165	0	1,651	1,449	0	50	41	0	11,306	9,916	0	0	0	0	9,897	9,794	0
18-20 years	11,121	8,644	0	19,765	734	547	0	145	73	0	834	596	0	22	16	0	5,430	3,919	0	0	0	0	3,956	3,493	0
21-24 years	13,825	10,635	0	24,460	936	791	0	194	98	0	1,181	827	0	21	19	0	7,034	4,667	0	0	0	0	4,459	4,233	0
25-44 years	73,258	58,275	0	131,533	5,485	4,934	0	856	542	0	5,880	4,479	0	195	117	0	41,990	30,084	0	0	0	0	18,852	18,119	0
45-64 years	49,453	35,728	0	85,181	2,376	2,135	0	454	253	0	2,986	2,499	0	54	51	0	28,007	19,848	0	0	0	0	15,576	10,942	0
65-74 years	9,300	5,546	0	14,846	409	225	0	91	48	0	414	347	0	4	5	0	4,692	2,726	0	0	0	0	3,690	2,195	0
75 and older	5,167	2,243	0	7,410	352	167	0	88	24	0	177	74	0	3	1	0	2,315	985	0	0	0	0	2,232	992	0
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	217,506	187,992	0	405,498	13,472	12,509	0	2,326	1,561	0	15,154	13,513	0	405	333	0	112,777	89,561	0	0	0	0	73,372	70,515	0
Pregnant Women	2,532	0	0	2,532	360			14			264			4			1,305			0			585		

Are these numbers unduplicated?

☑ Unduplicated

☐ Duplicated : between Hospitals and Community

☐ Duplicated : Among Community Programs

☐ Duplicated between children and adults

☐ Other : describe

Comments on Data (for Age):	Age is defined as the age at the end of enrollment period (6/30/2021)
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

Table 13B

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 13A.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0
75 and older	0	0	0	0	0	0	0	0	0	0	0	0	0
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0			0			0			0	0	0	0

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Ethnicity):	
Comments on Data (Overall):	AZ does not collect Hispanic as Ethnicity. It is collected as Race

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Footnotes:

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MHBG Table 9 (URS Table 3) - Profile of Persons served in the Community Mental Health Settings, State Psychiatric Hospitals and Other Settings

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children. Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	54,754	66,463	0	10,811	8,276	0	133,444	98,646	0	14,419	7,722	0	0	0	0	213,428	181,107	0	394,535
State Psychiatric Hospitals	0	0	0	2	0	0	41	157	0	1	12	0	0	0	0	44	169	0	213
Other Psychiatric Inpatient	491	263	0	281	273	0	2,207	3,685	0	44	39	0	0	0	0	3,023	4,260	0	7,283
Residential Treatment Centers	89	68	0	2	6	0	0	0	0	0	0	0	0	0	0	91	74	0	165
Institutions in the Justice System	48	127	0	27	89	0	885	2,307	0	885	28	0	0	0	0	1,845	2,551	0	4,396

Comments on Data (for Age):
The adolescent program at the State Hospital was closed prior to end of FY2010. Age is defined as the age at the end of the enrollment period (6/30/2021)

Comments on Data (for Gender):

Comments on Data (Overall):

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D. Population and Services Report

MHBG Table 10A and MHBG Table 10B (URS Tables 5A and 5B) - Profile of Clients by Type of Funding Support

Table 10A

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available		
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	202,219	170,579	0	372,798	13,044	11,912	0	2,233	1,457	0	14,355	12,297	0	146	88	0	106,838	82,714	0	0	0	0	65,603	62,111	0
Non-Medicaid Sources (only)	12,157	12,310	0	24,467	276	382	0	67	73	0	516	664	0	2	0	0	4,478	4,553	0	0	0	0	6,818	6,638	0
People Served by Both Medicaid and Non-Medicaid Sources	2,877	4,862	0	7,739	152	215	0	26	31	0	283	552	0	4	4	0	1,461	2,294	0	0	0	0	951	1,766	0
Medicaid Status Not Available	253	241	0	494	0	0	0	0	0	0	0	0	0	253	241	0	0	0	0	0	0	0	0	0	0
Total Served	217,506	187,992	0	405,498	13,472	12,509	0	2,326	1,561	0	15,154	13,513	0	405	333	0	112,777	89,561	0	0	0	0	73,372	70,515	0

☑ Data Based on Medicaid Services ☐ Data Based on Medical Eligibility, not Medicaid Paid Services ☐ 'People Served By Both' includes people with any Medicaid

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.

If a state is unable to unduplicate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be

reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

Table 10B

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 10A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Hispanic or Latino			Not Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Medicaid Only	0	0	0	0	0	0	0	0	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid Sources	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Status Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Served	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):
AZ does not collect Hispanic as Ethnicity. It is collected as Race

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

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MHBG Table 11 (URS Table 6) - Profile of Client Turnover

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for Less Than 1 Year: Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospitals	**213**	**60**	**16**	**0**	**0**	**0**	**0**	**0**	**0**
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	213	60	16	119	109	141	113	2,600	1,763
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiactric Inpatient	**7,283**	**9,751**	**8,068**	**0**	**0**	**0**	**0**	**0**	**0**
Children (0 to 17 years)	754	953	421	19	8	123	99	384	388
Adults (18 yrs and over)	6,529	8,798	7,647	19	7	107	60	385	387
Age Not Available	0	0	0	0	0	0	0	0	0
Residential Tx Centers	**165**	**183**	**51**	**0**	**0**	**0**	**0**	**0**	**0**
Children (0 to 17 years)	157	175	50	160	122	293	343	396	396
Adults (18 yrs and over)	8	8	1	151	151	173	136	396	396
Age Not Available	0	0	0	0	0	0	0	0	0
Community Programs	**394,535**	**400,284**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Children (0 to 17 years)	121,217	121,657							
Adults (18 yrs and over)	273,318	278,627							
Age Not Available	0	0							

Comments on Data (State Hospital):
The adolescent program at the State Hospital was closed prior to end of FY2010.

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

Comments on Data (Community Programs):

Comments on Data (Overall):

Footnotes:

D. Population and Services Report

MHBG Table 12 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Populations Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered:		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	☐ Yes	☑ Yes	☐ Yes	☑ Yes
2. Aged 4 to 17	☐ Yes	☑ Yes	☐ Yes	☑ Yes
3. Adults Aged 18 and over	☑ Yes	☑ Yes	☑ Yes	☑ Yes
4. Forensics	☐ Yes	☐ Yes	☑ Yes	☐ Yes

Comments on Data:	

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

☐ Serious Mental Illness
☐ Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance?

2.a.1. Percent of adults meeting Federal definition of SMI:	44.6 %
2.a.2. Percentage of children/adolescents meeting Federal definition of SED:	30.1 %

3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:	21.2 %
3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:	1.5 %

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children with SED have a dual diagnosis of mental illness and substance abuse?

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:	10.7 %
3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:	2.0 %

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders. ICD-10 Mental Health Diagnosis Codes

4. State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

	Item	
	1. State Medicaid Operating Agency	☑
	2. Setting Standards	☑
	3. Quality Improvement/Program Compliance	☑
	4. Resolving Consumer Complaints	☑
	5. Licensing	☐
	6. Sanctions	☑
	7. Other	

	b. Managed Care (Mental Health Managed Care)		**Are Data for these programs reported on URS Tables?**
4.b.1	Does the State have a Medicaid Managed Care initiative?	☑ Yes	☑ Yes
4.b.2	Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?	☑ Yes	☐ Yes
If yes, please check the responsibilities the SMHA has:			
4.b.3	Direct contractual responsibility and oversight of the MCOs or BHOs	☑ Yes	
4.b.4	Setting Standards for mental health services	☑ Yes	
4.b.5	Coordination with state health and Medicaid agencies	☑ Yes	
4.b.6	Resolving mental health consumer complaints	☑ Yes	
4.b.7	Input in contract development	☑ Yes	
4.b.8	Performance monitoring	☑ Yes	
4.b.9	Other		

5.	**Data Reporting: Please describe the extent to which your information systems allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for Table MHBG 13a and MHBG 13b, which require unduplicated counts of clients served across your entire mental health system.**	
	Are the data reporting in the tables?	
5.a.	**Unduplicated:** counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.	☐
5.b.	**Duplicated:** across state hospital and community programs	☑
5.c.	**Duplicated:** within community programs	☑
5.d.	**Duplicated:** Between Child and Adult Agencies	☐
5.e.	**Plans for Unduplication:** If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.	

6.	**Summary Administrative Data**	
6.a.	Report Year:	2021
6.b.	State Identifier:	AZ
	Summary Information on Data Submitted by SMHA:	
6.c.	Year being reported:	7/1/2020 to
6.d.	Person Responsible for Submission:	Angela Aguayo
6.e.	Contact Phone Number:	602-364-4638
6.f.	Contact Address:	801 E. Jefferson Phoenix, AZ 85032
6.g.	E-mail:	angela.aguayo@azahcccs.gov

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Footnotes:

D. Population and Services Report

MHBG Tables 13A and 13B (URS Tables 14A and 14B) - Profile of Persons with SMI/SED Served By Age, Gender and Race/Ethnicity

Table 13A

This table requests counts for persons with SMI or SED using the definitions provided by SAMHSA. MHBG Table 8A and 8B (URS Table 2A and 2B) included all clients served by publicly operated or funded programs. This table counts only clients who meet the federal definition of SMI or SED. For many states, this table may be the same as MHBG Tables 8A and 8B (URS Table 2A and 2B). States should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	9,684	8,787	0	18,471	570	478	0	61	30	0	494	464	0	13	16	0	2,966	2,440	0	0	0	0	5,580	5,359	0
13-17 years	12,045	6,261	0	18,306	796	493	0	128	57	0	712	333	0	31	13	0	5,671	2,717	0	0	0	0	4,707	2,648	0
18-20 years	4,711	2,716	0	7,427	302	206	0	67	27	0	386	194	0	8	6	0	2,395	1,232	0	0	0	0	1,553	1,051	0
21-24 years	5,871	3,947	0	9,818	371	271	0	86	31	0	516	343	0	10	9	0	3,086	1,707	0	0	0	0	1,802	1,586	0
25-44 years	31,169	22,746	0	53,915	2,166	1,725	0	353	220	0	2,664	1,850	0	77	40	0	17,714	11,390	0	0	0	0	8,195	7,521	0
45-64 years	26,731	17,195	0	43,926	1,125	848	0	232	134	0	1,649	1,188	0	34	21	0	15,082	9,587	0	0	0	0	8,609	5,417	0
65-74 years	5,593	2,831	0	8,424	184	95	0	53	21	0	239	158	0	3	1	0	2,879	1,453	0	0	0	0	2,235	1,103	0
75 and older	2,120	803	0	2,923	74	25	0	26	4	0	60	28	0	1	1	0	1,047	390	0	0	0	0	912	355	0
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	97,924	65,286	0	163,210	5,588	4,141	0	1,006	524	0	6,720	4,558	0	177	107	0	50,840	30,916	0	0	0	0	33,593	25,040	0

Comments on Data (for Age):	Age is defined as the age at the end of the enrollment period (6/30/2021)
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	

Comments on Data (Overall):	

1. State Definitions Match the Federal Definitions

- ○ Yes ◉ No Adults with SMI, if No describe or attach state definition:
- ○ Yes ◉ No Diagnoses included in the state SMI definition:
- ○ Yes ◉ No Children with SED, if No describe or attach state definition:
- ○ Yes ◉ No Diagnoses included in the state SED definition:

Table 13B

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in MHBG Table 13b.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0
75 and older	0	0	0	0	0	0	0	0	0	0	0	0	0
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):	
Comments on Data (for Gender):	

Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	AZ does not collect Hispanic as Ethnicity. It is collected as Race

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D. Population and Services Report

MHBG Table 14 (URS Table 15A) - Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings for Adults with SMI and Children with SED

This table provides a profile for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED) that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, residential treatment centers and Institutions under Justice System.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	21,250	14,821	0	4,479	2,492	0	61,906	40,571	0	7,677	3,593	0	0	0	0	95,312	61,477	0	156,789
State Psychiatric Hospitals	0	0	0	2	0	0	41	157	0	1	12	0	0	0	0	44	169	0	213
Other Psychiatric Inpatient	390	161	0	223	186	0	1,466	2,213	0	32	26	0	0	0	0	2,111	2,586	0	4,697
Residential Treatment Centers	68	30	0	1	2	0	0	0	0	0	0	0	0	0	0	69	32	0	101
Institutions in the Justice System	21	36	0	8	36	0	399	1,104	0	4	15	0	0	0	0	432	1,191	0	1,623

Comments on Data (for Age):
Age is defined as the age at the end of the enrollment period (6/30/2021)

Comments on Data (for Gender):

Comments on Data (Overall):

Note: *Clients can be duplicated between Rows (e.g. The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows).*

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 15A (URS Table 4) - Profile of Adult Clients by Employment Status

This table describes the status of adult clients served in the reporting year by the public mental health system, in terms of employment status. The focus is on employment for the working age population, recognizing, however, there are clients who are disabled, retired, or who are homemakers, care-givers, etc., and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Adults Served	18-20			21-64			65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	526	413	0	9,052	7,537	0	188	102	0	0	0	0	**9,766**	**8,052**	**0**	**17,818**
Unemployed	847	713	0	15,967	12,711	0	1,390	653	0	0	0	0	**18,204**	**14,077**	**0**	**32,281**
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	2,039	1,463	0	16,259	12,727	0	1,296	689	0	0	0	0	**19,594**	**14,879**	**0**	**34,473**
Not Available	7,399	5,687	0	92,166	65,671	0	11,545	6,278	0	0	0	0	**111,110**	**77,636**	**0**	**188,746**
Total	**10,811**	**8,276**	**0**	**133,444**	**98,646**	**0**	**14,419**	**7,722**	**0**	**0**	**0**	**0**	**158,674**	**114,644**	**0**	**273,318**

How Often Does your State Measure Employment Status? ☑ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other, describe:

What populations are included: ◉ All clients ○ Only selected groups, describe:

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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E. Performance Indicators and Accomplishments

MHBG Table 15B (URS Table 4A) - Optional Table: Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that, the primary diagnosis of consumer results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (F20, F25)	875	3,119	4,041	10,345	**18,380**
Bipolar and Mood Disorders (F30,F31,F32,F33,F34.1,F60.89,F34.0,F32.9)	5,339	10,010	11,488	54,378	**81,215**
Other Psychoses (F22,F23,F24,F28,F29)	299	995	949	4,734	**6,977**
All Other Diagnoses	11,301	18,133	17,982	119,162	**166,578**
No DX and Deferred DX (R69,R99,Z03.89)	4	24	13	127	**168**
Diagnosis Total	**17,818**	**32,281**	**34,473**	**188,746**	**273,318**

Comments on Data (for Diagnosis):

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 16 (URS Table 9) - Social Connectedness and Improved Functioning

Expenditure Period Start Date: Expenditure Period End Date:

Adult Consumer Survey Results	Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness	0	0	0%
2. Functioning	0	0	0%
Child/Adolescent Consumer Survey Results	**Number of Positive Responses**	**Responses**	**Percent Positive (calculated)**
3. Social Connectedness	0	0	0%
4. Functioning	0	0	0%
Comments on Data:			

Adult Social Connectedness and Functioning Measures

1. Did you use the recommended new Social Connectedness Questions? Yes No

   Measure used

2. Did you use the recommended new Functioning Domain Questions? Yes No

   Measure used

3. Did you collect these as part of your MHSIP Adult Consumer Survey? Yes No

   If No, what source did you use?

Child/Family Social Connectedness and Functioning Measures

4. Did you use the recommended new Social Connectedness Questions? Yes No

   Measure used

5. Did you use the recommended new Functioning Domain Questions? Yes No

   Measure used

6. Did you collect these as part of your YSS-F Survey? Yes No

   If No, what source did you use?

Recommended Scoring Rules

Please use the same rules for reporting Social connectedness and Functioning Domain scores as for calculating other Consumer Survey Domain scores for Table MHBG Table 18a: E.g.:

1. Recode ratings of “not applicable” as missing values.
2. Exclude respondents with more than 1/3 of the items in that domain missing
3. Calculate the mean of the items for each respondent.
4. FOR ADULTS: calculate the percent of scores less than 2.5 (percent agree and strongly agree).
5. FOR YSS-F: calculate the percent of scores greater than 3.5 (percent agree and strongly agree).

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17A (URS Table 11) - Summary Profile of Client Evaluation of Care

Expenditure Period Start Date: Expenditure Period End Date:

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	0	0	
2. Reporting Positively about Quality and Appropriateness for Adults.	0	0	
3. Reporting Positively about Outcomes.	0	0	
4. Adults Reporting on Participation In Treatment Planning.	0	0	
5. Adults Positively about General Satisfaction with Services.	0	0	

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	0	0	
2. Reporting Positively about General Satisfaction for Children.	0	0	
3. Reporting Positively about Outcomes for Children.	0	0	
4. Family Members Reporting on Participation In Treatment Planning for their Children.	0	0	
5. Family Members Reporting High Cultural Sensitivity of Staff.	0	0	

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

**** Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.***

Comments on Data:

Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used? ○ Yes ○ No

   1.a. If no, which version:

   1. Original 40 Item Version ○ Yes
   2. 21-Item Version ○ Yes
   3. State Variation of MHSIP ○ Yes
   4. Other Consumer Survey ○ Yes

1.b. If other, please attach instrument used.

1.c. Did you use any translations of the MHSIP into another language?

- [ ] 1. Spanish
- [ ] 2. Other Language:

Adult Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state)

- ( ) 1. All Consumers In State
- ( ) 2. Sample of MH Consumers

2.a. If a sample was used, what sample methodology was used?

- ( ) 1. Random Sample
- ( ) 2. Stratified / Random Stratified Sample
- ( ) 3. Convenience Sample
- ( ) 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?

- [ ] 1. Persons Currently Receiving Services
- [ ] 2. Persons No Longer Receiving Services

3. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)

- [ ] 1. All Adult Consumers In State
- [ ] 2. Adults With Serious Mental Illness
- [ ] 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
- [ ] 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	[ ] Yes	[ ] Yes
Mail	[ ] Yes	
Face-to-face	[ ] Yes	[ ] Yes
Web-Based	[ ] Yes	[ ] Yes

4.b. Who administered the survey? (Check all that apply)

- [ ] 1. MH Consumers
- [ ] 2. Family Members
- [ ] 3. Professional Interviewers
- [ ] 4. MH Clinicians

5. Non Direct Treatment Staff

6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?
   1. Responses are Anonymous
   2. Responses are Confidential
   3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

   6.a. How Many surveys were Attempted (sent out or calls initiated)?

   6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

   6.c. How many surveys were completed? (survey forms returned or calls completed)

   6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

   6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? Yes No

7. Who Conducted the survey

   7.a. SMHA Conducted or contracted for the survey (survey done at state level) Yes No

   7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level) Yes No

   7.c. Other, describe:

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.
The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.
When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

1. Was the MHSIP Children / Family Survey (YSS-F) Used? Yes

   If no, what survey did you use?

   If no, please attach instrument used.

   1.c. Did you use any translations of the Child MHSIP into another language?
   1. Spanish
   2. Other Language:

Child Survey Approach

2. Populations covered in survey? (Note all surveys should cover all regions of state) 1. All Consumers In State 2. Sample of MH Consumers

   2.a. If a sample was used, what sample methodology was used?
   1. Random Sample
   2. Stratified / Random Stratified Sample

3. Convenience Sample

4. Other Sample:

2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?

1. Persons Currently Receiving Services
2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please describe the populations included in your sample: (e.g., all children, only children with SED, etc.)

1. All Child Consumers In State
2. Children with Serious Emotional Disturbances
3. Children who were Medicaid Eligible or in Medicaid Managed Care
4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	Yes	Yes
Mail	Yes	
Face-to-face	Yes	Yes
Web-Based	Yes	Yes

4.b. Who administered the survey? (Check all that apply)

1. MH Consumers
2. Family Members
3. Professional Interviewers
4. MH Clinicians
5. Non Direct Treatment Staff
6. Other, describe:

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

1. Responses are Anonymous
2. Responses are Confidential

☐ 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

   6.a. How Many surveys were Attempted (sent out or calls initiated)?

   6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)?

   6.c. How many surveys were completed? (survey forms returned or calls completed)

   6.d. What was your response rate? (number of Completed surveys divided by number of Contacts)

   6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? ○ Yes ○ No

7. Who Conducted the survey

   7.a. SMHA Conducted or contracted for the survey (survey done at state level) ○ Yes ○ No

   7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level) ○ Yes ○ No

   7.c. Other, describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17B (URS Table 11A) - Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity)

Expenditure Period Start Date: Expenditure Period End Date:

Adult Consumer Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reporting Positively About Quality and Appropriateness.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reporting Positively about Participation in Treatment Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Reporting Positively about General Satisfaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Child/Adolescent Family Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reporting Positively About General Satisfaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

3. Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reporting Positively Participation in Treatment Planning for their Children.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Reporting Positively About Cultural Sensitivity of Staff.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 18 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period
All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Expenditure Period Start Date: Expenditure Period End Date:

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	0	0	0	0	0	0	0	0	0	0	0
18-64	0	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Female	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
White/Caucasian	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	0	0	0	0	0	0	0	0	0	0	0

Race/Ethnicity Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	0	0	0	0	0	0	0	0	0	0	0
Non Hispanic or Latino Origin	0	0	0	0	0	0	0	0	0	0	0
Hispanic or Latino Origin Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Comments on Data:	Data not avalaible. See Comments
How Often Does your State Measure Living Situation?	☐ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other: Describe

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Age	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years					7,281	0	0	18,471
13-17 years					1,920	0	0	18,306
18-20 years	32	464	0	7,427	0	0	0	0
21-64 years	937	12,038	0	107,659				
65-74 years	36	737	0	8,424				
75+ years	1	94	0	2,923				
Not Available	0	0	0	0	0	0	0	0
Total	1,006	13,333	0	126,433	9,201	0	0	36,777

Gender	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	428	6,760	0	76,195	4,761	0	0	21,729
Male	578	6,573	0	50,238	4,440	0	0	15,048
Not Available	0	0	0	0	0	0	0	0

Race/Ethnicity	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			

	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	26	1,150	0	7,392	120	0	0	2,337
Asian	9	146	0	1,254	4	0	0	276
Black / African American	119	1,166	0	9,275	252	0	0	2,003
Hawaiian / Pacific Islander	1	20	0	211	2	0	0	73
White	521	6,151	0	67,962	648	0	0	13,794
More than one race	0	0	0	0	0	0	0	0
Not Available	330	4,700	0	40,339	8,175	0	0	18,294

Hispanic/Latino Origin	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	0	0	0	0	0	0	0	0
Non Hispanic / Latino	0	0	0	0	0	0	0	0
Not Available	1,006	13,333	0	126,433	9,201	0	0	36,777

	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Do you monitor fidelity for this service?	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No		☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
IF YES,								
What fidelity measure do you use?								
Who measures fidelity?								

How often is fidelity measured?								
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	Yes No	Yes No	Yes No		Yes No	Yes No	Yes No	
Have staff been specifically trained to implement the EBP?	Yes No	Yes No	Yes No		Yes No	Yes No	Yes No	

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Comments on Data (Theraputic Foster Care):

Comments on Data (Multi-Systemic Therapy):

Comments on Data (Family Functional Therapy):

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19A (URS Table 16A) - Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis

Expenditure Period Start Date: Expenditure Period End Date:

Program Name	Number of Adult Admissions into CSC Services During FY	Current Number of Adults with FEP Receiving CSC FEP Services	Number of Child/ Adolescents Admissions with FEP Receiving CSC FEP Services	Current number of Children/Adolecents with FEP Receiving CSC FEP Services	Did you monitor fidelity for this service?	What fidelity measure did you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?

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MHBG Table 20 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services during the Year

This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	0	0	0
21-64	0	0	0	0
65-74	0	0	0	0
75+	0	0	0	0
Not Available	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**

Gender				
Female	0	0	0	0
Male	0	0	0	0
Gender NA	0	0	0	0

Race				
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0
White	0	0	0	0
More Than One Race	0	0	0	0
Unknown	0	0	0	0

Ethnicity				
Hispanic / Latino origin	0	0	0	0

Non Hispanic / Latino	0	0	0	0
Hispanic origin not available	0	0	0	0

Do you monitor fidelity for this service?	Yes No	Yes No	Yes No	Yes No
IF YES,				
What fidelity measure do you use?				
Who measures fidelity?				
How often is fidelity measured?				
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	Yes No	Yes No	Yes No	Yes No
Have staff been specifically trained to implement the EBP?	Yes No	Yes No	Yes No	Yes No

Comments on Data (overall):
Comments on Data (Family Psycho-education):
Comments on Data (Integrated Treatment for Co-occurring Disorders):
Comments on Data (Illness Self-Management):

Comments on Data (Medication Management):

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E. Performance Indicators and Accomplishments

MHBG Table 21 (URS Table 19A) - Profile of Criminal Justice or Juvenile Justice Involvement

1. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time.
2. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
4. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Expenditure Period Start Date: Expenditure Period End Date:

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Children/Youth (under age 18)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

	T1	T2	T1 to T2 Change	Assessment of the Impact of Services

	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Children/Youth (under age 18)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adults (age 18 and over)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:
- ☐ 1. Consumer survey (recommended questions)
- ☐ 2. Other Consumer Survey: Please send copy of questions
- ☐ 3. Mental health MIS
- ☐ 4. State criminal justice agency
- ☐ 5. Local criminal justice agency
- ☐ 6. Other (specify)

Sources of children/youth criminal justice information:
- ☐ 1. Consumer survey (recommended questions)
- ☐ 2. Other Consumer Survey: Please send copy of questions
- ☐ 3. Mental health MIS
- ☐ 4. State criminal/juvenile justice agency
- ☐ 5. Local criminal/juvenile justice agency
- ☐ 6. Other (specify)

Measure of adult criminal justice involvement:
- ○ 1. Arrests
- ○ 2. Other (specify)

Measure of children/youth criminal justice involvement:
- ○ 1. Arrests
- ○ 2. Other (specify)

Mental health programs included:
- ☐ 1. Adults with SMI only
- ☐ 2. Other adults (specify)
- ☐ 3. Both (all adults)
- ☐ 1. Children with SED only
- ☐ 2. Other Children (specify)
- ☐ 3. Both (all Children)

Region for which adult data are reported:
- ○ 1. The whole state
- ○ 2. Less than the whole state (please describe)

Region for which children/youth data are reported:
- ○ 1. The whole state
- ○ 2. Less than the whole state (please describe)

What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported

	Child/Adolescents	Adults
1. If data is from a survey, What is the total Number of people from which the sample was drawn?		
2. What was your sample size? (How many individuals were selected for the sample)?		
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)		
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?		
5. What was your response rate? (number of Completed surveys divided by number of Contacts)		

State Comments/Notes:

Instructions: If you have responses to a survey by person not in the expected age group, you should include those responses with other responses from the survey (e.g., if a 16 or 17 year old responds to the Adult MHSIP survey, please include their responses in the Adult categories, since that was the survey they used).” to be included in BGAS form at the bottom of the page.
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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 22 (URS Table 19B) - Profile of Change in School Attendance

1. The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
2. If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
4. Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specifiy time period for criminal justice involvement; explain whether treatment data are collected).

Reporting Period Start Date: Reporting Period End Date:

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Impact of Services					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Gender																		
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Consumers Who Began Mental Health Services during the past 12 months

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Gender																		
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source of School Attendance Information:

- ☐ 1. Consumer survey (recommended items)
- ☐ 2. Other Survey: Please send us items
- ☐ 3. Mental health MIS
- ☐ 4. State Education Department
- ☐ 5. Local Schools/Education Agencies
- ☐ 6. Other (specify)

Measure of School Attendance:

- ○ 1. School Attendance
- ○ 2. Other (specify):

Mental health programs include:

- ☐ 1. Children with SED only
- ☐ 2. Other Children (specify)
- ☐ 3. Both

Region for which data are reported:

- ○ 1. The whole state
- ○ 2. Less than the whole state (please describe):

What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?

Child/Adolescents:

1. If data is from a survey, what is the total number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)

4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

State Comments/Notes:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**9**	**2**	**2**	**22.22 %**	**22.22 %**
Age					
0-12 years	0	0	0	**0.00 %**	**0.00 %**
13-17 years	0	0	0	**0.00 %**	**0.00 %**
18-20 years	2	0	0	**0.00 %**	**0.00 %**
21-64 years	7	2	2	**28.57 %**	**28.57 %**
65-74 years	0	0	0	**0.00 %**	**0.00 %**
75+ years	0	0	0	**0.00 %**	**0.00 %**
Not Available	0	0	0	**0.00 %**	**0.00 %**
Gender					
Female	4	0	0	**0.00 %**	**0.00 %**
Male	5	2	2	**40.00 %**	**40.00 %**
Gender Not Available	0	0	0	**0.00 %**	**0.00 %**
Race					
American Indian/Alaska Native	2	0	0	**0.00 %**	**0.00 %**
Asian	0	0	0	**0.00 %**	**0.00 %**
Black/African American	1	0	0	**0.00 %**	**0.00 %**
Hawaiian/Pacific Islander	0	0	0	**0.00 %**	**0.00 %**
White	6	2	2	**33.33 %**	**33.33 %**

More than one race	0	0	0	**0.00 %**	**0.00 %**
Race Not Available	0	0	0	**0.00 %**	**0.00 %**
Hispanic/Latino Origin					
Hispanic/Latino Origin	0	0	0	**0.00 %**	**0.00 %**
Non Hispanic/Latino	0	0	0	**0.00 %**	**0.00 %**
Hispanic/Latino Origin Not Available	9	2	2	**22.22 %**	**22.22 %**

Are Forensic Patients Included? ○ Yes ◉ No

Comments on Data:
This is CIVIL data only for FY 2021

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**7**	**0**	**0**	**0.00 %**	**0.00 %**
Age					
0-12 years	0	0	0	**0.00 %**	**0.00 %**
13-17 years	0	0	0	**0.00 %**	**0.00 %**
18-20 years	0	0	0	**0.00 %**	**0.00 %**
21-64 years	7	0	0	**0.00 %**	**0.00 %**
65-74 years	0	0	0	**0.00 %**	**0.00 %**
75+ years	0	0	0	**0.00 %**	**0.00 %**
Not Available	0	0	0	**0.00 %**	**0.00 %**
Gender					
Female	1	0	0	**0.00 %**	**0.00 %**
Male	6	0	0	**0.00 %**	**0.00 %**
Gender Not Available	0	0	0	**0.00 %**	**0.00 %**
Race					
American Indian/Alaska Native	2	0	0	**0.00 %**	**0.00 %**
Asian	0	0	0	**0.00 %**	**0.00 %**
Black/African American	1	0	0	**0.00 %**	**0.00 %**
Hawaiian/Pacific Islander	0	0	0	**0.00 %**	**0.00 %**
White	4	0	0	**0.00 %**	**0.00 %**

More than one race	0	0	0	**0.00 %**	**0.00 %**
Race Not Available	0	0	0	**0.00 %**	**0.00 %**
Hispanic/Latino Origin					
Hispanic/Latino Origin	1	0	0	**0.00 %**	**0.00 %**
Non Hispanic/Latino	0	0	0	**0.00 %**	**0.00 %**
Hispanic/Latino Origin Not Available	6	0	0	**0.00 %**	**0.00 %**

Comments on Data:
This is only FORENSIC data for FY 2021

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within the state		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**16**	**2**	**2**	**12.50 %**	**12.50 %**
Age					
0-12 years	0	0	0	**0.00 %**	**0.00 %**
13-17 years	0	0	0	**0.00 %**	**0.00 %**
18-20 years	2	0	0	**0.00 %**	**0.00 %**
21-64 years	14	2	2	**14.29 %**	**14.29 %**
65-74 years	0	0	0	**0.00 %**	**0.00 %**
75+ years	0	0	0	**0.00 %**	**0.00 %**

Not Available	0	0	0	**0.00 %**	**0.00 %**
Gender					
Female	5	0	0	**0.00 %**	**0.00 %**
Male	11	2	2	**18.18 %**	**18.18 %**
Gender Not Available	0	0	0	**0.00 %**	**0.00 %**
Race					
American Indian/Alaska Native	4	0	0	**0.00 %**	**0.00 %**
Asian	0	0	0	**0.00 %**	**0.00 %**
Black/African American	2	0	0	**0.00 %**	**0.00 %**
Hawaiian/Pacific Islander	0	0	0	**0.00 %**	**0.00 %**
White	10	2	2	**20.00 %**	**20.00 %**
More than one race	0	0	0	**0.00 %**	**0.00 %**
Race Not Available	0	0	0	**0.00 %**	**0.00 %**
Hispanic/Latino Origin					

Hispanic/Latino Origin	1	0	0	**0.00 %**	**0.00 %**
Non Hispanic/Latino	0	0	0	**0.00 %**	**0.00 %**
Hispanic/Latino Origin Not Available	15	2	2	**13.33 %**	**13.33 %**

1. Does this table include readmission from state psychiatric hospitals? (●) Yes ( ) No

2. Are Forensic Patients Included? (●) Yes ( ) No

Comments on Data:
This has CIVIL and FORENSIC data for FY 2021

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Footnotes: