Arizona

UNIFORM APPLICATION
FY 2022 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Arizona Health Care Cost Containment System (AHCCCS)
Organizational Unit	
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III. Expenditure Period

State Expenditure Period

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

Block Grant Expenditure Period

From	10/1/2018
To	9/30/2020

IV. Date Submitted

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

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

Priority Type: SAP

Population(s): PP, Other

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

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 Use

Priority Type: SAP

Population(s): PP, Other

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

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.

In Central Arizona, PHOENIX INDIAN CENTER partnered with the HEAAL Coalition, South Mountain Works Coalition, Maryvale 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

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

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 skills-based 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 co-occurring 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:

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

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.

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 Substance Abuse Prevention and Treatment Block Grant (SABG) for Federal Fiscal Year Ending September 30, 2021

1. **List the items and activities of expenditures completed between September 1 and September 30, 2021. (if no activities were completed, note here with 'Not Applicable')**

   Not Applicable

SABG COVID-19 Testing and Mitigation Program Report for 09/01/2021 – 09/30/2021: *Name of State, Territory, or Tribe*	
Item/Activity	**Amount of Expenditure**
Not Applicable	$0
Total	

III: Expenditure Reports

Table 2A - State Agency Expenditure Report

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

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH 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[1]
1. Substance Abuse Prevention[2] and Treatment	$30,639,225.31		$78,239,252.79	$33,469,250.21	$1,176,869.19	$0.00	$4,742,687.67	$0.00
a. Pregnant Women and Women with Dependent Children[2]	$3,500,777.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
b. All Other	$27,138,448.31		$78,239,252.79	$33,469,250.21	$1,176,869.19	$0.00	$4,742,687.67	$0.00
2. Substance Abuse Primary Prevention	$8,086,572.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[3]	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. State Hospital								
6. Other 24 Hour Care								
7. Ambulatory/Community Non-24 Hour Care								
8. Mental Health Primary Prevention								
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)								
10. Administration (Excluding Program and Provider Level)	$1,707,059.69		$0.00	$0.00	$534,764.51	$0.00	$0.00	$0.00
11. Total	**$40,432,857.00**	**$0.00**	**$78,239,252.79**	**$33,469,250.21**	**$1,711,633.70**	**$0.00**	**$4,742,687.67**	**$0.00**

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

[2]Prevention other than primary prevention

[3]Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

(•) Actual ( ) Estimated

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Footnotes:

3/29/22 Per SAMHSA guidance, FFY 2019 TA Supplement Funds were removed from Table 2A for the FFY 2019 reporting. This reduction in Administration expenditures does not affect AHCCCS' compliance with the SABG 5% limitation of expenditures for Administration. For informational Purposes the total Technical Assistance expended for FFY2019 was $83,938.32.

3/21/22 Per revision request dated 3/16/2022 - AHCCCS is reporting the actual expenditures for the columns, C, D, E, and G. Note the column E expenditures were modified from previous submission because they were coded under the wrong column.

III: Expenditure Reports

Table 2B - COVID-19 Relief Supplemental Funds Expenditure by Service – Requested

Expenditure Period Start Date: 3/15/2021 Expenditure Period End Date: 9/30/2021

Service	Expenditures
Healthcare Home/Physical Health	**$**
Specialized Outpatient Medical Services	
Acute Primary Care	
COVID-19 Screening (e.g., temperature checks, symptom questionnaires)	
COVID-19 Testing	
COVID-19 Vaccination	
Comprehensive Care Management	
Care Coordination and Health Promotion	
Comprehensive Transitional Care	
Individual and Family Support	
Referral to Community Services Dissemination	
Prevention (Including Promotion)	**$**
Screening with Evidence-based Tools	
Risk Messaging	
Access Line/Crisis Phone Line/Warm Line	
Purchase of Technical Assistance	
COVID-19 Awareness and Education for Person with SUD	
Media Campaigns (Information Dissemination)	
Employee Assistance Programs (Problem Identification and Referral)	
Primary Substance Use Disorder Prevention (Education)	
Primary Substance Use Disorder Prevention (Alternatives)	
Primary Substance Use Disorder Prevention (Community-Based Processes)	

Intervention Services	**$**
Fentanyl Strips	
Syringe Services Program	
Naloxone	
Overdose Kits/Dissemination of Overdose Kits	
Engagement Services	**$**
Assessment	
Specialized Evaluations (Psychological and Neurological)	
Services Planning (including crisis planning)	
Consumer/Family Education	
Outreach (including hiring of outreach workers)	
Outpatient Services	**$**
Evidence-based Therapies	
Group Therapy	
Family Therapy	
Multi-family Therapy	
Consultation to Caregivers	
Medication Services	**$**
Medication Management	
Pharmacotherapy (including MAT)	
Laboratory Services	
Community Support (Rehabilitative)	**$**
Parent/Caregiver Support	
Case Management	
Behavior Management	
Supported Employment	

Permanent Supported Housing	
Recovery Housing	
Recovery Supports	**$**
Peer Support	
Recovery Support Coaching	
Recovery Support Center Services	
Supports For Self-Directed Care	
Supports (Habilitative)	**$**
Personal Care	
Respite	
Supported Education	
Acute Intensive Services	**$**
Mobile Crisis	
Peer-based Crisis Services	
Urgent Care	
23-hour Observation Bed	
Medically Monitored Intensive Inpatient for SUD	
24/7 Crisis Hotline	
Other	**$**
Smartphone Apps	
Personal Protective Equipment	
Virtual/Telehealth/Telemedicine Services	
Purchase of increased connectivity (e.g., Wi-Fi)	
Cost-sharing Assistance (e.g., copayments, coinsurance and deductibles)	
Provider Stabilization Payments	
Transportation to COVID-19 Services (e.g., testing, vaccination)	
Other (please list)	

Total	**$0**

Please enter the five services (e.g., COVID-19 testing, risk messaging, group therapy, peer support) from any of the above service categories (e.g., Healthcare Home/Physical Health, prevention (including promotion), outpatient services, recovery supports) that reflect the five largest expenditures of COVID-19 Relief Supplement Funds.

AHCCCS did not spend any of the COVID 19 supplemental funding during 07/01/2020 and 06/30/2021.

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Footnotes:

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	Dollar Amount of COVID-19 Relief Supplemental Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of locations (Include mobile, if any)	Narcan Provider (Yes or No)	Fentanyl Strips (Yes or No)
No Data Available							

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Footnotes:

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2020 Expenditure End Date: 06/30/2021

SABG							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing** ***(Please enter total number of individuals served)***	**Treatment for Substance Use Conditions** ***(Please enter total number of individuals served)***	**Treatment for Physical Health** ***(Please enter total number of individuals served)***	**STD Testing** ***(Please enter total number of individuals served)***	**Hep C** ***(Please enter total number of individuals served)***
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

COVID-19							
Syringe Services Program Name	**# of Unique Individuals Served**		**HIV Testing** ***(Please enter total number of individuals served)***	**Treatment for Substance Use Conditions** ***(Please enter total number of individuals served)***	**Treatment for Physical Health** ***(Please enter total number of individuals served)***	**STD Testing** ***(Please enter total number of individuals served)***	**Hep C** ***(Please enter total number of individuals served)***
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

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Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Expenditure Category	FY 2019 SA Block Grant Award
1. Substance Abuse Prevention[1] and Treatment	$30,639,225.31
2. Primary Prevention	$8,086,572.00
3. Tuberculosis Services	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[2]	$0.00
5. Administration (excluding program/provider level)	$1,707,059.69
Total	**$40,432,857.00**

[1]Prevention other than Primary Prevention

[2]Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior federal fiscal years for which a state was applying for a grant. See EIS/HIV policy change in SABG Annual Report instructions.

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Footnotes:

3/29/22 Per SAMHSA guidance, FFY 2019 TA Supplement Funds were removed from Table 4 for the FFY 2019 reporting. This reduction in Administration expenditures does not affect AHCCCS' compliance with the SABG 5% limitation of expenditures for Administration. For informational Purposes the total Technical Assistance expended for FFY2019 was $83,938.32

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures Checklist

The State or jurisdiction must complete either SABG Table 5a and/or 5b. There are six primary prevention strategies typically funded by principal agencies administering the SABG. Expenditures within each of the six strategies or Institute of Medicine Model (IOM) should be directly associated with the cost of completing the activity or task. For example, information dissemination may include the cost of developing pamphlets, the time of participating staff and/or the cost of public service announcements, etc. If a state or jurisdiction employs strategies not covered by these six categories, please report them under "Other," each in a separate row.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	$0.00				
Information Dissemination	Indicated	$0.00				
Information Dissemination	Universal	$0.00				
Information Dissemination	Unspecified	$0.00				
Information Dissemination	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$0.00				
Education	Indicated	$0.00				
Education	Universal	$0.00				
Education	Unspecified	$0.00				
Education	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$0.00				
Alternatives	Indicated	$0.00				
Alternatives	Universal	$0.00				
Alternatives	Unspecified	$0.00				
Alternatives	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$0.00				
Problem Identification and Referral	Indicated	$0.00				
Problem Identification and Referral	Universal	$0.00				
Problem Identification and Referral	Unspecified	$0.00				
Problem Identification and Referral	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

Community-Based Process	Selective	$0.00				
Community-Based Process	Indicated	$0.00				
Community-Based Process	Universal	$0.00				
Community-Based Process	Unspecified	$0.00				
Community-Based Process	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective	$0.00				
Environmental	Indicated	$0.00				
Environmental	Universal	$0.00				
Environmental	Unspecified	$0.00				
Environmental	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 Tobacco	Selective	$0.00				
Section 1926 Tobacco	Indicated	$0.00				
Section 1926 Tobacco	Universal	$0.00				
Section 1926 Tobacco	Unspecified	$0.00				
Section 1926 Tobacco	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Selective	$0.00				
Other	Indicated	$0.00				
Other	Universal	$0.00				
Other	Unspecified	$0.00				
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total					

Section 1926 – Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SABG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SABG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g.., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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Footnotes:

III: Expenditure Reports

Table 5b - SABG Primary Prevention Expenditures by Institute of Medicine (IOM) Categories

The state or jurisdiction must complete SABG Table 5b if it chooses to report SUD primary prevention activities utilizing the IOM Model of Universal, Selective and Indicated. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated. Include all funding sources (e.g., Centers for Disease Control and Prevention Block Grant, foundations).

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	$0.00				
Universal Indirect	$0.00				
Selective	$0.00				
Indicated	$0.00				
Column Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

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Footnotes:

11/29/21: Arizona does not currently report Primary Prevention expenditures by IOM category.

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2019 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

	SABG Award
Targeted Substances	
Alcohol	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☑
Cocaine	☐
Heroin	☑
Inhalants	☑
Methamphetamine	☑
Bath salts, Spice, K2)	☑
Targeted Populations	
Students in College	☑
Military Families	☑
LGBTQ	☑
American Indians/Alaska Natives	☑
African American	☑
Hispanic	☑
Homeless	☐
Native Hawaiian/Other Pacific Islanders	☑
Asian	☑
Rural	☑

Underserved Racial and Ethnic Minorities	☑

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Activity	A. SABG Treatment	B. SABG Prevention	C. SABG Combined[1]
1. Information Systems	$296,190.16	$326,418.30	$300,524.31
2. Infrastructure Support	$194,027.16	$38,350.87	$332,086.03
3. Partnerships, community outreach, and needs assessment	$531,412.68	$242,298.81	$648,841.31
4. Planning Council Activities (MHBG required, SABG optional)	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$527,704.61	$169,927.37	$601,610.80
6. Research and Evaluation	$279,300.56	$69,249.20	$498,149.76
7. Training and Education	$214,624.84	$209,479.38	$328,719.37
8. Total	**$2,043,260.01**	**$1,055,723.93**	**$2,709,931.58**

[1]SABG integrated expenditures are expenditures for non-direct services/system development that cannot be separated out of the amounts devoted specifically to treatment or prevention. For Column C, do not include any amounts already accounted for in Column A, SABG Treatment and/or Column B, SABG Prevention.

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Footnotes:

2/7/21: Updated table

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
*	339855	AZ100871		Maricopa County	Center for Behavioral Health, Inc.	2123 East Southern Avene	Tempe	AZ	85282	$102,202.00	$48,796.00	$53,406.00	$0.00	$0.00	$0.00
*	408874	AZ100577		Pima	CODAC Health, Recovery & Wellness, Inc.	502 N Silverbell Rd	Tucson	AZ	85745	$109,952.00	$27,788.00	$82,163.00	$0.00	$0.00	$0.00
*	159024	AZ103166		Pima	CODAC Health, Recovery & Wellness, Inc.	3130 E Broadway	Tucson	AZ	85716	$2,109.00	$0.00	$2,109.00	$0.00	$0.00	$0.00
*	845604	AZ100878		Maricopa County	Ebony House, Inc	8646 S. 14th St.	Phx	AZ	85042	$243,095.00	$44,730.00	$198,365.00	$0.00	$0.00	$0.00
*	617175	AZ101866		Maricopa County	Lifewell Behavioral Health Wellness - LWC Mitchell	40 E. Mitchell Dr.	Phoenix	AZ	85012	$438,991.00	$189,962.00	$249,029.00	$0.00	$0.00	$0.00
*	762746	AZ100232		Maricopa County	Lifewell Behavioral Health Wellness - LWC Power	6915 E. Main St.	Mesa	AZ	85201	$415,466.00	$179,782.00	$235,684.00	$0.00	$0.00	$0.00
*	617167	AZ100239		Maricopa County	Lifewell Behavioral Health Wellness - LWC University	262 E. University Dr.	Mesa	AZ	85201	$246,426.00	$106,634.00	$139,792.00	$0.00	$0.00	$0.00
*	056962	AZ102764		Maricopa County	Lifewell Behavioral Health Wellness - Site 1	3301 E. Pinchot Ave	Phoenix	AZ	85018	$490,537.00	$212,267.00	$278,270.00	$0.00	$0.00	$0.00
*	617183	AZ102825		Maricopa County	Lifewell Behavioral Health Wellness LWC Beryl	2505 W. Beryl Ave.	Phoenix	AZ	85021	$86,579.00	$37,465.00	$49,114.00	$0.00	$0.00	$0.00
*	424472	AZ750162		Maricopa County	Native American Connections	4520 N . Central Ave , Suite 120	Phoenix	AZ	85012	$111,184.00	$17,313.00	$93,871.00	$0.00	$0.00	$0.00
*	223657	AZ101384		Maricopa County	Terros, Inc - Priest Dr	1642 S. Priest Dr.	Phoenix	AZ	85281	$1,266,088.00	$18,668.00	$426,341.00	$0.00	$821,080.00	$0.00
*	77397	AZ103170		Pima	The Haven	2601 N Campbell Ave #105	Tucson	AZ	85719	$6,145.00	$0.00	$6,145.00	$0.00	$0.00	$0.00
*	366918	AZ901153		Maricopa County	Center for Behavioral Health Phoenix, Inc.	1501 East Washington Stree	Phoenix	AZ	85034	$125,441.00	$106,500.00	$18,941.00	$0.00	$0.00	$0.00
*	35468	AZ103168		Pima	CODAC Health, Recovery & Wellness, Inc.	1600 N Country Club Rd	Tucson	AZ	85716	$31,470.00	$23,745.00	$7,725.00	$0.00	$0.00	$0.00
*	345961	AZ103167		Pima	CODAC Health, Recovery & Wellness, Inc.	630 N Alvernon Way	Tucson	AZ	85711	$36,072.00	$30,805.00	$5,267.00	$0.00	$0.00	$0.00
*	185821	AZ101114		Pima	CODAC Health, Recovery & Wellness, Inc.	1075 E Fort Lowell Rd	Tucson	AZ	85719	$44,860.00	$23,327.00	$21,533.00	$0.00	$0.00	$0.00

*	235872	AZ103200	X	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste B	Tucson	AZ	85701	$887,826.00	$826,662.00	$61,164.00	$0.00	$0.00	$0.00
*	386313	AZ100512	X	Cochise	Community Bridges, Inc.	470 S Ocotillo Ave., Ste. 2	Benson	AZ	85602	$45,557.00	$44,371.00	$1,186.00	$0.00	$0.00	$0.00
*	333267	AZ101823	X	Cochise	Community Bridges, Inc.	646 W. Union St.	Benson	AZ	85602	$31,514.00	$29,835.00	$1,679.00	$0.00	$0.00	$0.00
*	237236	AZ104210	X	Cochise	Community Bridges, Inc.	240 O'Hara Avenue, PO Box 943	Bisbee	AZ	85603	$4,327.00	$3,981.00	$346.00	$0.00	$0.00	$0.00
*	242445	AZ103202	X	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste A	Tucson	AZ	85701	$143,423.00	$126,131.00	$17,292.00	$0.00	$0.00	$0.00
*	434281	AZ104206	X	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste 110	Tucson	AZ	85701	$73,804.00	$66,996.00	$6,807.00	$0.00	$0.00	$0.00
*	419223	AZ104199	X	Pinal	Community Bridges, Inc.	675 E. Cottonwood, Suite 140	Casa Grande	AZ	85122	$71,106.00	$69,536.00	$1,570.00	$0.00	$0.00	$0.00
*	488183	AZ103193	X	Yuma	Community Bridges, Inc.	3250 B. East 40th St., Room B	Yuma	AZ	85365	$95,295.00	$92,658.00	$2,636.00	$0.00	$0.00	$0.00
*	382935	AZ100796	X	Maricopa County	Community Bridges, Inc.	2770 E. Van Buren St.	Phoenix	AZ	85008	$805,558.00	$469,017.00	$336,541.00	$0.00	$0.00	$0.00
*	838391	AZ100594	X	Yuma	Community Intervention Associates	2851 South Ave B Bldg 4	Yuma	AZ	85364	$519,146.00	$463,877.00	$55,269.00	$0.00	$0.00	$0.00
*	211348	AZ103074	X	Pima	Community Intervention Associates	1779 West St Marys Road	Tucson	AZ	85745	$21,907.00	$19,514.00	$2,392.00	$0.00	$0.00	$0.00
*	423879	AZ103649	X	Pima	Community Medical Services	6802 E Broadway Blvd	Tucson	AZ	85710	$510,175.00	$461,980.00	$48,195.00	$0.00	$0.00	$0.00
*	296965	AZ103426	X	Pima	Community Medical Services	2001 W Orange Grove Rd Ste 202	Tucson	AZ	85704	$243,902.00	$224,082.00	$19,820.00	$0.00	$0.00	$0.00
*	478012	AZ103683	X	Cochise	Community Medical Services	302 El Camino Real Bldg 10, Suites C & D	Sierra Vista	AZ	85635	$104,878.00	$93,596.00	$11,282.00	$0.00	$0.00	$0.00
*	373651	AZ103477	X	Graham	Community Medical Services	102 E Main St	Safford	AZ	85546	$38,581.00	$38,195.00	$385.00	$0.00	$0.00	$0.00
*	590019	AZ101028	X	Maricopa County	Community Medical Services	2103 W. Northern Ave.	Phoenix	AZ	85021	$1,048,284.00	$1,000,071.00	$48,214.00	$0.00	$0.00	$0.00
*	231924	AZ102728	X	Cochise	Community Partners Integrated Healthcare	2039 E. Wilcox Dr. Suites A & B	Sierra Vista	AZ	85635	$12,362.00	$9,480.00	$2,883.00	$0.00	$0.00	$0.00
*	231825	AZ102870	X	Pima	Community Partners Integrated Healthcare	3939 S. Park Ave. Suite 150	Tucson	AZ	85714	$23,545.00	$19,785.00	$3,760.00	$0.00	$0.00	$0.00
*	31601	AZ105524	X	Pima	Cope Community Services	5401 E. 5th Street	Tucson	AZ	85711	$243,973.00	$217,073.00	$26,900.00	$0.00	$0.00	$0.00
*	408949	AZ104660	X	Pima	Cope Community Services	535 E. Drachman	Tucson	AZ	85705	$53,627.00	$50,277.00	$3,350.00	$0.00	$0.00	$0.00
*	112684	AZ103243	X	Pima	Cope Community Services	5840 N. La Cholla	Tucson	AZ	85741	$47,783.00	$32,048.00	$15,735.00	$0.00	$0.00	$0.00
*	921819	AZ103239	X	Pima	Cope Community Services	2435 N. Castro Avenue	Tucson	AZ	85705	$23,617.00	$21,688.00	$1,929.00	$0.00	$0.00	$0.00
*	927130	AZ100912	X	Pima	Cope Community Services	620 N. Craycroft Rd	Tucson	AZ	85711	$17,283.00	$12,677.00	$4,605.00	$0.00	$0.00	$0.00
*	918854	AZ100740	X	Pima	Cope Community Services	8050 E. Lakeside Pkwy	Tucson	AZ	85730	$16,120.00	$13,852.00	$2,268.00	$0.00	$0.00	$0.00
*	108742	AZ101837	X	Pima	Cope Community Services	1660 W. Commerce Court Place	Green Valley	AZ	85614	$18,489.00	$13,636.00	$4,854.00	$0.00	$0.00	$0.00
*	612433	AZ103151	X	Yuma	Crossroads Mission	944 S Arizona Ave Bld 100	Yuma	AZ	85364	$164,599.00	$154,235.00	$10,364.00	$0.00	$0.00	$0.00
					EMPACT -										

*	186858	AZ102875		Maricopa County	Suicide Prevention Center	914 S 52nd St, Suite 100	Tempe	AZ	85281	$24,244.00	$18,030.00	$6,214.00	$0.00	$0.00	$0.00
*	756638	AZ100839		Pima	HOPE, Inc.	1200 N.Country Club Rd	Tucson	AZ	85716	$14,507.00	$13,781.00	$725.00	$0.00	$0.00	$0.00
*	395648	AZ103345		Pinal	Horizon Health and Wellness	450 W Adamsville Rd	Florence	AZ	85132	$87,897.00	$81,210.00	$6,687.00	$0.00	$0.00	$0.00
*	492195	AZ103352		Yuma	Horizon Health and Wellness	3180 E 40th Street	Yuma	AZ	85365	$69,174.00	$63,336.00	$5,838.00	$0.00	$0.00	$0.00
*	1508942723	AZ101044		Maricopa County	Intensive Treatment Systems Main	651 W Coolidge Street Phoenix AZ 85013	Phoenix	AZ	85013	$178,368.00	$170,976.00	$7,393.00	$0.00	$0.00	$0.00
*	1811073059	AZ101490		Maricopa County	Intensive Treatment Systems North	19401 N Cave Creek Rd #18 Phoenix AZ 85024	Phoenix	AZ	85024	$356,737.00	$341,952.00	$14,785.00	$0.00	$0.00	$0.00
*	1184701906	AZ101030		Maricopa County	Intensive Treatment Systems West	4136 N 75th Ave Ste 116, Phoenix, AZ 85033	Phoenix	AZ	85033	$356,737.00	$341,952.00	$14,785.00	$0.00	$0.00	$0.00
*	24906	AZ103158		Pima	Intermountain Centers for Human Development	2200 S. Avenida Los Reyes	Tucson	AZ	85748	$22,392.00	$19,549.00	$2,843.00	$0.00	$0.00	$0.00
*	68233	AZ100921		Pima	La Frontera Center	4891 E. Grant Road	Tucson	AZ	85712	$137,860.00	$96,625.00	$41,235.00	$0.00	$0.00	$0.00
*	57837	AZ103099		Pima	La Frontera Center	1900 W. Speedway	Tucson	AZ	85745	$295,981.00	$232,529.00	$63,453.00	$0.00	$0.00	$0.00
*	69139	AZ750550		Pima	La Frontera Center	502 W. 29th Street	Tucson	AZ	85713	$194,845.00	$153,377.00	$41,468.00	$0.00	$0.00	$0.00
*	593849	AZ100152		Pima	La Frontera Center	260 S. Scott Avenue	Tucson	AZ	85701	$78,471.00	$74,790.00	$3,681.00	$0.00	$0.00	$0.00
*	336159	AZ104881		Cochise	Southeastern Arizona Behavioral Health Services	4755 Campus Dr	Sierra Vista	AZ	85635	$48,049.00	$38,665.00	$9,384.00	$0.00	$0.00	$0.00
*	389892	AZ104584		Maricopa County	Southwest Behavioral Health Services, Inc	1424 S. 7th Ave	Phoenix	AZ	85007	$239,045.00	$224,210.00	$14,835.00	$0.00	$0.00	$0.00
*	592867	AZ750311		Pima	The Haven	1107 E Adelaide Dr	Tucson	AZ	85719	$323,784.00	$266,740.00	$57,044.00	$0.00	$0.00	$0.00
*	90458	AZ102793		Yuma	Transitional Living Center Recovery	1340 S. 4th Avenue	Yuma	AZ	85364	$7,373.00	$5,088.00	$2,286.00	$0.00	$0.00	$0.00
*	90406	AZ100684		Pinal	Transitional Living Center Recovery	117 E. 2nd Street	Casa Grande	AZ	85122	$22,227.00	$13,912.00	$8,315.00	$0.00	$0.00	$0.00
*	7881	AZ102795		Yuma	Turtle Bay Café of Yuma, LLC	1360 S. 4th Avenue	Yuma	AZ	85364	$26,557.00	$18,315.00	$8,242.00	$0.00	$0.00	$0.00
*	53059	OTC5153		Maricopa County	Valle del Sol	1209 S 1st Avenue	Phoenix	AZ	85003	$455,918.00	$402,951.00	$52,967.00	$0.00	$0.00	$0.00
*	388606	OTC5327		Maricopa County	Valle del Sol	3807 N 7th Street	Phoenix	AZ	85014	$37,817.00	$37,302.00	$515.00	$0.00	$0.00	$0.00
*	580100	OTC6049		Maricopa County	Valle del Sol	4135 S Power Road Ste. 108	Mesa	AZ	85212	$10,441.00	$10,118.00	$322.00	$0.00	$0.00	$0.00
*	347204	OTC6811		Maricopa County	Valle del Sol	509 S Rockford Drive	Tempe	AZ	85251	$237,957.00	$198,013.00	$39,944.00	$0.00	$0.00	$0.00
*	801237	OTC6180		Maricopa County	Valle del Sol	8410 W Thomas Road Suite 116	Phoenix	AZ	85037	$32,897.00	$32,851.00	$46.00	$0.00	$0.00	$0.00
	10010	AZ102967		Ajo	Ajo High School	111 N Well Road	Ajo	AZ	85321	$16,714.00	$0.00	$0.00	$16,714.00	$0.00	$0.00
	10011	AZ102956		Phoenix	Alhambra High School	4502 N Central Avenue	Phoenix	AZ	85326	$61,396.00	$0.00	$0.00	$61,396.00	$0.00	$0.00
	10012	AZ102983		Phoenix	Arcadia High School	7575 E Main Street	Scottsdale	AZ	85251	$79,508.00	$0.00	$0.00	$79,508.00	$0.00	$0.00

	10000	AZ101018	X	Maricopa County	Area Agency on Aging, Region One, Inc.	1366 East Thomas Road, Suite 108	Phoenix	AZ	85014	$167,150.00	$0.00	$0.00	$167,150.00	$0.00	$0.00
	010422	AZ103012	X	So.AZ Counties	Arizona Complete Health-Complete Care Plan	333 E Wetmore	Tucson	AZ	85705	$307,175.00	$280,268.00	$0.00	$26,907.00	$0.00	$0.00
	10014	X	X	Statewide	Arizona Department of Health Services	150 N 18th Avenue, Suite 310	Phoenix	AZ	85007	$663,613.00	$0.00	$0.00	$663,613.00	$0.00	$0.00
	10013	AZ101348	X	Statewide	Arizona Department of Liquor Licenses & Control	800 W Washington Street	Phoenix	AZ	85007	$187,778.00	$0.00	$0.00	$187,778.00	$0.00	$0.00
	6006	AZ101020	X	Pima	Arizona Youth Partnership	4239 W. Ina Road, Ste 101	Tucson	AZ	85741	$122,618.00	$0.00	$0.00	$122,618.00	$0.00	$0.00
	101020	AZ101020	X	Pima	Arizona Youth Partnership	13644 N. Sandario Road Ste101	Marana	AZ	85653	$70,894.00	$0.00	$0.00	$70,894.00	$0.00	$0.00
	7689949	AZ104638	X	Statewide	Ascend Behavioral Health	2432 W Eagle Feather Rd.	Phoenix	AZ	85085	$27,208.00	$27,208.00	$0.00	$0.00	$0.00	$0.00
	7689949	AZ103571	X	Statewide	Ascend Behavioral Health	33508 N 24th Ln	Phoenix	AZ	85085	$37,407.00	$37,407.00	$0.00	$0.00	$0.00	$0.00
	7689949	AZ103575	X	Statewide	Ascend Behavioral Health	35005 N 27th Ln	Phoenix	AZ	85086	$15,535.00	$15,535.00	$0.00	$0.00	$0.00	$0.00
	81735	AZ101660	X	Maricopa County	Aurora Behavioral Health	6015 W Peoria Ave	Glendale	AZ	85302	$3,266.00	$3,266.00	$0.00	$0.00	$0.00	$0.00
	319460	OTC-6954	X	Maricopa County	BAART Behavioral Health Services	908 A West Chandler Blvd.	Chandler	AZ	85225	$74,737.00	$74,737.00	$0.00	$0.00	$0.00	$0.00
	10015	AZ102970	X	Maricopa County	Cactus Shadows High School	PO Box 426	Cave Creek	AZ	85266	$81,145.00	$0.00	$0.00	$81,145.00	$0.00	$0.00
	10016	AZ102955	X	Phoenix	Camelback High School	4502 N Central Avenue	Phoenix	AZ	85326	$57,523.00	$0.00	$0.00	$57,523.00	$0.00	$0.00
	112219	AZ301719	X	Maricopa County	Centro De La Familia	6850 W. Indian School RD	Phoenix	AZ	85033	$93,421.00	$93,421.00	$0.00	$0.00	$0.00	$0.00
	10017	AZ102954	X	Phoenix	Cesar Chavez High School	4502 N Central Avenue	Phoenix	AZ	85326	$56,430.00	$0.00	$0.00	$56,430.00	$0.00	$0.00
	10018	AZ102969	X	Chandler	Chandler High School/Chief Hill Learning Academy/Chief Hill at ICAN	1525 W Frye Road	Chandler	AZ	85224	$110,540.00	$0.00	$0.00	$110,540.00	$0.00	$0.00
	318067	AZ105631	X	Navajo County	Change Point Integrated Health	2500 Show Low Lake Rd	Show Low	AZ	85901	$125,861.00	$91,501.00	$3,866.00	$34,360.00	$0.00	$0.00
	393718	AZ104591	X	Navajo County	Change Point Integrated Health	103 N 1st Ave	Holbrook	AZ	86025	$27,916.00	$27,916.00	$1,180.00	$0.00	$0.00	$0.00
	426191	AZ300158	X	Navajo County	Change Point Integrated Health	1015 East 2nd Street	Winslow	AZ	86047	$8,520.00	$8,520.00	$360.00	$0.00	$0.00	$0.00
	514765	AZ100960	X	Navajo County	Change Point Integrated Health	423 S Main St.	Snowflake	AZ	85937	$13,699.00	$13,699.00	$580.00	$0.00	$0.00	$0.00
	991977	AZ105631	X	Navajo County	Change Point Integrated Health	1920 W Commerce	Lakeside	AZ	85929	$430.00	$430.00	$18.00	$0.00	$0.00	$0.00
	10019	AZ102985	X	Scottsdale	Chaparral High School	7575 E Main Street	Scottsdale	AZ	85251	$106,373.00	$0.00	$0.00	$106,373.00	$0.00	$0.00
	445266	AZ104700	X	Coconino County	Children & Family Support Services	3100 N West St.	Flagstaff	AZ	86004	$5,382.00	$5,382.00	$0.00	$0.00	$0.00	$0.00
	10020	AZ102977	X	Tucson	City High School	47 E Pennington Street	Tucson	AZ	85701	$49,966.00	$0.00	$0.00	$49,966.00	$0.00	$0.00

	10008	AZ103653	✗	Coconino County	Coconino Coalition for Children & Youth	2625 N King Rd	Flagstaff	AZ	86004	$93,224.00	$0.00	$0.00	$93,224.00	$0.00	$0.00
	331673	AZ103152	✗	Pima	CODAC Health, Recovery & Wellness, Inc.	380 E Fort Lowell Rd	Tucson	AZ	85705	$1,386,442.00	$1,386,442.00	$0.00	$0.00	$0.00	$0.00
	10005	AZ104647	✗	Maricopa County	COMMUNITY ALLIANCE CONSULTING	1366 W Nopal Ave	Mesa	AZ	85202	$56,501.00	$0.00	$0.00	$56,501.00	$0.00	$0.00
	206501	AZ101834	✓	Yuma County	Community Bridges Inc	3250 East 40th Street Suite C	Yuma	AZ	85365	$49.00	$49.00	$0.00	$0.00	$0.00	$0.00
	657478	AZ100512	✗	Cochise	Community Bridges, Inc.	470 S Ocotillo Avenue, Suite 1	Benson	AZ	85602	$12,500.00	$12,500.00	$0.00	$0.00	$0.00	$0.00
	388723	AZ101828	✗	Gila	Community Bridges, Inc.	5734 E. Hope Lane	Globe	AZ	85501	$23,729.00	$23,729.00	$0.00	$0.00	$0.00	$0.00
	378626	AZ101827	✗	Gila	Community Bridges, Inc.	5737 E Hope Lane	Globe	AZ	85501	$20,401.00	$20,401.00	$0.00	$0.00	$0.00	$0.00
	252714	AZ101829	✗	Gila	Community Bridges, Inc.	803C W. Main St	Payson	AZ	85541	$25,111.00	$25,111.00	$0.00	$0.00	$0.00	$0.00
	357379	AZ101830	✗	Gila	Community Bridges, Inc.	803 W. Main St	Payson	AZ	85541	$48,470.00	$48,470.00	$0.00	$0.00	$0.00	$0.00
	238225	AZ103204	✗	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste C	Tucson	AZ	85701	$285,565.00	$285,565.00	$0.00	$0.00	$0.00	$0.00
	206501	AZ101834	✗	Yuma	Community Bridges, Inc.	3250 East 40th St., Suite C	Yuma	AZ	85365	$77,509.00	$77,509.00	$0.00	$0.00	$0.00	$0.00
	425855	AZ104206	✗	Pima	Community Bridges, Inc.	250 S Toole Ave., Ste. 130	Tucson	AZ	85701	$14,210.00	$14,210.00	$0.00	$0.00	$0.00	$0.00
	341724	AZ101825	✗	Pinal	Community Bridges, Inc.	675 E. Cottonwood, Suite 101	Casa Grande	AZ	85122	$4,694.00	$4,694.00	$0.00	$0.00	$0.00	$0.00
	164588	AZ102120	✗	Pima	Community Bridges, Inc.	2950 N Dodge Blvd	Tucson	AZ	85716	$122,335.00	$122,335.00	$0.00	$0.00	$0.00	$0.00
	407986	AZ103687	✗	Statewide	Community Bridges, Inc.	1520 E Pima St	Phoenix	AZ	85034	$96.00	$96.00	$0.00	$0.00	$0.00	$0.00
	381946	AZ104202	✗	Statewide	Community Bridges, Inc.	460 N. Mesa Dr. Ste 201	Mesa	AZ	85201	$157.00	$157.00	$0.00	$0.00	$0.00	$0.00
	382935	AZ100796	✗	Statewide	Community Bridges, Inc.	2770 E Van Buren	Phoenix	AZ	85008	$608.00	$608.00	$0.00	$0.00	$0.00	$0.00
	908014	AZ100973	✗	Maricopa County	Community Bridges, Inc.	554-1 S. Bellview, Area B	Mesa	AZ	85204	$43,860.00	$43,860.00	$0.00	$0.00	$0.00	$0.00
	677658	AZ100694	✗	Maricopa County	Community Bridges, Inc.	358 E. Javelina Ave., Suite 101	Mesa	AZ	85210	$342,741.00	$342,741.00	$0.00	$0.00	$0.00	$0.00
	385867	AZ100973	✗	Maricopa County	Community Bridges, Inc.	560 S. Bellview	Mesa	AZ	85204	$226,927.00	$226,927.00	$0.00	$0.00	$0.00	$0.00
	630855	AZ101831	✗	Maricopa County	Community Bridges, Inc.	824 N. 99th Ave., Suite 108	Avondale	AZ	85323	$125,308.00	$125,308.00	$0.00	$0.00	$0.00	$0.00
	630824	AZ101831	✗	Maricopa County	Community Bridges, Inc.	824 N. 99th Ave., Suite 109	Avondale	AZ	85323	$148,730.00	$148,730.00	$0.00	$0.00	$0.00	$0.00
	591991	AZ100513	✗	Maricopa County	Community Bridges, Inc.	1012 S. Stapley Dr. Bldg. 5	Mesa	AZ	85204	$8,926.00	$8,926.00	$0.00	$0.00	$0.00	$0.00
	23659	AZ100518	✗	Statewide	Community Bridges, Inc.	993 Hermosa Dr, Area B	Holbrook	AZ	86025	$116,661.00	$116,661.00	$0.00	$0.00	$0.00	$0.00
	210945	AZ101831	✗	Statewide	Community Bridges, Inc.	824 N. 99th Ave	Avondale	AZ	85323	$127.00	$127.00	$0.00	$0.00	$0.00	$0.00
	333246	AZ101832	✗	Navajo County	Community Bridges, Inc.	110 E. 2nd St	Winslow	AZ	86047	$35,654.00	$35,654.00	$0.00	$0.00	$0.00	$0.00
	422788	AZ101833	✗	Navajo County	Community Bridges, Inc.	105 N Cottonwood Ave	Winslow	AZ	86047	$51,577.00	$51,577.00	$0.00	$0.00	$0.00	$0.00
	599812	AZ101832	✗	Navajo County	Community Bridges, Inc.	110 E. 2nd St	Winslow	AZ	86047	$2,703.00	$2,703.00	$0.00	$0.00	$0.00	$0.00
	488183	AZ101834	✗	Yuma County	Community Bridges, Inc.	3250 B East 40th St.	Yuma	AZ	85365	$3,518.00	$3,518.00	$0.00	$0.00	$0.00	$0.00
	620609	AZ102876	✗	Cochise	Community Intervention Associates	1326 Hwy. 92 Suite J.	Bisbee	AZ	85603	$1,737.00	$1,737.00	$0.00	$0.00	$0.00	$0.00

	849541	AZ102878	✗	La Paz	Community Intervention Associates	1516 Ocotillo Ave	Parker	AZ	85344	$791.00	$791.00	$0.00	$0.00	$0.00	$0.00
	997106	AZ104456	✗	Pima	Community Medical Services	3720 S PARK AVE STE 601 602 603 604	Tucson	AZ	85713	$21,312.00	$21,312.00	$0.00	$0.00	$0.00	$0.00
	366686	AZ103434	✗	Pinal	Community Medical Services	440 N Camino Mercado Ste 2	Casa Grande	AZ	85122	$2,990.00	$2,990.00	$0.00	$0.00	$0.00	$0.00
	560277	AZ104255	✗	Yuma	Community Medical Services	501 W 8TH ST	Yuma	AZ	85364	$72,564.00	$72,564.00	$0.00	$0.00	$0.00	$0.00
	507294	AZ103876	✗	Santa Cruz	Community Medical Services	274 W Viewpoint Dr	Nogales	AZ	85621	$5,811.00	$5,811.00	$0.00	$0.00	$0.00	$0.00
	231843	AZ101843	✗	Yuma	Community Partners Integrated Healthcare	2545 S. Arizona Ave. Bldg A-D	Yuma	AZ	85364	$7,762.00	$7,762.00	$0.00	$0.00	$0.00	$0.00
	178248	AZ102871	✗	Pima	Community Partners Integrated Healthcare	2502 N. Dodge Blvd. Suite 190	Tucson	AZ	85716	$8,749.00	$8,749.00	$0.00	$0.00	$0.00	$0.00
	271381	AZ103275	✗	Pima	Community Partners Integrated Healthcare	2502 N. Dodge Blvd. Suite 130	Tucson	AZ	85716	$4,200.00	$4,200.00	$0.00	$0.00	$0.00	$0.00
	554498	AZ103272	✗	Pima	Community Partners Integrated Healthcare	1021 E Palmdale, Ste. 130	Tucson	AZ	85714	$4,298.00	$4,298.00	$0.00	$0.00	$0.00	$0.00
	232459	AZ102730	✗	Graham	Community Partners Integrated Healthcare	301 E. 4th St. Suites A & B	Safford	AZ	85546	$10,613.00	$10,613.00	$0.00	$0.00	$0.00	$0.00
	232617	AZ103265	✗	La Paz	Community Partners Integrated Healthcare	1021 Kofa Ave.	Parker	AZ	85344	$5,036.00	$5,036.00	$0.00	$0.00	$0.00	$0.00
	10021	AZ102980	✗	Tempe	Compadre, Desert Vista, & McClintock High Schools	500 W Guadalupe Road	Tempe	AZ	85283	$129,923.00	$0.00	$0.00	$129,923.00	$0.00	$0.00
	556649	AZ104662	✗	Pima	Cope Community Services	3332 N. Los Altos	Tucson	AZ	85705	$41,027.00	$41,027.00	$0.00	$0.00	$0.00	$0.00
	298346	AZ103241	✗	Pima	Cope Community Services	924 N. Alvernon	Tucson	AZ	85712	$33,518.00	$33,518.00	$0.00	$0.00	$0.00	$0.00
	347216	AZ101836	✗	Pima	Cope Community Services	1501 W. Commerce Court	Tucson	AZ	85746	$38,053.00	$38,053.00	$0.00	$0.00	$0.00	$0.00
	AZ101836	AZ101836	✓	Pima County	COPE Community Services Inc	1501 West Commerce Court	Tucson	AZ	85746	$31,489.00	$0.00	$0.00	$0.00	$31,489.00	$0.00
	716251	AZ102108	✗	Pinal	Corazon	900 E Florence Blvd Suite G	Casa Grande	AZ	85122	$19,240.00	$19,240.00	$0.00	$0.00	$0.00	$0.00
	10022	AZ102979	✗	Tempe	Corona del Sol High School	500 W Guadalupe Road	Tempe	AZ	85283	$121,490.00	$0.00	$0.00	$121,490.00	$0.00	$0.00
	704719	AZ103164	✗	Yuma	Crossroads Mission	944 S Arizona Ave Bld. 200	Yuma	AZ	85364	$94,288.00	$94,288.00	$0.00	$0.00	$0.00	$0.00
	1255851994	AZ103906	✗	Maricopa County	Crossroads, Inc.	1700 E. Thomas Rd	Phoenix	AZ	85016	$2,008,549.00	$2,008,549.00	$0.00	$0.00	$0.00	$0.00
	10023	AZ102982	✗	Scottsdale	Desert Mountain High School	7575 E Main Street	Scottsdale	AZ	85251	$107,888.00	$0.00	$0.00	$107,888.00	$0.00	$0.00
	439095	AZ100600	✗	Maricopa County	Destiny Sober Living	5306 N 17th Ave	Phoenix	AZ	85015	$76,578.00	$76,578.00	$0.00	$0.00	$0.00	$0.00
	439095	AZ100171	✗	Maricopa County	Destiny Sober Living	5306 N 17th Ave	Phoenix	AZ	85015	$16,843.00	$16,843.00	$0.00	$0.00	$0.00	$0.00
	AZ103994	AZ103994	✓	Maricopa County	Ebony House Inc	6218 South 13th Street	Phoenix	AZ	85042	$72,980.39	$72,980.39	$0.00	$0.00	$0.00	$0.00
	274629	AZ103994	✗	Maricopa County	Ebony House, Inc	6218 S. 13th St.	Phx	AZ	85042	$72,980.00	$72,980.00	$0.00	$0.00	$0.00	$0.00
	319790	AZ750154	✗	Maricopa County	Ebony House, Inc	6222 S. 13th St.	Phx	AZ	85042	$44,730.00	$44,730.00	$0.00	$0.00	$0.00	$0.00
					EMPACT -										

	296638	AZ100540	✗	Maricopa County	Suicide Prevention Center	618 S Madison Dr	Tempe	AZ	85281	$67,325.00	$67,325.00	$0.00	$0.00	$0.00	$0.00
	622987	AZ101844	✗	Maricopa County	EMPACT - Suicide Prevention Center	4425 W Olive Ave, Suite 194	Glendale	AZ	85302	$61,352.00	$61,352.00	$0.00	$0.00	$0.00	$0.00
	084711	AZ102873	✗	Pinal County	EMPACT - Suicide Prevention Center	2474 E Hunt Highway, Suite A100	San Tan Valley	AZ	85143	$56,779.00	$56,779.00	$0.00	$0.00	$0.00	$0.00
	183711	AZ102874	✗	Pinal County	EMPACT - Suicide Prevention Center	11518 E Apache Trail, Ste 129	Apache Junction	AZ	85120	$30,406.00	$30,406.00	$0.00	$0.00	$0.00	$0.00
	675748	AZ101869	✗	Mohave County	Encompass Health Services	4103 E Fleet	Littlefield	AZ	86432	$13,562.00	$13,562.00	$160.00	$0.00	$0.00	$0.00
	128821	AZ102753	✗	Coconino County	Encompass Health Services	463 S. Lake Powell Blvd.	Page	AZ	86040	$433,844.00	$433,844.00	$5,127.00	$0.00	$0.00	$0.00
	433954	AZ102754	✗	Coconino County	Encompass Health Services	170 N Main	Fredonia	AZ	86022	$28,683.00	$28,683.00	$340.00	$0.00	$0.00	$0.00
	737330	AZ102754	✗	Coconino County	Encompass Health Services	32 N. 10th Ave Ste 5	Page	AZ	86040	$16,380.00	$16,380.00	$194.00	$0.00	$0.00	$0.00
	346214	AZ101722	✗	Pinal County	Gila River Health Care BHS	483 W Seed Farm Rd	Sacaton	AZ	85147	$235,025.00	$67,386.00	$1,228.00	$167,639.00	$0.00	$0.00
	334582	AZ100964	✗	Pinal County	Gila River Health Care Family Planning	PO BOX 2175	Sacaton	AZ	85147	$18,686.00	$0.00	$0.00	$0.00	$18,686.00	$0.00
	683287	AZ101868	✗	Pinal County	Gila River Health Care OASIS	291 W. Casa Blanca Rd.	Sacaton	AZ	85147	$37,765.00	$37,765.00	$457.00	$0.00	$0.00	$0.00
	589093	AZ101809	✗	Maricopa County	Gila River Health Care Thwajik Ki RTC	3850 N. 16th Street	Laveen	AZ	85339	$89,279.00	$89,279.00	$0.00	$0.00	$0.00	$0.00
	AZ101722	AZ101722	✓	Maricopa County	Gila River Healthcare	P.O. Box 38	Sacaton	AZ	85147	$9,666.00	$9,666.00	$350.00	$0.00	$0.00	$0.00
	10024	AZ102972	✗	Gilbert	Gilbert High School	1101 E Elliot Road	Gilbert	AZ	85234	$46,099.00	$0.00	$0.00	$46,099.00	$0.00	$0.00
	49454	AZ101861	✗	Pinal	Helping Associates	1901 N. Trekell Rd. Ste A	Casa Grande	AZ	85122	$78,303.00	$78,303.00	$0.00	$0.00	$0.00	$0.00
	122261	AZ101224	✗	Pima	HOPE, Inc.	4067 E Grant Rd	Tucson	AZ	85712	$34,000.00	$34,000.00	$0.00	$0.00	$0.00	$0.00
	6758	AZ103086	✗	Yuma	HOPE, Inc.	201 S. 1st Ave	Yuma	AZ	85364	$8,160.00	$8,160.00	$0.00	$0.00	$0.00	$0.00
	517724	AZ901971	✗	Statewide	Horizon Health & Wellness	2271 S Peart Rd	Casa Grande	AZ	85122	$3,986.00	$3,986.00	$0.00	$0.00	$0.00	$0.00
	34269	AZ103351	✗	Yuma	Horizon Health and Wellness	3180 E 40th Street	Yuma	AZ	85365	$2,744.00	$2,744.00	$0.00	$0.00	$0.00	$0.00
	431556	AZ103344	✗	Yuma	Horizon Health and Wellness	791 S 4th Avenue, Ste A	Yuma	AZ	85364	$12,385.00	$12,385.00	$0.00	$0.00	$0.00	$0.00
	48648	AZ103360	✗	Pinal	Horizon Health and Wellness	115/117 W 2nd Street	Casa Grande	AZ	85122	$1,977.00	$1,977.00	$0.00	$0.00	$0.00	$0.00
	772758	AZ103357	✗	Pinal	Horizon Health and Wellness	2269 S Peart RoadD (Peart 3)	Casa Grande	AZ	85222	$20,169.00	$20,169.00	$0.00	$0.00	$0.00	$0.00
	346363	AZ103358	✗	Pinal	Horizon Health and Wellness	222 E Cottonwood Lane	Casa Grande	AZ	85122	$1,743.00	$1,743.00	$0.00	$0.00	$0.00	$0.00
	593908	AZ102128	✗	Pinal	Horizon Health and Wellness	625 N Plaza Drive	Apache Junction	AZ	85120	$2,939.00	$2,939.00	$0.00	$0.00	$0.00	$0.00
	517724	AZ901971	✗	Pinal	Horizon Health and Wellness	2271 S Peart Road (Peart 4)	Casa Grande	AZ	85222	$17,363.00	$17,363.00	$0.00	$0.00	$0.00	$0.00
	451145	AZ100880	✗	Pima	Intermountain Centers for Human Development	994 S. Harrison Road	Tucson	AZ	85748	$4,040.00	$4,040.00	$0.00	$0.00	$0.00	$0.00

	199176	AZ104671	☒	Pima	Intermountain Centers for Human Development	3626 E. Lee Street, Bldg. 1	Tucson	AZ	85716	$1,664.00	$1,664.00	$0.00	$0.00	$0.00	$0.00
	56326	AZ100867	☒	Pima	Intermountain Centers for Human Development	1020 S. Harrison Road	Tucson	AZ	85748	$3,638.00	$3,638.00	$0.00	$0.00	$0.00	$0.00
	810459	AZ101534	☒	Maricopa County	Jewish Family & Children's Service	3001 N. 33rd Ave.	Phoenix	AZ	85017	$29,116.00	$29,116.00	$0.00	$0.00	$0.00	$0.00
	584965	AZ100507	☒	Maricopa County	Jewish Family & Children's Service	1840 N. 99th Ave. Ste 146	Phoenix	AZ	85037	$16,246.00	$16,246.00	$0.00	$0.00	$0.00	$0.00
	007486	AZ100726	☒	Maricopa County	Jewish Family & Children's Service	5701 W. Talavi Blvd. Ste. 180	Glendale	AZ	85306	$34,618.00	$34,618.00	$0.00	$0.00	$0.00	$0.00
	810095	AZ100374	☒	Maricopa County	Jewish Family & Children's Service	1255 W. Baseline Rd. Ste B258	Mesa	AZ	85202	$22,783.00	$22,783.00	$0.00	$0.00	$0.00	$0.00
	10006	AZ101037	☒	Maricopa County	Kathleen Stanton, Consultant	5342 N 3rd Ave	Phoenix	AZ	85013	$16,200.00	$0.00	$0.00	$16,200.00	$0.00	$0.00
	57464	AZ102194	☒	Pima	La Frontera Center	10841 N. Thornydale Rd.	Tucson	AZ	85742	$14,498.00	$14,498.00	$0.00	$0.00	$0.00	$0.00
	603898	AZ100152	☒	Pima	La Frontera Center	260 S. Scott Avenue	Tucson	AZ	85701	$56,043.00	$56,043.00	$0.00	$0.00	$0.00	$0.00
	603843	AZ750550	☒	Pima	La Frontera Center	502 W. 29th Street	Tucson	AZ	85713	$118,755.00	$43,076.00	$0.00	$75,679.00	$0.00	$0.00
	10025	AZ101347	☒	Statewide	Lavidge	2777 E Camelback Road	Phoenix	AZ	85016	$500,000.00	$0.00	$0.00	$500,000.00	$0.00	$0.00
	3442	AZ300133	☒	Apache County	Little Colorado Behavioral Health Center	470 West Cleveland Street	Saint Johns	AZ	85936	$38,630.00	$38,630.00	$2,795.00	$0.00	$0.00	$0.00
	7519	AZ100665	☒	Apache County	Little Colorado Behavioral Health Center	50 N. Hopi	Springerville	AZ	85938	$21,691.00	$21,691.00	$1,570.00	$0.00	$0.00	$0.00
	10026	AZ102964	☒	Marana	Marana High School	11279 W Grier Road, Suite 106	Marana	AZ	85653	$80,544.00	$0.00	$0.00	$80,544.00	$0.00	$0.00
	10027	AZ102981	☒	Tempe	Marcos de Niza, Mountain Pointe, & Tempe High Schools	500 W Guadalupe Road	Tempe	AZ	85283	$124,496.00	$0.00	$0.00	$124,496.00	$0.00	$0.00
	102144	AZ	☒	Pima	Maricopa	Centered Spirit	9405 S. Avenida Del Yaqui	AZ	Guadalupe	$236,000.00	$0.00	$0.00	$236,000.00	$0.00	$0.00
	103371	AZ103371	☒	Pinal	Maricopa Ak-Chin CCA	18150 N. Alterra Parkway	Maricopa	AZ	85139	$71,947.00	$0.00	$0.00	$71,947.00	$0.00	$0.00
	10028	AZ102953	☒	Phoenix	Maryvale High School	4502 N Central Avenue	Phoenix	AZ	85326	$59,071.00	$0.00	$0.00	$59,071.00	$0.00	$0.00
	10007	AZ101040	☒	Yavapai County	MATFORCE	8056 E. Vallet Road, Ste B.	Prescott	AZ	86314	$122,618.00	$0.00	$0.00	$122,618.00	$0.00	$0.00
	10029	AZ102975	☒	Gilbert	Mesquite High School	500 S McQueen Road	Gilbert	AZ	85233	$54,469.00	$0.00	$0.00	$54,469.00	$0.00	$0.00
	10030	AZ102958	☒	Miami	Miami Jr-Sr High School	4739 Ragus Road	Miami	AZ	85339	$42,060.00	$0.00	$0.00	$42,060.00	$0.00	$0.00
	116667	AZ101040	☒	Mohave County	Mohave Mental Health Clinic	1145 Marina Boulevard	Bullhead City	AZ	86442	$58,505.00	$58,505.00	$5,541.00	$0.00	$0.00	$0.00
	117136	AZ300174	☒	Mohave County	Mohave Mental Health Clinic	3505 Western Ave.	Kingman	AZ	86409	$126,100.00	$126,100.00	$11,942.00	$0.00	$0.00	$0.00
	147125	AZ100491	☒	Mohave County	Mohave Mental Health Clinic	2187 Swanson Avenue	Lake Havasu City	AZ	86403	$74,411.00	$74,411.00	$7,047.00	$0.00	$0.00	$0.00
	213385	AZ101295	☒	Mohave County	Mohave Mental Health Clinic	151 Riviera Ste B	Lake Havasu City	AZ	86403	$6,341.00	$6,341.00	$601.00	$0.00	$0.00	$0.00
	515719	AZ100619	☒	Mohave County	Mohave Mental Health Clinic	2580 Hwy 95 Ste. 208, 209, 210	Bullhead City	AZ	86442	$15,633.00	$15,633.00	$1,480.00	$0.00	$0.00	$0.00

	589848	AZ102112 / AZ100944	✗	Mohave County	Mohave Mental Health Clinic	1741 Sycamore Avenue	Kingman	AZ	86409	$7,644.00	$7,644.00	$724.00	$0.00	$0.00	$0.00
	690405	AZ100945	✗	Mohave County	Mohave Mental Health Clinic	2002 Stockton Hill Road Ste 104	Kingman	AZ	86401	$3,257.00	$3,257.00	$308.00	$0.00	$0.00	$0.00
	10031	AZ102963	✗	Marana	Mountain View High School	11279 W Grier Road, Suite 106	Marana	AZ	85653	$76,166.00	$0.00	$0.00	$76,166.00	$0.00	$0.00
	104435	AZ104436	✗	Pima	Native American Advancement Foundation	6262 N. Swan Rd, Ste 135	Tucson	AZ	85718	$71,947.00	$0.00	$0.00	$71,947.00	$0.00	$0.00
	151346	AZ750162	✗	Maricopa County	Native American Connections	4520 N . Central Ave - Suite 100	Phoenix	AZ	85012	$112,284.00	$112,284.00	$0.00	$0.00	$0.00	$0.00
	347143	AZ102050	✗	Coconino County	NAZCARE	599 White Spar Rd	Prescott	AZ	86303	$2,893.00	$2,893.00	$0.00	$0.00	$0.00	$0.00
	893554	AZ101283	✗	Maricopa.Pinal.Gila	New Hope Behavioral Health Centers	215 S Power Rd Suite 114	Mesa	AZ	85208	$214,868.00	$214,868.00	$0.00	$0.00	$0.00	$0.00
	10032	AZ102961	✗	Phoenix	North Canyon High School	15002 N 32nd Street	Phoenix	AZ	85032	$67,958.00	$0.00	$0.00	$67,958.00	$0.00	$0.00
	539184	AZ101041	✗	Coconino County	North Country Health Care	2920 N. 4th Street	Flagstaff	AZ	86004	$70,151.00	$0.00	$0.00	$0.00	$70,151.00	$0.00
	10033	AZ102952	✗	Phoenix	North High School	4502 N Central Avenue	Phoenix	AZ	85326	$55,824.00	$0.00	$0.00	$55,824.00	$0.00	$0.00
	AZ102101	AZ102101	✓	Statewide	Oasis Home LLC	845 West Calle Barbitas Street	Sahuarita	AZ	85629	$3,971.00	$3,971.00	$0.00	$0.00	$0.00	$0.00
	449139	AZ102759	✗	Pima	Old Pueblo Community Services	4501 E. Fifth St.	Tucson	AZ	85711	$31,733.00	$31,733.00	$0.00	$0.00	$0.00	$0.00
	349127	AZ101835	✗	Maricopa County	Open Hearts	4414 N. 19th Ave	Phoenix	AZ	85015	$93,421.00	$93,421.00	$0.00	$0.00	$0.00	$0.00
	10034	AZ104165	✗	Tucson	PAXIS Institute	4980 N Sabino Canyon Road	Tucson	AZ	85750	$1,001,000.00	$0.00	$0.00	$1,001,000.00	$0.00	$0.00
	10035	AZ102973	✗	Phoenix	Peoria Accelerated High School	7878 N 16th Street	Phoenix	AZ	85020	$42,934.00	$0.00	$0.00	$42,934.00	$0.00	$0.00
	10001	AZ104237	✗	Maricopa County	Phoenix Indian Center	4520 N Central Ave #250	Phoenix	AZ	85012	$152,749.00	$0.00	$0.00	$152,749.00	$0.00	$0.00
	101774	AZ	✗	Pima	Pima	Pascua Yaqui Tribe	7490 S. Camino de Oeste	AZ	Tucson	$123,750.00	$123,750.00	$0.00	$0.00	$0.00	$0.00
	620528	AZ103169	✗	Pima	Pima Council on Aging	8467 E. Broadway Blvd	Tucson	AZ	85710	$119,543.00	$0.00	$0.00	$119,543.00	$0.00	$0.00
	274453	AZ102093	✗	Pima	Pima Prevention Partnership	924 N. Alvernon Way Suite 150	Tucson	AZ	85711	$101,732.00	$101,732.00	$0.00	$0.00	$0.00	$0.00
	665391	AZ101049	✗	Pinal, Gila	Pinal-Gila Council for Senior Citizens	8969 W McCartney Rd	Casa Grande	AZ	85194	$71,947.00	$0.00	$0.00	$71,947.00	$0.00	$0.00
	134958	AZ101184	✗	Pima	PPEP Integrated Care	901 E. 46th Street	Tucson	AZ	85713	$57,087.00	$57,087.00	$0.00	$0.00	$0.00	$0.00
	10036	AZ102965	✗	Queen Creek	Queen Creek High School	20217 East Chandler Heights Road	Queen Creek	AZ	85142	$98,777.00	$0.00	$0.00	$98,777.00	$0.00	$0.00
	752701	AZ101418	✗	Maricopa County	Red Mountain Behavioral Health, LLC	2915 E. Baseline Rd., Ste 115	Gilbert	AZ	85234	$6,076.00	$6,076.00	$2,642.00	$0.00	$0.00	$0.00
	10037	AZ102960	✗	Springerville	Round Valley High School	PO Box 610	Springerville	AZ	85938	$46,501.00	$0.00	$0.00	$46,501.00	$0.00	$0.00
	624230	AZ101155	✗	Gila	San Carlos Apache Wellness Center	5 San Carlos Avenue	San Carlos	AZ	85550	$55,843.00	$0.00	$0.00	$55,843.00	$0.00	$0.00
	10038	AZ102966	✗	Eloy	Santa Cruz Valley Union High School	900 N Main Street	Eloy	AZ	85131	$21,281.00	$0.00	$0.00	$21,281.00	$0.00	$0.00
	10039	AZ102971	✗	Mesa	Skyline High School	845 S Crimson Road	Mesa	AZ	85208	$130,146.00	$0.00	$0.00	$130,146.00	$0.00	$0.00
					Sonoran										

	407398	AZ103544	✗	Statewide	Prevention Works	304 E. Dunlap	Phoenix	AZ	85020	$655,061.00	$655,061.00	$0.00	$0.00	$0.00	$0.00
	559042	AZ100848	✗	Cochise	Southeastern Arizona Behavioral Health Services	590 S Ocotillo	Benson	AZ	85602	$103,286.00	$3,695.00	$0.00	$99,591.00	$0.00	$0.00
	277449	AZ103249	✗	Cochise	Southeastern Arizona Behavioral Health Services	936 F Ave, Ste B	Douglas	AZ	85607	$1,651.00	$1,651.00	$0.00	$0.00	$0.00	$0.00
	895659	AZ901070	✗	Graham	Southeastern Arizona Behavioral Health Services	1615 S 1st Avenue	Safford	AZ	85546	$11,655.00	$11,655.00	$0.00	$0.00	$0.00	$0.00
	100992	AZ100992	✗	Pima	Southern Arizona Aids Foundation	375 Euclid Avenue	Tucson	AZ	85719	$143,894.00	$0.00	$0.00	$143,894.00	$0.00	$0.00
	AZ100992	AZ100992	✓	Pima County	Southern Arizona AIDS Foundation	375 South Euclid Avenue	Tucson	AZ	85719	$329,011.16	$0.00	$0.00	$0.00	$329,011.16	$0.00
	216898	AZ100993	✗	Coconino County	Southwest Behavioral Health Services	1515 E. Cedar Ave. Ste B2	Flagstaff	AZ	86004	$87,075.00	$87,075.00	$1,675.00	$0.00	$0.00	$0.00
	515124	AZ101974/	✗	Gila County	Southwest Behavioral Health Services	404 W Aero Dr	Payson	AZ	85541	$42,576.00	$42,576.00	$819.00	$0.00	$0.00	$0.00
	435457	AZ100994	✗	Mohave County	Southwest Behavioral Health Services	2580 HWY 95 Ste 119-125	Bullhead City	AZ	86442	$13,993.00	$13,993.00	$270.00	$0.00	$0.00	$0.00
	237443	AZ100668	✗	Mohave County	Southwest Behavioral Health Services	2215 Hualapai Mountain Rd. Ste. H&I	Kingman	AZ	86401	$15,222.00	$15,222.00	$293.00	$0.00	$0.00	$0.00
	253753	AZ100679	✗	Mohave County	Southwest Behavioral Health Services	1845 McColloch Blvd Ste B1	Lake Havasu City	AZ	86403	$14,152.00	$14,152.00	$272.00	$0.00	$0.00	$0.00
	263067	AZ104697	✗	Mohave County	Southwest Behavioral Health Services	1301 W Beal St	Kingman	AZ	86401	$24,990.00	$24,990.00	$481.00	$0.00	$0.00	$0.00
	654156	AZ102820	✗	Mohave County	Southwest Behavioral Health Services	7763 East Florentine Road	Prescott Valley	AZ	86314	$669.00	$669.00	$13.00	$0.00	$0.00	$0.00
	950683	AZ104698	✗	Mohave County	Southwest Behavioral Health Services	401 Emery St	Bullhead City	AZ	86442	$21,007.00	$21,007.00	$404.00	$0.00	$0.00	$0.00
	83489	AZ102777	✗	Yavapai County	Southwest Behavioral Health Services	7600 E Florentine Rd	Prescott Valley	AZ	86314	$19,340.00	$19,340.00	$372.00	$0.00	$0.00	$0.00
	172632	AZ100678	✗	Mohave County	Southwest Behavioral Health Services	809 Hancock Rd Ste 1	Bullhead City	AZ	86442	$46,115.00	$46,115.00	$887.00	$0.00	$0.00	$0.00
	348874	AZ102777	✗	Yavapai County	Southwest Behavioral Health Services	7600 E. Florentine Ave Ste. 101	Prescott Valley	AZ	86314	$319,832.00	$319,832.00	$6,153.00	$0.00	$0.00	$0.00
	560020	AZ101979	✗	Yavapai County	Southwest Behavioral Health Services	8985 W Stageline Rd	Payson	AZ	85541	$44.00	$44.00	$1.00	$0.00	$0.00	$0.00
	153499	AZ101170	✗	Yavapai County	Spectrum Healthcare Group	651 West Mingus Ace	Cottonwood	AZ	86326	$8,087.00	$8,087.00	$898.00	$0.00	$0.00	$0.00
	184460	AZ100931	✗	Yavapai County	Spectrum Healthcare Group	8 E. Cottonwood St.	Cottonwood	AZ	86326	$1,092.00	$1,092.00	$120.00	$0.00	$0.00	$0.00
	290679	AZ101170	✗	Yavapai County	Spectrum Healthcare Group	452 Finnie Flats Rd	Camp Verde	AZ	86322	$16,853.00	$16,853.00	$1,872.00	$0.00	$0.00	$0.00
	438745	AZ100886	✗	Yavapai County	Spectrum Healthcare	8 E. Cottonwood	Cottonwood	AZ	86326	$6,330.00	$6,330.00	$703.00	$0.00	$0.00	$0.00

					Group	St. Bldg C									
	2683	AZ104698	✗	Yavapai County	Spectrum Healthcare Group	8 E Cottonewood	Cottonwood	AZ	8326	$2,577.00	$2,577.00	$286.00	$0.00	$0.00	$0.00
	57952	AZ100384	✗	Yavapai County	Spectrum Healthcare Group	8 E. Cottonwood St.	Cottonwood	AZ	86326	$158,135.00	$158,135.00	$17,566.00	$0.00	$0.00	$0.00
	144577	AZ104857	✗	Coconino County and Yavapai County	Spectrum Healthcare Group	2880 Hopi Dr	Sedona	AZ	86336	$3,391.00	$3,391.00	$377.00	$0.00	$0.00	$0.00
	10002	AZ101056	✗	Maricopa County	Tanner Community Development Corp (TCDC)	700 E Jefferson St Ste 200	Phoenix	AZ	85034	$157,122.00	$0.00	$0.00	$157,122.00	$0.00	$0.00
	10003	AZ103619	✗	Maricopa County	Teen Lifeline	4612 N. 12th St	Phoenix	AZ	85014	$137,418.00	$0.00	$0.00	$137,418.00	$0.00	$0.00
	AZ103582	AZ103582	✓	Maricopa County	Terros Health	3003 North Central Avenue Suite 200	Phoenix	AZ	85012	$264,168.34	$264,168.34	$0.00	$0.00	$0.00	$0.00
	980961	AZ100003	✗	Maricopa County	Terros, Inc	1111 S. Stapley Dr.	Mesa	AZ	85204	$407,264.00	$407,264.00	$0.00	$0.00	$0.00	$0.00
	810053	AZ104113	✗	Maricopa County	Terros, Inc	3864 N. 27th Avenue	Phoenix	AZ	85017-4703	$321,704.00	$321,704.00	$0.00	$0.00	$0.00	$0.00
	907972	AZ100766	✗	Maricopa County	Terros, Inc	4425 W. Olive Ave #200 & #140	Glendale	AZ	85302-3843	$234,599.00	$234,599.00	$0.00	$0.00	$0.00	$0.00
	056996	AZ301404	✗	Maricopa County	Terros, Inc	4909 E. McDowell Rd	Phoenix	AZ	85008-7735	$427,436.00	$427,436.00	$0.00	$0.00	$0.00	$0.00
	906404	Az103582	✗	Maricopa County	Terros, Inc	5801 N. 51st Avenue	Glendale	AZ	85301	$93,399.00	$93,399.00	$0.00	$0.00	$0.00	$0.00
	011432	AZ100001	✗	Maricopa County	Terros, Inc	6153 W. Olive Ave	Glendale	AZ	85302-4564	$226,131.00	$226,131.00	$0.00	$0.00	$0.00	$0.00
	950925	AZ101378	✗	Maricopa County	Terros, Inc	2400 W Dunlap Ave. Ste 300	Phoenix	AZ	85021	$14,850.00	$14,850.00	$0.00	$0.00	$0.00	$0.00
	016658	AZ101379	✗	Maricopa County	Terros, Inc	1232 E. Broadway Rd. Ste 120	Tempe	AZ	85282	$35,512.00	$35,512.00	$0.00	$0.00	$0.00	$0.00
	10004	AZ104308	✗	Maricopa County	Terros, Inc	3302 N. 35th Ave, Ste 8	Phoenix	AZ	85017	$152,051.00	$0.00	$0.00	$152,051.00	$0.00	$0.00
	037862	AZ100968	✗	Maricopa County	Terros, Inc - 23rd Ave	8836 N 23rd Ave. Ste B-1	Phoenix	AZ	85021	$24,954.00	$24,954.00	$0.00	$0.00	$0.00	$0.00
	232932	AZ101383	✗	Maricopa County	Terros, Inc - 51st Ave	4616 N 51st Ave	Phoenix	AZ	85031	$18,048.00	$18,048.00	$0.00	$0.00	$0.00	$0.00
	78528	AZ100434	✗	Yavapai County	The Guidance Center	2187 N. Vickey Street	Flagstaff	AZ	86004	$8,972.00	$8,972.00	$525.00	$0.00	$0.00	$0.00
	106944	AZ100434	✗	Yavapai County	The Guidance Center	2188 N. Vickey Street	Flagstaff	AZ	86004	$127,050.00	$127,050.00	$7,440.00	$0.00	$0.00	$0.00
	116807	AZ101006	✗	Coconino County	The Guidance Center	220 W. Grant Street	Williams	AZ	86046	$3,520.00	$3,520.00	$206.00	$0.00	$0.00	$0.00
	154902	AZ100434	✗	Coconino County	The Guidance Center	2187 N. Vickey Street	Flagstaff	AZ	86004	$1,646.00	$1,646.00	$96.00	$0.00	$0.00	$0.00
	158133	AZ101007	✗	Coconino County	The Guidance Center	2695 E. Industrial Dr	Flagstaff	AZ	86004	$159,617.00	$159,617.00	$9,347.00	$0.00	$0.00	$0.00
	598089	AZ100434	✗	Coconino County	The Guidance Center	2187 N. Vickey Street	Flagstaff	AZ	86004	$621.00	$621.00	$36.00	$0.00	$0.00	$0.00
	969884	AZ101008	✗	Coconino County	The Guidance Center	2697 E. Industrial Dr	Flagstaff	AZ	86004	$71,239.00	$71,239.00	$4,172.00	$0.00	$0.00	$0.00
	10040	AZ102959	✗	Phoenix	Toltecalli High School/Hiaki High School	1112 E Buckeye Road	Phoenix	AZ	85034	$40,555.00	$0.00	$0.00	$40,555.00	$0.00	$0.00
	151359	AZ100463	✗	Pima	Touchstone Behavioral Health	1430 E Fort Lowell Road Ste 100	Tucson	AZ	85719	$108,127.00	$108,127.00	$0.00	$0.00	$0.00	$0.00
	357279	AZ101943	✗	Maricopa County	Touchstone Behavioral Health, Inc	15648 North 35th Avenue	Phoenix	AZ	85053	$47,781.00	$47,781.00	$0.00	$0.00	$0.00	$0.00
	378853	AZ100737	✗	Maricopa County	Touchstone Behavioral Health, Inc	3602 East Greenway, Suite 102	Phoenix	AZ	85032	$97,022.00	$97,022.00	$0.00	$0.00	$0.00	$0.00
	384591	AZ102793	✗	Yuma	Transitional Living Center Recovery	1340 S. 4th Avenue	Yuma	AZ	85364	$6,660.00	$6,660.00	$0.00	$0.00	$0.00	$0.00

	425931	AZ100684	X	Pinal	Transitional Living Center Recovery	117 E. 2nd Street	Casa Grande	AZ	85122	$3,996.00	$3,996.00	$0.00	$0.00	$0.00	$0.00
	163307	AZ102796	X	Pinal	Turtle Bay Café of Casa Grande, LLC	109 E. 2nd Street	Casa Grande	AZ	85122	$4,440.00	$4,440.00	$0.00	$0.00	$0.00	$0.00
	7667	BH5937	X	Maricopa County	Unhooked	215 S Power Rd STE 1251	Mesa	AZ	85206	$178,349.00	$178,349.00	$0.00	$0.00	$0.00	$0.00
	258528	OTC8147	X	Maricopa County	Unhooked	5801 E Main St.	Mesa	AZ	85205	$475,597.00	$475,597.00	$0.00	$0.00	$0.00	$0.00
	101060	AZ101060	X	Pima	University of Arizona ERAD	1717 E Speedway Street	Tucson	AZ	85719	$83,016.00	$0.00	$0.00	$83,016.00	$0.00	$0.00
	493467	OTC5940	X	Maricopa County	Valle del Sol	10320 W McDowell Road Ste. G	Avondale	AZ	85392	$7,067.00	$7,067.00	$0.00	$0.00	$0.00	$0.00
	1009	x	X	Statewide	Veterans for Veterans	1626 West Denton Lane	Phoenix	AZ	85015	$375.00	$375.00	$0.00	$0.00	$0.00	$0.00
	10042	AZ104185	X	Statewide	Wellington Consulting Group	10030 N 118th Street	Scottsdale	AZ	85259	$322,066.00	$0.00	$0.00	$322,066.00	$0.00	$0.00
	3434	AZ300117	X	Yavapai County	West Yavapai Guidance Center	505 S Cortez	Prescott	AZ	86303	$44,620.00	$44,620.00	$1,278.00	$0.00	$0.00	$0.00
	116790	AZ101309	X	Yavapai County	West Yavapai Guidance Center	642 Dameron Drive	Prescott	AZ	86301	$192,326.00	$192,326.00	$5,510.00	$0.00	$0.00	$0.00
	159727	AZ000221	X	Yavapai County	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	$32,013.00	$32,013.00	$917.00	$0.00	$0.00	$0.00
	290802	AZ103176	X	Yavapai County	West Yavapai Guidance Center	8655 E. Eastridge Rd	Prescott Valley	AZ	86314	$7,961.00	$7,961.00	$228.00	$0.00	$0.00	$0.00
	347207	AZ103176	X	Yavapai County	West Yavapai Guidance Center	8655 E. Eastridge Rd	Prescott Valley	AZ	86314	$226,994.00	$226,994.00	$6,502.00	$0.00	$0.00	$0.00
	366233	AZ101842	X	Yavapai County	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	$63,145.00	$63,145.00	$1,810.00	$0.00	$0.00	$0.00
	540303	AZ100688	X	Yavapai County	West Yavapai Guidance Center	625 Hillside Ave	Prescott	AZ	86301	$3,846.00	$3,846.00	$110.00	$0.00	$0.00	$0.00
	591562	AZ100689	X	Yavapai County	West Yavapai Guidance Center	642 Dameron Dr	Prescott	AZ	86301	$435,474.00	$342,250.00	$9,804.00	$93,224.00	$0.00	$0.00
	904511	AZ101278	X	Yavapai County	West Yavapai Guidance Center	555 W Road 3 North	Chino Valley	AZ	86323	$10,333.00	$10,333.00	$296.00	$0.00	$0.00	$0.00
	10041	AZ102978	X	Willcox	Willcox High School	480 N Bisbee Avenue	Willcox	AZ	85643	$46,878.00	$0.00	$0.00	$46,878.00	$0.00	$0.00
	101061	AZ101061	X	Yuma	Yuma Family YMCA	1917 W 32nd Street	Yuma	AZ	85364	$108,164.00	$0.00	$0.00	$108,164.00	$0.00	$0.00
Total										$34,788,937.89	$23,160,973.73	$3,092,437.00	$7,395,358.00	$1,270,417.16	$0.00

*** Indicates the imported record has an error.**

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures to include funds appropriated by the state legislature; revenue funds (e.g., alcohol, tobacco, and gambling taxes; asset seizures); state Medicaid match expenditures; and third-party reimbursement (e.g., insurance payments) for authorized activities to prevent and treat SUDs flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2020 Expenditure Period End Date: 06/30/2021

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2019) + B2(2020)** **2** **(C)**
SFY 2019 (1)	$115,523,935.39	
SFY 2020 (2)	$77,698,825.44	$96,611,380.42
SFY 2021 (3)	$84,158,809.65	

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 ____

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes ____ No **X**

If yes, specify the amount and the State fiscal year: ____

If yes, SFY: ____

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes ____ No ____

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations? ____

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the SABG. 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 Substance Abuse Services Fund (SASF), & the Substance Use Disorder Services Fund (SUDS). The calculation excludes federal, city, and county funds.

Footnotes:

Due to AZ's shortfall of $12,452,570.77 for SFY2021, the State would like to request a Public Health Emergency (COVID-19) waiver.

3/21/2022 - AHCCCS attached the MOE waiver letter

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
SFY21 SUBSTANCE ABUSE/MENTAL HEALTH MAINTENANCE OF EFFORT

			MH	SA
State Appropriations & Other Non-TXIX Funding				
Non-TXIX SMI (HC17100)			$77,456,664.36	$0.00
Supported Housing (HC17200)			$5,448,338.78	$0.00
Liquor Fees (HC16414)			$0.00	$10,950.00
Substance Use Disorder Services (HC17400)			$0.00	$1,165,919.19
BH Public Schools (HC14600)			$3,000,000.00	$0.00
			$85,905,003.14	$1,176,869.19

MH/SA CRISIS (USE MEDICAID RATE)	
MH NTXIX %	**SA NTXIX %**
82.38%	17.62%

CRISIS (HC17300)				
General Fund	$14,145,787.02		$11,653,299.35	$2,492,487.67
Substance Abuse Services Fund	$2,250,200.00		$0.00	$2,250,200.00
	$16,395,987.02		$11,653,299.35	$4,742,687.67

MH/SA MEDICAID Rate	
MH TXIX %	**SA TXIX %**
82.38%	17.62%

Medicaid State Match				
Fee For Service			$33,708,900.24	$15,787,367.90
Capitation			$282,616,757.52	$61,628,812.40
			$316,325,657.76	$77,416,180.30
TXIX Medicare Part D Clawback (State Funds)	$16,683,000	$12,011,760	$12,011,759.98	$0.00
		$4,671,240	$3,848,167.51	$823,072.49
			$15,859,927.48	$823,072.49
PASRR (State Funds)			$127,500.00	$0.00
		TOTAL	$429,871,387.73	$84,158,809.65

MAINTENANCE OF EFFORT FOR 2021		
	Mental Health	Substance Abuse
TOTAL	**$429,871,387.73**	**$84,158,809.65**
MOE REQUIRED	$484,308,603	$96,611,380
SHORTFALL/SURPLUS	**($54,437,215)**	**($12,452,571)**

The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the SABG. 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 Substance Abuse Services Fund (SASF), & the Substance Use Disorder Services Fund (SUDS). The calculation excludes federal, city, and county funds, with the exception of the County contribution utilized for Medicaid State Match.

2021 Maintenance of Effort (MOE) SABG & MHBG Block Grant Instructions

Report Submitted to SAMHSA in WebBGAS Reporting System by December 1 of each year
Report Approved by DBF Assistant Director, Budget Administrator, & Finance Administrator

Part I: Medicaid Behavioral Health Expenditures

1. AHCCCS has established clinical criteria to define distinct categories of services
    a. Based on primary diagnosis code (ICD-9 or ICD-10) for non-pharmacy costs
    b. Based on Generic Product Identifier (GPI) code for pharmacy costs
    c. Physical Health (PH) is differentiated from Behavioral Health (BH)
    d. BH is grouped into subcategories for Mental Health (MH) or Substance Abuse (SA)
    e. PH and BH are mutually exclusive; MH and SA are mutually exclusive

2. AHCCCS Division of Health Care Management (DHCM) reports fee-for-service (FFS) expenditures in these categories
    a. For SFY 2021 paid claims, the clinical criteria are applied to all expenditures
    b. Resulting classification of expenses is provided to Division of Business and Finance (DBF)

3. AHCCCS DHCM actuaries report managed care organization (MCO) rate components in these categories
    a. Review encounter data for CYE 2019 dates of service (DOS) and apply clinical criteria
        i. Compute relative PH%, MH%, and SA% of each MCO capitation rate
        ii. Separately report BH inpatient (IP) expenditures in own category to be excluded
    b. Utilize encounter data from two years prior to effective rate – CYE 2019 used to develop CYE 2021 rate break-out
        i. Most complete encounter data available
        ii. Same underlying encounter data used to develop the new rate
    c. Resulting classification of rate components provided to DBF for all lines of business (LOB) and risk groups
    d. Rate components are expressed as percentages (%s) of a total paid rate

4. AHCCCS DBF receives FFS and MCO expenditure data by category from DHCM and computes corresponding state match amounts
    a. Applies DHCM data to paid financial data from the Arizona Financial Information System (AFIS) to capture all expenses
    b. Applies effective Federal Medical Assistance Percentage (FMAP) rate to all expenditures to calculate state match component
    c. Summarizes state match expenditures by BH subcategories for MH and SA

Part II: Non-Medicaid Behavioral Health Expenditures

1. AHCCCS DBF queries Arizona Financial Information System (AFIS) expenditures from the IBM Cognos data warehouse. Data is reviewed and reconciled.
2. Pivot Tables separate the data by major program to determine which expenditures are applicable to the MOE calculation. Expenditures are separated between MH & SA, as applicable.

All expenditures for both Medicaid & Non-Medicaid Behavioral are entered into the MOE Calculation Worksheet.

Sent via electronic mail

March 21, 2022

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: Substance Abuse Block Grant (SABG) SFY2021 Maintenance of Effort (MOE) Waiver Request

Dear Dr. Delphin-Rittmon:

The State of Arizona respectfully requests a waiver of the State Fiscal Year (SFY) 2021 Maintenance of Effort (MOE) for the Substance Abuse Block Grant (SABG) as specified under SAMHSA's public health emergency (COVID-19) waiver authority under section 1957 of the Public Health Service Act (42USC 300x-67). This waiver is requested for the shortfall of $12,452,570.77.

The SFY 2021 shortfall is primarily attributable to the temporary 6.2 percentage point increase to the Federal Medical Assistance Percentage (FMAP) authorized by Section 6008 of the Families First Coronavirus Response Act (FFCRA) (P.L. 116-127). In SFY19, there were no increased FMAP quarters. In SFY20, there were two quarters of the increased FMAP. In SFY21, there were four quarters of the increased FMAP which reduces the state contributions to the Medicaid program. Additionally, there were proportional decreases to the behavioral health components (in relation to physical health) of the AHCCCS integrated capitation rates for Contract Year 2021 compared with Contract Year 2020. Absent the 6.2 percent increase to the FMAP, in SFY 2021 the State of Arizona would have spent approximately $120 million more in state match for mental health and approximately $22 million more in state match for substance abuse.

Approximately 93 percent of the AHCCCS full benefit Title XIX membership is enrolled in managed care plans that have a fully integrated capitation rate that covers both physical health and behavioral health. The methodology utilized to identify Medicaid expenditures for mental health and substance abuse services is based on clinical criteria established by AHCCCS to define and differentiate physical health, mental health, and substance abuse services that are provided under the Medicaid program. Using this criteria, AHCCCS actuaries calculate a behavioral health and physical health portion of each integrated rate. The behavioral health portion of the rate may decline in relation to the physical health portion for a given contract year, however, this does not necessarily mean that behavioral health expenditures overall declined.

While this methodology may result in a *computed* decrease in state expenditures reported in SFY 2021 as compared to SFY 2020, the State did not reduce behavioral health covered services, reimbursement, or funding in this period. On the contrary, based on health plan reported claims and encounter data, overall expenditures increased for Contract Year 2021 compared to Contract Year 2020. See the table "Total Fund Medicaid Spending by Service Type".

Total Fund Medicaid Spending by Service Type

	Expenditures		
	SFY20	SFY21	Inc.
Mental Health	$2,972,300,000	$3,337,900,000	12.3%
Substance Abuse	$498,800,000	$628,100,000	25.9%

Currently, there are no planned reductions in coverage, services, or reimbursement that would decrease Medicaid mental health expenditures. AHCCCS is committed to ensuring members with a Serious Mental Illness (SMI) designation and children with Serious Emotional Disturbance (SED) are provided an adequate level of services and funding commitment.

If you have any questions or require additional information, please contact Alisa Randall, Assistant Director, Division of Grants Administration, at (602) 417-4794 or Alisa.Randall@azahcccs.gov .

Thank you for consideration of this request.

Sincerely,

Jami Snyder,
Director

Enclosures

cc: Theresa Mitchell Hampton, DrPH, M.Ed., Project Officer, CSAT, SAMHSA
Jeff Tegen, Assistant Director, AHCCCS
Alisa Randall, Assistant Director, AHCCCS
Hazel Alvarenga, Deputy Assistant Director, AHCCCS
Nereyda Ramirez, Finance Administrator, AHCCCS
Kristen Challacombe, Deputy Director, AHCCCS
Emmalee Hefton, Grants Administrator, AHCCCS

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This Maintenance of Effort table provides a description of expenditures including SABG and state funds (e.g., state legislature appropriations; revenue funds; state Medicaid match funds; and third-party reimbursements) for specialized treatment and related services that meet the SABG requirements for pregnant women and women with dependent children flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 10/01/2018 Expenditure Period End Date: 09/30/2020

Base

Period	Total Women's Base (A)
SFY 1994	$ 2,796,016.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2019		$ 3,500,777.00	
SFY 2020		$ 3,500,778.00	
SFY 2021		$ 3,500,777.00	(•) Actual ( ) Estimated
Enter the amount the State plans to expend in SFY 2022 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): $ 3500777.00			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Please see uploaded attachment for the SABG Description of Calculations for Table 8b, Expenditures for Services to Pregnant Women and Women with Dependent Children.

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

Table 8b: Women's base for services to pregnant women and women with dependent children as required by 42 U.S.C §300x-22(b)(1); and for 1994 and subsequent fiscal years;

Calculations for the Women's Base are grounded in a survey done in FY92 attempting to capture all specialty women's treatment programs operating during that year. The total value of services to pregnant women, and women with dependent children who received primarily residential treatment services in FY92 at state supported treatment programs equaled $1,225,977, which consisted of $1,164,678 of Federal funds and $61,299 of State Appropriations. This became the FY92 Women's Base (**Table II**).

For FY93, States must spend not less than 5% of grant to increase, relative to FY92, the availability of treatment services designed for pregnant women and women with dependent children. In FY93, 5% of the block grant award equated to $768,307. For FY94, States must spend not less than 5%, relative to FY93, for these services. In FY94, 5% of the block grant award equated to $801,732 **(Table III). T**he state will expend for such services for women not less than an amount equal to the amount expended for FY94 with equates to $2,796,016.

Table II: Expenditures for Services to Pregnant Women & Women with Dependent Children (Base)

Period	(1992) Amount from ADMS Block Grant Spent for Pregnant Women and Women with Dependent Children	(1992) State Expenditures for Pregnant Women and Women with Dependent Children	(1992) Women's Base
1992	$1,164,678	$61,299	$1,225,977

Table III: Expenditures for Services to Pregnant Women & Women with Dependent Children (MOE)

Period	Total Women's Base From Previous Year (A)	Total SAPT Block Grant Award (B)	5 % of SAPT Block Grant Award (C)	State Expenditures (D)	Total Women's Base (A+B+C+D)
1993	$1,225,977	$15,366,146	$768,307	$0	$1,994,284
1994	$1,994,284	$16,034,641	$801,732	$0	$2,796,016
1995					$2,796,016
1996					$2,796,016

The State's Chart of Accounts has a Major Program Structure set up in the AFIS Accounting System that tracks all disbursements for Pregnant Women and Women with Dependent Children from the SABG Block Grant. The amount reported in the 2019 reporting period reflects the total amount of federal block grant expenditures from the FFY2017 SABG Block Grant to ensure consistency in reporting with prior years.

Table 8b: Expenditures for Services to Pregnant Women & Women with Dependent Children

Period (State Fiscal Year)	Total Women's Base (A)	Total Expenditures (B)	Reflects Grant Award
1994	$2,796,016		
2008		$3,500,777	FFY2006

2009		$3,500,777	FFY2007
2010		$3,500,777	FFY2008
2011		$3,500,777	FFY2009
2012		$3,515,680	FFY2010
2013		$3,860,921	FFY2011
2014		$3,500,777	FFY2012
2015		$3,496,101	FFY2013
2016		$4,274,549	FFY2014
2017		$3,500,777	FFY2015
2018		$3,500,777	FFY2016
2019		$3,500,777	FFY2017
2020		$3,500,778	FFY2018
2021		$3,500,777	FFY2019

Footnote: Expenses reported in Column B reflect the Federal Fiscal Year Grant Award to maintain consistency in reporting.

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act(42 U.S.C.§ 300x29) about the primary prevention activities conducted by the entities listed on SABG Table 7.

Expenditure Period Start Date: 10/1/2018 Expenditure Period End Date: 9/30/2020

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	10
	2. Resources directories	11
	3. Media campaigns	26
	4. Brochures	24
	5. Radio and TV public service announcements	8
	6. Speaking engagements	34
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	33
	8. Information lines/Hot lines	15
	2. Education	
	1. Parenting and family management	15
	2. Ongoing classroom and/or small group sessions	31
	3. Peer leader/helper programs	13
	4. Education programs for youth groups	45
	5. Mentors	8
	6. Preschool ATOD prevention programs	2
	7. Cultural/Traditional Programming, Education/Trainings for Adults/Community Members	8
	3. Alternatives	
	1. Drug free dances and parties	5
	2. Youth/adult leadership activities	17
	3. Community drop-in centers	2
	4. Community service activities	7
	6. Recreation activities	7
	7. Cultural Community Activities	4
	4. Problem Identification and Referral	

1. Employee Assistance Programs	1
2. Student Assistance Programs	8
3. Driving while under the influence/driving while intoxicated education programs	4
4. Referrals to SUD treatment and/or mental health supports.	9
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	21
2. Systematic planning	25
3. Multi-agency coordination and collaboration/coalition	36
4. Community team-building	24
5. Accessing services and funding	21
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	7
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	9
3. Modifying alcohol and tobacco advertising practices	2
4. Product pricing strategies	1
5. Safe Storage/Disposal of Medications	5

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Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

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

Level of Care	SABG Number of Admissions ≥ Number of Persons Served		COVID-19 Number of Admissions ≥ Number of Persons Served		SABG Costs per Person (C, D & E)			COVID-19 Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)										
1. Hospital Inpatient	10,829	4,022	0	0	$3.00	$3.00	$2.00	$0.00	$0.00	$0.00
2. Free-Standing Residential	18,169	6,751	0	0	$2.00	$1.00	$1.00	$0.00	$0.00	$0.00
REHABILITATION/RESIDENTIAL										
3. Hospital Inpatient	52,270	22,005	0	0	$5.00	$4.00	$5.00	$0.00	$0.00	$0.00
4. Short-term (up to 30 days)	33,140	13,784	0	0	$583.07	$213.36	$1.00	$0.00	$0.00	$0.00
5. Long-term (over 30 days)	1,193	802	0	0	$19.60	$19.63	$0.29	$0.00	$0.00	$0.00
AMBULATORY (OUTPATIENT)										
6. Outpatient	395,852	145,272	0	0	$77.29	$30.48	$275.30	$0.00	$0.00	$0.00
7. Intensive Outpatient	2,003	1,042	0	0	$105.42	$113.52	$338.12	$0.00	$0.00	$0.00
8. Detoxification	0	0	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
OUD MEDICATION ASSISTED TREATMENT										
9. OUD Medication-Assisted Detoxification[1]	23,753	10,794	0	0	$10.82	$13.65	$7.84	$0.00	$0.00	$0.00
10. OUD Medication-Assisted Treatment Outpatient[2]	90,179	38,476	0	0	$358.23	$87.52	$1.00	$0.00	$0.00	$0.00

Please explain why Column A (SABG and COVID-19 Number of Admissions) are less than Column B (SABG and COVID-19 Number of Persons Served)

2/7/2022: Updated chart through revision request
Arizona BHS provides detoxification services only in an inpatient setting or OUD MAT setting

[1] OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

[2] OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:
12/1/21: AHCCCS is currently compiling data and will submit to SAMHSA as per the guidance letter sent to SSA on 8/19/2021.

IV: Population and Services Reports

Tables 11A, 11B and 11C - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions to and persons served in SABG and COVID-19 Relief Supplement funded services.

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

TABLE 11A – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	18,359	2,409	2,630	505	528	14	13	23	45	781	747	1	0	5,422	5,241	9,155	9,204	55	36
2. 18 - 24	27,513	6,015	6,303	1,254	1,267	34	29	83	117	1,776	1,561	3	0	5,320	3,751	14,485	13,028	169	58
3. 25 - 44	123,776	32,532	31,674	5,335	4,944	160	150	494	247	8,688	7,087	14	8	19,840	12,603	67,063	56,893	814	410
4. 45 - 64	86,447	25,351	23,290	3,403	2,545	81	55	472	227	4,518	2,935	30	22	13,497	10,021	47,352	39,095	609	848
5. 65 and Over	14,347	3,755	3,969	475	414	7	9	105	49	554	336	7	8	2,512	2,147	7,415	6,932	198	246
6. Total	**270,442**	**70,062**	**67,866**	**10,972**	**9,698**	**296**	**256**	**1,177**	**685**	**16,317**	**12,666**	**55**	**38**	**46,591**	**33,763**	**145,470**	**125,152**	**1,845**	**1,598**
7. Pregnant Women	13,151		1,377		2,559		79		180		4,053		0		4,903		13,151		12

Number of persons served who were admitted in a period prior to the 12 month reporting period	26,928
Number of persons served outside of the levels of care described on Table 10	51,318

Are the values reported in this table generated from a client based system with unique client identifiers? (•) Yes ( ) No

TABLE 11B – COVID-19 Unduplicated Count of Persons Served for Alcohol and Other Drug Use

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	8,095	833	934	159	166	5	7	34	28	1,672	1,733	0	0	1,250	1,274	3,953	4,142	4	6
2. 18 - 24	5,631	528	1,199	107	186	3	9	15	25	721	1,084	0	0	670	1,084	2,044	3,587	8	7
3. 25 - 44	17,932	1,854	3,998	343	635	22	19	67	123	2,274	3,531	0	2	2,007	3,057	6,567	11,365	55	61
4. 45 - 64	15,917	2,523	2,985	322	404	15	19	103	117	1,725	2,275	3	5	2,671	2,750	7,362	8,555	79	180
5. 65 and Over	6,351	930	1,434	86	124	3	6	57	71	471	753	6	12	1,018	1,380	2,571	3,780	62	127
6. Total	**53,926**	**6,668**	**10,550**	**1,017**	**1,515**	**48**	**60**	**276**	**364**	**6,863**	**9,376**	**9**	**19**	**7,616**	**9,545**	**22,497**	**31,429**	**208**	**381**
7. Pregnant Women	0		0		0		0		0		0		0		0		0		0

TABLE 11C – SABG Unduplicated Count of Person Served for Alcohol and Other Drug Use by Sex, Gender Identity, and Sexual Orientation (Requested)

Age	Cisgender Male	Cisgender Female	Transgender Man /Transman /Female -To-Man	Transgender Woman/ Transwoman/ Male-To-Female	Genderqueer/ Gender Non-Conforming/ Neither Exclusively Male nor Female	Additional Gender Category (or Other)	Straight or Heterosexual	Gay or Lesbian	Bisexual	Queer, Pansexual, and/or Questioning	Something Else? Please Specify Under Footnotes
1. 17 and Under	92,100	9,240	0	0	0	0	0	0	0	0	0
2. 18 - 24	146,540	13,086	0	0	0	0	0	0	0	0	0
3. 25 - 44	67,877	57,303	0	0	0	0	0	0	0	0	0
4. 45 - 64	47,961	39,943	0	0	0	0	0	0	0	0	0
5. 65 and Over	145,521	125,183	0	0	0	0	0	0	0	0	0
6. Total	**499,999**	**244,755**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Footnotes:
12/1/2021 AHCCCS is currently compiling data and will submit to SAMHSA as per the guidance letter sent to SSA on 8/19/2021.

2/7/2022: Revision Request. AHCCCS only collects male and female data for sex.

IV: Population and Services Reports

Table 12 - SABG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

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

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

11/30/21: Arizona is not a designated state during this reporting period.

IV: Population and Services Reports

Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

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

Notice to Program Beneficiaries - Check all that apply:

- [x] Used model notice provided in final regulation.
- [x] Used notice developed by State (please attach a copy to the Report).
- [x] State has disseminated notice to religious organizations that are providers.
- [ ] State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- [ ] State has developed specific referral system for this requirement.
- [x] State has incorporated this requirement into existing referral system(s).
- [ ] SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- [x] Other networks and information systems are used to help identify providers.
- [ ] State maintains record of referrals made by religious organizations that are providers.

0 Enter the total number of referrals to other substance abuse providers ("alternative providers") necessitated by religious objection, as defined above, made during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

Service providers were provided training on charitable choice requirements through the annual Substance Abuse trainings required by contract. MHBG providers received training through the Relias online learning platform. No training was provided to local governments or faith-based organizations. -No Training was provided to local government of faith-based organizations; training was provided to service providers on charitable choice requirements.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,632	1,416
Total number of clients with non-missing values on employment/student status [denominator]	4,714	4,714
Percent of clients employed or student (full-time and part-time)	34.6 %	30.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		139,067
Number of CY 2020 discharges submitted:		145,027
Number of CY 2020 discharges linked to an admission:		40,714
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		39,110
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		4,714

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1	3
Total number of clients with non-missing values on employment/student status [denominator]	6	6
Percent of clients employed or student (full-time and part-time)	16.7 %	50.0 %
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		118
Number of CY 2020 discharges submitted:		152
Number of CY 2020 discharges linked to an admission:		68
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		65

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	6

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	139,067
Number of CY 2020 discharges submitted:	145,027
Number of CY 2020 discharges linked to an admission:	40,714
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,110
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	118
Number of CY 2020 discharges submitted:	152
Number of CY 2020 discharges linked to an admission:	68
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	65
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Footnotes:

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0 %	0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,003	3,896
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,835	4,835
Percent of clients without arrests	82.8 %	80.6 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	139,067
Number of CY 2020 discharges submitted:	145,027
Number of CY 2020 discharges linked to an admission:	40,714
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,443
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	4,835

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4	3
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6	6
Percent of clients without arrests	66.7 %	50.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	118
Number of CY 2020 discharges submitted:	152
Number of CY 2020 discharges linked to an admission:	68
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	65

Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	6

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0 %	0.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	4,255	3,862
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,753	4,753
Percent of clients abstinent from alcohol	89.5 %	81.3 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		119
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	498	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		23.9 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,743
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4,255	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		88.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	139,067
Number of CY 2020 discharges submitted:	145,027
Number of CY 2020 discharges linked to an admission:	40,714
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,443
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	4,753

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	5	5
All clients with non-missing values on at least one substance/frequency of use [denominator]	5	5
Percent of clients abstinent from alcohol	100.0 %	100.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		5
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		100.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	118
Number of CY 2020 discharges submitted:	152
Number of CY 2020 discharges linked to an admission:	68
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	65
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	5

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0 %	0.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	0
Number of CY 2020 discharges submitted:	0
Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	3,678	2,939
All clients with non-missing values on at least one substance/frequency of use [denominator]	4,753	4,753
Percent of clients abstinent from drugs	77.4 %	61.8 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		240
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,075	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		22.3 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2,699
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,678	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		73.4 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	139,067
Number of CY 2020 discharges submitted:	145,027
Number of CY 2020 discharges linked to an admission:	40,714
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,443
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	4,753

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	5	2
All clients with non-missing values on at least one substance/frequency of use [denominator]	5	5
Percent of clients abstinent from drugs	100.0 %	40.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		2
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		40.0 %

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	118
Number of CY 2020 discharges submitted:	152
Number of CY 2020 discharges linked to an admission:	68
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	65
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	5

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

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Footnotes:

V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0
Number of CY 2020 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0 %	0.0 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0 %	
Notes (for this level of care):		
Number of CY 2020 admissions submitted:		0
Number of CY 2020 discharges submitted:		0

Number of CY 2020 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	613	587
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	3,637	3,637
Percent of clients participating in self-help groups	16.9 %	16.1 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-0.7 %	

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	139,067
Number of CY 2020 discharges submitted:	145,027
Number of CY 2020 discharges linked to an admission:	40,714
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	39,443
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	3,637

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	3	2
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	6	6
Percent of clients participating in self-help groups	50.0 %	33.3 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-16.7 %	

Notes (for this level of care):	
Number of CY 2020 admissions submitted:	118

Number of CY 2020 discharges submitted:	152
Number of CY 2020 discharges linked to an admission:	68
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	65
Number of CY 2020 linked discharges eligible for this calculation (non-missing values):	6

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
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Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	36	13	24	42
2. Free-Standing Residential	13	3	4	10
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	16	2	3	20
4. Short-term (up to 30 days)	0	0	0	0
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	25	1	4	30
7. Intensive Outpatient	46	5	23	80
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification[1]	112	4	69	166
10. OUD Medication-Assisted Treatment Outpatient[2]	48	1	20	71

Level of Care	2020 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	1198	22
2. Free-Standing Residential	2039	272
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	827	50
4. Short-term (up to 30 days)	0	0

5. Long-term (over 30 days)	0	0
AMBULATORY (OUTPATIENT)		
6. Outpatient	145027	39454
7. Intensive Outpatient	152	68
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification[1]	0	5
10. OUD Medication-Assisted Treatment Outpatient[2]	0	1260

Source: SAMHSA/CBHSQ TEDS CY 2020 admissions file and CY 2020 linked discharge file
[Records received through 2/1/2022]

[1] OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

[2] OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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TABLE 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE MEASURE: 30-DAY USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2019 - 2020	14.3	
	Age 21+ - CY 2019 - 2020	55.5	
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020	0.3	
	Age 18+ - CY 2019 - 2020	13.5	
3. 30-day Use of Other Tobacco Products	**Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2019 - 2020	0.5	
	Age 18+ - CY 2019 - 2020	6.2	
4. 30-day Use of Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2019 - 2020	5.6	
	Age 18+ - CY 2019 - 2020	11.5	
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2019 - 2020	2.0	

	Age 18+ - CY 2019 - 2020	4.7	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.
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Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2019 - 2020	73.0	
	Age 21+ - CY 2019 - 2020	81.6	
2. Perception of Risk From Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	91.1	
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	49.8	

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Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2019 - 2020		
	Age 21+ - CY 2019 - 2020		
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2019 - 2020	11.2	
	Age 18+ - CY 2019 - 2020	16.3	
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2019 - 2020	13.7	
	Age 18+ - CY 2019 - 2020	21.0	
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2019 - 2020	13.3	
	Age 18+ - CY 2019 - 2020	18.4	
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	25.1	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	27.0	

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.
[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

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Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020	94.8	
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2019 - 2020	92.8	
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2019 - 2020		
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2019 - 2020		

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Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2019 - 2020		
	Age 18+ - CY 2019 - 2020	33.4	

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Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2018	92.4	

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Table 27 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL-RELATED TRAFFIC FATALITIES

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2019	32.0	

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Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG-RELATED ARRESTS

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2019	3.7	

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Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2019 - 2020	55.8	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2019 - 2020		

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

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Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2019 - 2020	85.6	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

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Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35

Please indicate the reporting period for each of the following NOMS.

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	7/1/2020	6/30/2021
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity	7/1/2020	6/30/2021
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	7/1/2020	6/30/2021
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	7/1/2020	6/30/2021
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	7/1/2020	6/30/2021

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Arizona currently utilizes self reporting on an annual basis from prevention contractors, as well as statewide data sources including the Arizona Youth Survey (AYS).

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

Arizona currently relies on self reporting from the prevention contractors. Arizona uses this data to report both the number for each applicable racial category and the number of participants to the More Than One Race subcategory.

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Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**359,400**
0-4	101
5-11	4,270
12-14	8,282
15-17	12,856
18-20	1,430
21-24	3,178
25-44	13,958
45-64	16,208
65 and over	8,746
Age Not Known	290,371
B. Gender	**359,400**
Male	19,999
Female	39,749
Gender Unknown	299,652
C. Race	**359,400**
White	20,057
Black or African American	2,351
Native Hawaiian/Other Pacific Islander	214
Asian	743
American Indian/Alaska Native	2,867
More Than One Race (not OMB required)	2,668

Race Not Known or Other (not OMB required)	330,500
D. Ethnicity	**359,400**
Hispanic or Latino	9,412
Not Hispanic or Latino	20,725
Ethnicity Unknown	329,263

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Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies, Number of Persons Served by Age, Gender, Race, and Ethnicity

Category	Total
A. Age	**8637237**
0-4	529
5-11	11158
12-14	215942
15-17	220784
18-20	300691
21-24	300169
25-44	772580
45-64	978835
65 and over	444044
Age Not Known	5392505
B. Gender	**8637237**
Male	1525651
Female	1724778
Gender Unknown	5386808
C. Race	**8637237**
White	1193642
Black or African American	430789
Native Hawaiian/Other Pacific Islander	542
Asian	294799
American Indian/Alaska Native	597704
More Than One Race (not OMB required)	320549

Race Not Known or Other (not OMB required)	5799212
D. Ethnicity	**8637237**
Hispanic or Latino	771196
Not Hispanic or Latino	2421194
Ethnicity Unknown	5444847

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Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	**0**	**$0.00**
Number of Persons Served[1]	**359,400**	**8,637,237**

[1]Number of Persons Served is populated from Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - SUSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies: Number of Persons Served By Age, Gender, Race, and Ethnicity

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Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:
    The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:
    The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:
    The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:
    The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

AHCCCS currently accepts the guidance provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) document “Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners” as the standard to follow when selecting programs and practices, including the best practices lists and resources listed under Section 6 of the document, “Finding Evidence-Based Programs and Practices”. AHCCCS is aware that every community is unique, and has unique needs to be addressed with prevention programming. To support innovation within communities to meet these unique needs, AHCCCS has developed parameters regarding the use of Evidence Based Practices (EBPs), Promising Practices (PPs), and Innovative Practices (IPs). AHCCCS has developed the following definitions. AHCCCS currently defines the word “intervention” as a professionally delivered program, service, strategy or policy designed to prevent substance misuse within a person, family, school, or community. Evidence Based Practices/Interventions (EBPs) Interventions that fall into one or more of three categories: The intervention is included in a federal registry of evidence-based interventions; OR The intervention produced positive effects on the primary targeted outcome, and these findings are reported in a peer-reviewed journal; OR The intervention has documented evidence of effectiveness, based on guidelines developed by the Center for Substance Abuse Prevention and/or the state, tribe, or jurisdiction in which the intervention took place. Documented evidence should be implemented under four recommended guidelines, all of which must be followed. These guidelines require interventions to be: Based on a theory of change that is documented in a clear logic or conceptual model;?AND Similar in content and structure to interventions that appear in federal registries of evidence-based interventions and/or peer-reviewed journals;?AND Supported by documentation showing it has been effectively implemented in the past, multiple times, and in a manner attentive to scientific standards of evidence. The intervention results should show a consistent pattern of credible and positive effects;?AND Reviewed and deemed appropriate by a panel of informed prevention experts that includes qualified prevention researchers experienced in evaluating prevention interventions similar to those under review; local prevention professionals; and key community leaders, as appropriate (for example, law enforcement officials, educators, or elders within indigenous cultures). Promising Practices/Interventions (PPs) An intervention based on statistical analyses or a well-established theory of change; shows potential for meeting the “evidence-based” or “research based” criteria; and could include the use of a program that is evidence-based for outcomes other than the intended use. Innovative Practices/Interventions (IPs) Interventions that serve a priority population and have a promising approach but needs further refinement to become ready for rigorous evaluation. To ensure the appropriate ratio of EBPs, PPs, and IPs are being implemented statewide, prevention providers are required to submit their IPs for AHCCCS review prior to implementation through a process called the ""Innovative Prevention Program/Intervention Protocol". AHCCCS requires the prevention provider to implement primary prevention interventions that are Evidence Based (EBPs), Research Based (RBPs), or Promising Practices (PPs) according to peer reviewed journals and best practice lists as identified by AHCCCS. Innovative prevention interventions may be administered at a ratio of one innovative intervention per every one EBP/RBP/PPs being implemented by the prevention providers.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

AHCCCS contractors self report this data through annual data reports related to the SAMHSA annual reporting templates.

Table 34 - SUBSTANCE ABUSE PREVENTION **Number of Evidence-Based Programs and Strategies by Type of Intervention**

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total

1. Number of Evidence-Based Programs and Strategies Funded	108	16	124	28	28	180
2. Total number of Programs and Strategies Funded	295	153	448	62	47	557
3. Percent of Evidence-Based Programs and Strategies	36.61 %	10.46 %	27.68 %	45.16 %	59.57 %	32.32 %

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Footnotes:

V: Performance Indicators and Accomplishments

Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 0	$0.00
Universal Indirect	Total # 0	$0.00
Selective	Total # 0	$0.00
Indicated	Total # 0	$0.00
	Total EBPs: 0	Total Dollars Spent: $0.00
Primary Prevention Total[1]	**$8,086,572.00**	

[1]Primary Prevention Total is populated from Table 4 - State Agency SABG Expenditure Compliance Report, Row 2 Primary Prevention.

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Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2022 Prevention Attachment Category A:

File	Version	Date Added

FFY 2022 Prevention Attachment Category B:

File	Version	Date Added

FFY 2022 Prevention Attachment Category C:

File	Version	Date Added

FFY 2022 Prevention Attachment Category D:

File	Version	Date Added

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Footnotes: