



## **2026 MHBG Annual Report**

**AHCCCS submitted this report on time in December 2025, but is not yet approved by SAMHSA, and therefore the report is subject to change**

# Arizona

## UNIFORM APPLICATION

FY 2026 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028

Center for Mental Health Services  
Division of State and Community Systems  
Development

# A. State Information

## State Information

### State Unique Entity Identification

Unique Entity ID LJGVPF5ULHJ3

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Behavioral Health and Housing

Mailing Address 150 N 18th Ave

City Phoenix

Zip Code 85007

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

First Name Alisa

Last Name Randall

Agency Name Arizona Health Care Cost Containment System (AHCCCS)

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City Phoenix

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

From 7/1/2024

To 6/30/2025

### IV. Date Submitted

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

Submission Date 12/1/2025 6:42:45 PM

Revision Date 4/7/2026 11:13:46 AM

### V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

#### Footnotes:

## B. Implementation Report

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

<b>Priority #:</b>	1
<b>Priority Area:</b>	Women's Services and PPWDC
<b>Priority Type:</b>	SUT, SUR
<b>Population(s):</b>	PPWDC

#### Goal of the priority area:

Increase the utilization of SUD treatment and related medical services for women, pregnant and postpartum women, and their babies.

#### Objective:

1. Increase the % of females with an SUD diagnosis who receive any SUD treatment service. 2. Increase the % of pregnant and postpartum females with an SUD diagnosis who received an SUD treatment service. 3. Increase the % of pregnant and postpartum females with an SUD diagnosis who received an OB, prenatal care, or postnatal care service. 4. Increase the % of babies with a diagnosis of NAS, SEN, or NOWS who received a treatment service within 30 days of birth.

#### Strategies to attain the goal:

Some special initiatives are underway with the SUBG supplemental funds (COVID-19 Supplemental and American Rescue Plan Act (ARPA) to improve and expand the service delivery provided to women/females with SUD and their children. All of the programs funded under the SUBG are expected to follow the priority populations for SUD service provision as outlined in the Code of Federal Regulations and the AHCCCS - ACC-RBHA Non-Title XIX/XXI Contract. Women and children programs are vital to the purpose of SUBG and the priority populations. In FY23 the SUBG lead at Mercy Care has made strides to improve access and retention in treatment for women who are pregnant and parenting. Currently, there are two residential treatment settings that allow women and children at the facility (Native American Connections, and Lifewell). In FY24, Community Bridges Center for Hope will also transition to a behavioral health residential facility and will accept pregnant and parenting women. Arizona Women's Recovery Center and West Valley Health Equity also offer supportive housing services for pregnant and parenting women. Oxford House also offers several democratically-run sober living homes that allow for women and their children to live. West Valley OBGYN Pregnant and Parenting Women project was designed to provide an all-inclusive model of maternal health, pregnancy care and SUD treatment and recovery support services to pregnant and parenting women with SUD and serves historically underserved populations. This funding helped to open the doors to Magnolia House (serving 8 households and the Lily House (serving six families). Within the first 90 days the average occupancy was 90% (12.6 households). Mercy Care also allocates SUBG funds to Hushabye Nursery. Hushabye offers prenatal and postpartum support groups, inpatient nursery services for neonatal babies impacted by substance use, and outpatient therapies for the parents. They offer a safe and inclusive space where mothers, family members and babies – from conception through childhood – can receive integrative care and therapeutic support that offers each child the best possible life outcomes. Outreach strategies include the use of materials such as posters and educational material placed in targeted areas where pregnant women, women with dependent children and individuals who inject drugs and uninsured or underinsured people with SUD are likely to attend. Additional efforts to increase women in services include the SUBG Lead worked with marketing/communications to post social media posts related to accessing care and dispelling myths in January and May of 2023. Examples include accessing SUD treatment without insurance, treatment for women with dependent children, MAT treatment, and accessing treatment for pregnant women with substance use, and risks for older adults developing a substance use disorder. Arizona Complete Health (AzCH) Outreach Specialists (gender-specific), funded under SUBG COVID-19 Supplemental funding, work specifically with women with SUD in tribal communities, with attention to mental health and physical health comorbidities. The Lead Navigator will work with women, women with children, and pregnant women to promote health, recovery initiatives, and coordination of services. The Working With Women (WWW) program will provide outreach to community agencies to increase engagement, education and employment of women in social service/ behavioral health occupations such as Peer Recovery Specialists, Case Managers/ Coordinators, Substance Abuse Counselors, Workforce Development Specialists and other positions which work to better the lives of women. Three staff members will be hired to make presentations, recruit women and help them to access community resources for education, training and certifications into the career field of their choice, with the expected outcome of employment in the behavioral health system. We will introduce them to careers in behavioral health and set up internships, job shadowing, informational interviews or other relationship with provider agencies. These funds will pay for the expenses of three staff members, promotional materials, bus passes for members and some associated costs. AzCH-CCP continues to contract with The Haven as part of our efforts to ensure a robust network of services for pregnant and parenting individuals. They offer Behavioral Health Residential, Intensive Outpatient and Outpatient services to Pregnant and Parenting Individuals. The residential program provides a registered nurse on duty seven (7) days a week to provide nursing assessments, linkages to pre-natal and postpartum care, and assistance with adherence to any treatments. The intensive outpatient treatment program provides recovery coaches who assist with linking clients to pre-natal and postpartum care and help mothers to access services for their children as well provide education through parenting classes. Recently funded with SUBG ARPA funds, Care 1st will fund Navigators, who will seek opportunities to partner with existing collaborations and/or workgroups in Northern Arizona that are working to ensure pregnant individuals (pre- and post-partum) and their babies receive services while in the hospital and during their transition back to the community. Navigators will oversee comprehensive continuum of care for pregnant and parenting individuals and their babies who may be diagnosed with Neonatal Abstinence Syndrome (NAS). This would include helping individuals who identify with SUD, have criminal justice involvement, and are in need of other linkages to care. CODAC Health Recovery & Wellness proposes continuation of the Pregnant and Parenting Women's program (PPW) for the period from 9/1/2023 through 9/29/2025 using SUBG-ARPA funds to sustain after the PPW-PLT grant ends 8/30/2023. The PPW program provides a transitional living

housing environment to women who are pregnant or post-partum in recovery from substance use. PPW provides a safe and secure living environment so women can engage in treatment activities, build community supports for recovery through involvement with 12-steps and other recovery communities, while obtaining employment and saving for permanent housing. It also provides women a Department of Child Safety (DCS) approved environment to promote reunification and placement of children with the mother while she engages in outpatient services. Members are provided childcare services while they are engaged in treatment activities including medical appointments, dosing for those members on Medications for Opioid Use Disorder (MOUD) and treatment programming including Intensive Outpatient programs and other groups. In-home services are also provided through the outpatient clinics including peer support services, skills training and support, health education, parenting, and other needs as identified in the individual's service plan. Through all of these women-specific and pregnant and postpartum service efforts, we hope to see an increase in the number and percent of women with SUD and pregnant/postpartum women with SUD enter SUD treatment services as well as those necessary services to support the holistic health of her and her baby or children.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** % of females with an SUD diagnosis who receive any SUD treatment service  
**Baseline measurement (Initial data collected prior to the first-year target/outcome):** TBD  
**"First-year target/outcome measurement (Progress – end of SFY 2024):** TBD  
**Second-year target/outcome measurement (Final end of SFY 2025):**  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**  
 AHCCCS claims and encounters  
**New Data Source(if needed):**

**Description of Data:**  
**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**  
 This data is believed to exist in the AHCCCS data warehouse but has not previously been pulled and analyzed. AHCCCS will work across divisions between 9/1 and 12/1 to determine baseline and targets.

**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):**

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:**

**Indicator #:** 2  
**Indicator:** % of pregnant and postpartum females with an SUD diagnosis who received an SUD treatment service  
**Baseline measurement (Initial data collected prior to the first-year target/outcome):** TBD  
**"First-year target/outcome measurement** TBD

**(Progress – end of SFY 2024):**

**Second-year target/outcome measurement (Final-  
end of SFY 2025):**

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

**Data Source:**

AHCCCS Claims and Encounters

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

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

This data is believed to exist in the AHCCCS data warehouse but has not previously been pulled and analyzed. AHCCCS will work across divisions between 9/1 and 12/1 to determine baseline and targets.

**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):**

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:**

**Indicator #:**

3

**Indicator:**

% of pregnant and postpartum females with an SUD diagnosis who received an OB, prenatal care, and/or postnatal care service

**Baseline measurement (Initial data collected  
prior to the first-year target/outcome):** TBD

**"First-year target/outcome measurement  
(Progress – end of SFY 2024):** TBD

**Second-year target/outcome measurement (Final-  
end of SFY 2025):**

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

**Data Source:**

AHCCCS Claims and Encounters

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

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

This data is believed to exist in the AHCCCS data warehouse but has not previously been pulled and analyzed. AHCCCS will work across divisions between 9/1 and 12/1 to determine baseline and targets.

**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):**

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:**

**Indicator #:** 4

**Indicator:** % of babies with a diagnosis of NAS, SEN, or NOWS who received a treatment service within 30 days of birth

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** TBD

**"First-year target/outcome measurement (Progress – end of SFY 2024):** TBD

**Second-year target/outcome measurement (Final end of SFY 2025):**

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

**Data Source:**

AHCCCS Claims and Encounters

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

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

This data is believed to exist in the AHCCCS data warehouse but has not previously been pulled and analyzed. AHCCCS will work across divisions between 9/1 and 12/1 to determine baseline and targets.

**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):**

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:**

**Priority #:** 2

**Priority Area:** Tuberculosis

**Priority Type:** SUT

**Population(s):** TB

**Goal of the priority area:**

Improve the utilization of TB screening for members entering SUD treatment.

**Objective:**

Increase the % of SABG member case files that include documentation of TB screenings.

**Strategies to attain the goal:**

AHCCCS will ensure grant subrecipients are aware of and adhere to the requirement to routinely make available tuberculosis (TB) services to each individual receiving treatment for Substance Use Disorder (SUD), as well as consistently implement infection control strategies such as providing TB screenings to patients entering SUD treatment. Each ACC-RBHA has procedures and protocols in place to provide TB services to members with SUD. The ACC-RBHAs submit these documents to AHCCCS for review and approval. This must include offering interim services, including TB services, to any member awaiting placement into SUD treatment services. AHCCCS also works with Arizona Department of Health Services (ADHS) to consult and collaborate on the issue of TB among the SUD population. Mercy Care ACC-RBHA educates the community and providers on accessing services, including but not limited to screenings and treatment of infectious diseases associated with substance use, such as HIV, Hep C, and TB services. Mercy Care requires residential providers to conduct TB screenings to members in residential services. They refer positive screenings to the appropriate medical providers as necessary. Screenings include Purified protein derivative (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. Over the last two years when conducting site visits, Mercy Care has incorporated and emphasized the importance of providing TB screenings and referrals as part of not only interim services but including this as part of their regular service delivery. As a result, the percent of Mercy Care provider case files reviewed under the Independent Case Review (ICR) documenting evidence of TB screening increased from 39% to 45%. Mercy Care intends continue to grow in this area of service delivery. Mercy Care plans to update their internal website with educational articles such as Center for Disease Control (CDC) articles about infectious diseases and risks for people who use substances. Additional infection control procedures designed to prevent the transmission of TB are fulfilled by functions executed by Mercy Care's Quality Management Department. Quality Management fulfills annual review of treatment providers through the Residential Treatment Center Review Tool. This annual component includes a site observation of the treatment environment which includes auditing of staff and member records for current TB screenings. Insufficient provider scoring results in corrective action plans for providers demonstrating noncompliance. AzCH-CCP works with SUD partners to track incidences of member Hep C and TB. CODAC, La Frontera, The Haven, Community Medical Services and COPE offer HEP C assessment and treatment. If a system is not in place, AzCH-CCP will guide agencies to appropriate screening and referral processes for this information. All other providers have TB screening as a part of member intake. AzCH-CCP continues to remind providers about the overall trends identified in the audits. TB documentation has been identified as an area of growth and the ACC-RBHA works to support providers in improving this initiative. AzCH-CCP continues to partner and meet with each contracted provider's site directors, to ensure their understanding of SABG funds and ICR Peer Review needs, and to better serve the Non-Title XIX/XXI-eligible community. ICR Reviews, Substance Use Provider Meetings, Non-Title Provider meetings have been great venues to share with providers some of the gaps in treatment and documentation. Technical Assistance is offered to partners as needed to clarify grant parameters and answer questions. Laboratory tests appropriate to age and risk for blood lead, tuberculosis skin testing, anemia testing and sickle cell trait; Care1st ACC-RBHA has not previously participated in the ICR due to only becoming an ACC-RBHA as of 10/1/2022. However, Care1st already reports efforts for ensuring the adherence of its providers to TB services requirements. TB screening is a part of the intake process at Care1st SUD treatment providers. New clients are asked about TB exposure and referred as appropriate to a primary care physician, or the county health department for further services. Care1st conducted a preliminary audit of member case files in the Spring of 2023 in order to track and address documentation findings, including but not limited to TB services documentation. The ACC-RBHA shares results with providers in order to facilitate education and improvements if indicated. Care1st will participate in the statewide ICR for State Fiscal Year 2023 (SFY23) and is preparing to conduct similar sharing of results, education, and improvement efforts.

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	% of SABG member case files reviewed in the Independent Case Review (ICR) that include documentation of TB screenings
<b>Baseline measurement (Initial data collected prior to the first-year target/outcome):</b>	46%
<b>"First-year target/outcome measurement (Progress – end of SFY 2024):</b>	50%
<b>Second-year target/outcome measurement (Final end of SFY 2025):</b>	55%
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	Independent Case Review (ICR)
<b>New Data Source(if needed):</b>	
<b>Description of Data:</b>	N/A
<b>New Description of Data:(if needed)</b>	

**Data issues/caveats that affect outcome measures:**

N/A

**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):**

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:**

**Priority #:** 3

**Priority Area:** Harm Reduction

**Priority Type:** SUT, SUR

**Population(s):** PWWDC, PWID, EIS/HIV

**Goal of the priority area:**

Increase the implementation of the statewide harm reduction program to reduce harms associated with substance use.

**Objective:**

Increase the number of unique individuals served by the statewide harm reduction program by 5% each year.

**Strategies to attain the goal:**

SPW's statewide harm reduction program offers comprehensive programming to people who use drugs. Harm reduction programs aim to reduce the harm associated with substance use, including but not limited to overdose prevention, infectious disease prevention, screening and referrals to appropriate services. SPW offers a wide range of evidence-based harm reduction strategies: outreach, naloxone and fentanyl test strip distribution and training, information dissemination such as brochures and flyers, implementation of a Syringe Services Program (SSP), community and provider education and training related for harm reduction and reducing stigma, peer support and wraparound services, referrals to mental health and substance use treatment, infectious disease screenings and treatment, and more. SPW offers trainings and educational materials both in English and Spanish. Further, SPW implements strategic initiatives to reach the Spanish-speaking population such as working with Chicanos por la Causa to offer harm reduction information and offering a cafecito-style event, which has been found to be more culturally relevant than conventional trainings. SPW continues to develop new training materials, such as a fentanyl training video, and informational flyers on harm reduction, and new harm reduction materials for stimulant use. In addition to general collaboration with behavioral health, public health, medical, and social service providers, targeted community coordination efforts includes work with corrections offices and regions including jails, prisons, probation and parole offices to offer trainings such as MAT and overdose prevention trainings, and connecting to services. SPW also targets collaboration with Department of Child Safety (DCS) for work with licensed group homes for transition-aged youth. SPW conducted a survey in 2022 to identify opportunities to build their network of provider organizations. Additionally, SPW prioritizes women including pregnant and parenting women through their services. In 2022, staff funded under the SUBG engaged 3,533 women through outreach services providing outreach and care coordination to women who use drugs, prioritizing pregnant and parenting women. The SPW Women's Health Peer Support Specialist participates weekly at 3 of SPW's busiest outreach sites where syringe services are offered. Her presence allows the team to provide additional resources regarding safer injection practices for women specifically, additional menstrual care, women's hygiene kits, family planning resources, and connection to women-centered care providers. She also offers monthly perinatal education groups for interested participants, as well as one-on-one sessions as desired by participants. The Women's Health Peer Support Specialist engages in networking and outreaching to organizations and groups who serve women, including women who use drugs. Currently, she participates regularly with the following groups: · Prevent Child Abuse Arizona's Safe, Healthy Infants, Families Thrive (SHIFT) Taskforce · Santa Cruz County Overcoming Substance Addiction (S.O.S.A.) Consortium · Poder in Action's Mental Health and Substance Use Coalition · Arizona State University's Substance Use Disorder Treatment for Women ECHO project · Arizona Rural Women's Health Network (AZRWHN) She has forged a strong partnership with Hushabye Nursery, which has enhanced her ability to provide appropriate support & resources to pregnant & parenting women who use drugs whom she meets during her weekly community outreach sessions. The Women's Health Peer Support Specialist recently delivered her first round of perinatal harm reduction workshops, hosted by Arizona Women's Recovery Center. The workshops began during the second quarter of 2023 & will continue into the third quarter. We also built a new partnership with Jacob's Hope, an organization specifically focused on supporting substance-exposed infants and their parents. SPW is pleased to report that we have been invited to present on our perinatal harm reduction workshops at the Arizona Rural Women's Health Symposium in August 2023. SPW's Community Engagement Manager has reviewed over 200 organizations throughout the seven counties where SPW has outreach staff. To ensure the quality and reliability of the organizations listed, SPW contacted each one to confirm they were actively operational and to

verify or update their contact information. SPW hopes this will help avoid any communication barriers during the referral process.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** number of unique individuals served by the statewide harm reduction program

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 70,187 (Jan 1 - Dec 31, 2022)

**"First-year target/outcome measurement (Progress – end of SFY 2024):** 73,696 (Jan 1 - Dec 31, 2023)

**Second-year target/outcome measurement (Final end of SFY 2025):** 77,381 (Jan 1 - Dec 31, 2024)

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

**Data Source:**  
Sonoran Prevention Works (SPW) deliverables

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

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**  
N/A

**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):**

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:**

**Priority #:** 4

**Priority Area:** SUD Recovery

**Priority Type:** SUT, SUR

**Population(s):** PWWDC, PWID, EIS/HIV, TB

**Goal of the priority area:**

Provide access to services and supports that increase opportunities and success for recovery among SUD members

**Objective:**

1. Increase the number of Oxford Houses in Arizona that are supported by the ACC-RBHAs. 2. Increase the number of members served with SUD Recovery Housing through Project Health and Home.

**Strategies to attain the goal:**

Oxford House Mercy Care contracts with Oxford House, Inc. as a democratic, peer-run sober-living environment to support members with SUD. As of 7/31/2023, Oxford House operates 47 houses within Maricopa and Pinal County, and intends to support the opening of another 3 Oxford House with

SUBG American Rescue Plan Act (ARPA) funds. To conduct outreach and networking to promote Oxford House and gain referrals, Oxford House conducts strategic outreach and education to external partners. They average one presentation per week, with a monthly average of 5 trainings each month. They also offer an average of 6 trainings per month targeted to support members of the chapters as well as developing unity within the model. Oxford House also routinely participates in Mercy Care related coordination events, often providing an overview of the model and developing rapport with agencies. Oxford House places high capital in the unity between their chapters within the state as well as all over the nation. Two significant opportunities that offer outreach opportunities for collaboration with other outreach workers is the Annual Staff Training and World Convention. Both of these are Oxford House-led events and are held on an annual basis. This is an opportunity for staff to collaborate and talk about their areas and exchange ideas, stories, and strengths to bring back to their areas in hopes of helping them grow. They can also stay connected via phone, email or Slack (an internal communication application). Ultimately, it is pivotal for cohesion not just within states but throughout the nation. Arizona Complete Health planned to support the opening 3 more Oxford Homes with SUBG COVID-19 Supplemental funds and another 3 with SUBG ARPA funds. Care1st allocated SUBG funding to Oxford House in FY23 and may continue to support Oxford House in FY24, pending confirmation from Care1st. Additionally, it may be noted that if additional funding is available and there is an identified need, AHCCCS would support additional Oxford Homes under Care1st in FY24 as well, recognizing the positive impact of a substance-free and affordable living environment for people in recovery for them to maintain their sobriety and access to informal peer support as well. Supporting existing staffing for outreach for Oxford House as well as the expansion of Oxford Homes to open not only promotes recovery among those served by Oxford House, but also provides job opportunities for Peer and Recovery Support Specialists (PRSS). Project Health and Home - SUD Recovery Housing AHCCCS allocated SUBG ARPA funding to Mercy Care for July 1, 2023 - September 30, 2025 for Project Health and Home (PHH) - SUD Recovery Housing. The two providers that will implement programming under this allocation is Community Bridges Inc (CBI) and Lifewell. CBI will provide short-term recovery housing through rental assistance to individuals with substance use disorder (SUD) exiting treatment and seeking recovery, in conjunction with SUD case management and wrap-around services. The goal is to have the members matched quickly with housing and support services to ensure housing stability before the members exit the treatment program. CBI will work with program participants on individualized housing plans and tracking progress towards their goals. The program will provide tenant based rental assistance including payment of rent for leases, deposits, and utilities. CBI will hire staff to ensure service provision time for the SUD Recovery Housing project. CBI will make move-in kits available to new tenants. The remaining supplies including laptop/docking station, program supplies, and telephone will be for staff use to provide services. CBI will generate referrals from CBI and other treatment agencies' transition coordinators. CBI will serve a minimum of 25 households, with additional to be served as capacity allows when members transition out of the program, more may be served. Lifewell plans to restore the capacity of the Lifewell Pinchot Apartments program to enable the housing to be utilized as it was envisioned - with services provided to tenants on a time-limited basis until they are able to acquire the skills they need to be able to live independently, obtain employment, thereby being able to support themselves and their children financially. The PHH funding will allow for rental subsidies to be provided to Lifewell to support women seeking recovery or in recovery, and their children, for up to 24 months. Lifewell's goal for individuals housed at Pinchot Apartments will be to prepare women in recovery for long term success with stable and independent housing. This will be achieved through support services to enhance overall mental health wellbeing, sobriety, educational, and living skills. Lifewell will ensure provision of services to project participants, to be facilitated through their clinical team and housing specialists. The Housing Navigator will meet with clients on a monthly basis to discuss the status of monthly income, review identified goals and timeframes to meet the goals, problem solve challenges, and share available resources. Lifewell will engage clients in clinical services as identified below, including skills training, budgeting, and supported employment to help individuals gain meaningful employment to earn income to maintain independent housing. Lifewell team members will encourage participation in services, when clinically appropriate, and will work with tenants to identify needs to help maintain housing and transition to more permanent housing upon completion of the program. Team members will also support tenants by identifying resources and developing skills for future success. Arizona Complete Health (AzCH) implements a Rapid Recovery Housing (RRH) model under the State Opioid Response (SOR) Grant in partnership with Community Bridges Inc (CBI) and Housing Operations and Management (HOM) Inc. Since this mirrors the intention of the SUBG ARPA-funded PHH, AzCH will utilize that model to implement PHH with the SUBG ARPA funding. The program will provide tenant-based rental assistance to bridge Arizonans in recovery from a structured SUD treatment program to independent living in their community with continued recovery support. This will expand the program under SOR - utilizing SUBG ARPA funds to serve members with any identified SUD (not limited to Stimulant Use Disorder or Opioid Use Disorder). This includes transitioning from stays in detox, a residential program, congregate living facility, hospital, recovery residence, or shelter to a home in the community. Making that transition while enrolled in PHH will allow members to focus on and practice their recovery in independent living with continued support from the behavioral health system. Recovery housing will be paired with behavioral health programmatic components to simultaneously support SAMHSA's four dimensions of recovery: health, home, purpose, and community. AzCH will track data on the clinical and social determinant needs of member tenants to assist providers in offering responsive and impactful support services tailored toward each members' improved health outcomes. While initial housing may be provided in sober living communities (all Sober Living Homes will meet ARS 36-2065) when chosen by members, ongoing support will be offered to bridge members to independent housing in the community as well. Recovery housing communities are a model for maintaining recovery, and for developing lasting relationships and community connections that reinforce long-term recovery. AzCH projects to yield 31 members served with recovery or permanent supportive housing in both Pima and Yuma Counties, with most members requiring rental assistance for a period of 3-6 months. The average period of housing assistance in similar programs has been 20 weeks. AzCH's projection therefore provides for 62 members to be housed during the grant period through 9/30/2025. HOM Inc will work with members on longer term rent assistance through state or federal permanent supportive housing voucher programs. CBI, through support services, will also provide services geared toward income attainment and employment as appropriate. CBI works with HOM Inc. to identify sober living options as well as permanent housing through state and federally funded programs. In addition, long-term housing security can be achieved as members secure income through benefits and/or employment. AzCH will partner with CBI to select communities in the Southern Geographic Service Area (GSA) with the greatest need for PHH based upon discharge. The clearest demand for the transition assistance includes Pima County and Yuma County, as evidenced by the numbers of members added to the Arizona Behavioral Health Corporation (ABC) Housing waitlist each month. Care 1st and contracted partner Catholic Charities will utilize the same model as AzCH and CBI but will serve members in Coconino and Yavapai Counties.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** number of Oxford Houses in Arizona that are supported by the ACC-RBHAs  
**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 109  
**"First-year target/outcome measurement (Progress – end of SFY 2024):** 112  
**Second-year target/outcome measurement (Final – end of SFY 2025):**  
**New Second-year target/outcome measurement(if needed):**  
**Data Source:**  
ACC-RBHA deliverables  
**New Data Source(if needed):**  
**Description of Data:**  
Oxford House Model Report  
**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**  
N/A  
**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):**

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:**

---

**Indicator #:** 2  
**Indicator:** number of members served with SUD Recovery Housing through Project Health and Home  
**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 0  
**"First-year target/outcome measurement (Progress – end of SFY 2024):** 62  
**Second-year target/outcome measurement (Final – end of SFY 2025):**  
**New Second-year target/outcome measurement(if needed):**  
**Data Source:**  
ACC-RBHA deliverables  
**New Data Source(if needed):**  
**Description of Data:**  
SUBG ARPA Program Report  
**New Description of Data:(if needed)**  
**Data issues/caveats that affect outcome measures:**

**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):**

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:**

**Priority #:** 5

**Priority Area:** Reduction in Suicide Rate

**Priority Type:** SUP, SUT, SUR, MHS

**Population(s):** SMI, SED, ESMI, BHCS, PWWDC, PP, PWID

**Goal of the priority area:**

Reduce the Arizona Suicide Rate to 18.4% per 100,000 by the end of calendar year (CY) 2024 and to 18.0% by the end of calendar year (CY) 2025. (The rate is currently 18.7% per 100,000).

**Objective:**

Promote suicide prevention awareness through advocacy and education and reduce barriers to seeking help by providing easy access to a network of evidence-based and best practice trained behavioral health services.

**Strategies to attain the goal:**

AHCCCS will continue to work collaboratively with other state agencies and stakeholders to implement suicide prevention strategies for all Arizonans. Strategies will include but are not limited to community and conference presentations, social media messaging, social marketing/public awareness campaigns, youth leadership programs, gatekeeper (including teachers, healthcare providers, and first responders) trainings, reduction of stigma, promotion of early intervention, increased capacity of the suicide prevention helpline, encouragement of help-seeking behavior among at-risk populations including LGBTQIAS+, Older Adults, Veterans, Teens, American Indians, and Suicide Attempt Survivors, improved data surveillance, and ongoing collaboration and partnerships with stakeholders for systemic improvement.

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Reduce suicide fatality rate per 100,000 to 18.0% by end of CY2025.

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 18.7% per 100,000

**"First-year target/outcome measurement (Progress – end of SFY 2024):** 18.4% per 100,000

**Second-year target/outcome measurement (Final – end of SFY 2025):** 18.0% per 100,000

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

**Data Source:**

Arizona Department of Health Services <https://www.azdhs.gov/prevention/tobacco-chronic-disease/suicide-prevention/index.php>

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

**Description of Data:**

Information on death by suicide is compiled from the original documents filed with the ADHS, Bureau of Vital Records and from transcripts of original death certificates filed in other states but affecting Arizona residents. Rate is calculated by dividing the count of

suicide deaths by the population for the given time period and multiplying by 100,000.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**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:**

Unfortunately the current suicide fatality rate per 100,000 is at 19.4%. State partners have come together to assist in writing suicide prevention plans specifically for older adults who make a substantial percentage of the suicide rate in hopes of providing resources and impacting a reduction of suicide fatality rate.

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

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

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

**How second year target was achieved:**

The suicide rate reduction goal was achieved in Year 2, with the suicide rate recorded at 17.1 per 100,000.

**Priority #:** 6  
**Priority Area:** Crisis Utilization  
**Priority Type:** MHS  
**Population(s):** SMI, SED, ESMI, BHCS

**Goal of the priority area:**

Increase utilization of Arizona's Crisis Continuum of Care by 200% in year 2024 and an additional 100% in year 2025.

**Objective:**

Arizonans will have the ability, confidence and willingness to actively utilize Arizona's Crisis Continuum of Care Services in times of need.

**Strategies to attain the goal:**

AHCCCS will support development of additional crisis stabilization facilities including financial resources, technical assistance, consultation, and collaboration with the ACC-RBHA and providers. AHCCCS will increase the capacity and accessibility of the suicide prevention helpline ensuring that individuals in crisis have immediate access to trained professionals and resources, reduce barriers to seeking help and providing critical support in times of need. Increase community education and awareness to reduce stigma and encourage help-seeking behavior among at-risk populations.

**Edit Strategies to attain the objective here:**

(if needed)

### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Arizona will increase statewide utilization of crisis services by 300% by the end of 2025.  
**Baseline measurement (Initial data collected prior to the first-year target/outcome):** Metric will be determined based on utilization totals at the end of 2023 and outlined in the annual report.  
**"First-year target/outcome measurement (Progress – end of SFY 2024):** Statewide utilization of crisis services will increase 200% between 2023 to 2024.  
**Second-year target/outcome measurement (Final end of SFY 2025):** Statewide utilization of crisis services will increase and additional 100% between 2024 to 2025.  
**New Second-year target/outcome measurement(if needed):** Arizona will increase 988 and text/chat utilization across the state  
**Data Source:**  
AHCCCS contractors, including ACC-RBHA contractors providing crisis services.

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

**Description of Data:**

As outlined in AMPM Policy 590, ACC-RBHA Contractors are required to submit a Crisis Services Report as specified in contract. All reported data is separated out and reported based upon the region in which the crisis calls originated, including call metrics. The report additional requires detailing unmet metrics and notable trends when compared to previous reporting periods and interventions implemented based on the trends identified. This data is aggregated and analyzing by AHCCCS.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

None at this time.

**New Data issues/caveats that affect outcome measures:**

The way we have been tracking crisis calls has changed in the last year from the previous practice, we are now looking at total documented crisis services over total inbound call volume, as this is a true representation of the actual number of crisis line interactions that occurred vs total inbound calls does not exclude things like callers who call and immediately hang up, prank calls, wrong numbers and mobile teams calling dispatch to check in.

### 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 first year target was not achieved as the goal is found to be ineffective, the state expects slow and steady crisis volume increase however a 300% increase over two years is unsustainable. If crisis services were to increase by 300%, that would overwhelm the system and it would indicate appropriate prevention services and follow up care are not occurring. The goal is to prevent individuals from going into crisis in the first place. We would like to see an increase of 988 and text/chat utilization, as this is more accurate/achievable vs overall crisis system utilization.

In terms of 988 awareness and utilization, when compared to launch we have seen a steady increase in calls being routed through 988 vs calls to our county lines, however overall call volume has remained relatively steady. Compared to CY 23, CY24 saw an overall 8.82% increase in calls through the crisis line, a 7.02% increase in Mobile Team dispatches, and a 1.53% increase in overall CSU presentations.

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

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

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

**How second year target was achieved:**

Utilization of 988 and the new Statewide Crisis Line has grown substantially over the past year, reflecting more realistic system growth. At the beginning of CY2024, the Statewide Line represented 13% of total call volume, 988 accounted for 20%, and the legacy ACC-RBHA lines made up the remaining 67%. By the end of CY2025, the distribution shifted significantly: the Statewide Line accounted for 27% of calls, 988 rose to 35%, and ACC-RBHA lines decreased to 38%.

This trend demonstrates notable increases in both 988 and the unified Statewide Line, highlighting progress toward a more streamlined and accessible crisis response system.

**Priority #:** 7

**Priority Area:** Crisis Services in Rural Communities

**Priority Type:** MHS

**Population(s):** SMI, SED, ESMI, BHCS

**Goal of the priority area:**

Increase the availability of crisis stabilization beds in rural Northern Arizona communities by 30 beds by the end of calendar year (CY) 2025.

**Objective:**

Expand the availability of local crisis stabilization resources for adults and children in rural Northern Arizona communities.

**Strategies to attain the goal:**

AHCCCS will support development of additional crisis stabilization facilities in Northern Arizona including financial resources, technical assistance,

consultation, and collaboration with the ACC-RBHA and providers in the Northern GSA.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Increase number of Crisis Stabilization beds in Northern Arizona by 30 by end of CY 2025.

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** Current count is 29

**"First-year target/outcome measurement (Progress – end of SFY 2024):** 29

**Second-year target/outcome measurement (Final – end of SFY 2025):**

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

**Data Source:**  
RBHA in Northern Arizona, AHCCCS Crisis Utilization data

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

**Description of Data:**  
Number of licensed Crisis Observation facilities including capacity report.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**  
Increase number is dependent upon the completion of planned and/or contracted projects by targeted end date.

**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:**

The first year target was not achieved as construction for expansion is still in progress. Target open dates have moved conservatively to late 2025 with hard dates set once construction begins. There have been delays on construction due to city review and issuing of permits.

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

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

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

The construction of two dually licensed crisis stabilization and short-term residential facilities for youth in the Northern Region has experienced significant delays due to the temporary disruption of ARPA funds following the executive order earlier this year. Although funding was later reinstated, the interruption impacted construction timelines and has postponed the opening of these facilities.

At present, Arizona Complete Health (an AHCCCS ACC-RBHA) is actively exploring alternative funding options to ensure the completion of this project, as ARPA funds are not available beyond CY2025.

**How second year target was achieved:**

**Priority #:** 8

**Priority Area:** SMI Unsheltered Homeless

**Priority Type:** MHS

**Population(s):** SMI

**Goal of the priority area:**

Arizona will reduce the incidence of unsheltered homeless individuals with an SMI designation by 2% by the end of calendar year 2024 and an additional

3% the following year for a total reduction of 5% by the end of calendar year 2025.

**Objective:**

Decrease the amount of Arizonans with an SMI designation who experience unsheltered homelessness by increasing the capacity and accessibility of resources to support them to obtain and maintain stable housing.

**Strategies to attain the goal:**

Partner with RBHA's to bolster Permanent Supportive Housing services statewide, with particular focus on rural Northern and Southern regions. Improve outreach and engagement, including improved correlation with existing PATH providers, RBHA's, and the behavioral health homes to which individuals with an SMI designation are assigned. Strategically augment resources to enhance the implementation of the AHCCCS Housing and Health Opportunities (H2O) demonstration targeting individuals with an SMI designation who are currently unsheltered homeless and/or who are at high risk of homelessness upon release from institutional settings such as psychiatric inpatient facilities, correctional facilities, and/or the Arizona State Hospital.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Reduce the statewide incidence of individuals with an SMI designation by 5% by the end of FY2025.

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** The statewide occurrence of unsheltered homeless with a SMI designation is currently 20%.

**"First-year target/outcome measurement (Progress – end of SFY 2024):** Statewide occurrence will be reduced to 17% in the first year.

**Second-year target/outcome measurement (Final end of SFY 2025):** Statewide occurrence will be reduced to 15% in the second year.

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

**Data Source:**

Monthly Total unsheltered homeless and unsheltered homeless with a SMI designation HMIS reports.

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

**Description of Data:**

AHCCCS utilizes HMIS and additional measures to track the unsheltered homeless population statewide, including those with an SMI designation, on a monthly basis. The Arizona Department of Economic Security also releases a State of Homelessness report annually, including Point-in-Time counts in three service areas referred to as Continuums of Care: Maricopa, Tuscon/Pima, and a balance of state.

**New Description of Data:(if needed)**

Data will only come from the HMIS report.

**Data issues/caveats that affect outcome measures:**

None identified at this time.

**New Data issues/caveats that affect outcome measures:**

AHCCCS experienced delays with receiving the HMIS data match from the HMIS lead. In order to address this AHCCCS worked to build out the data match internally. The AHCCCS data team is scheduled to complete the report in December of 2024.

**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:**

Achievement of First Year Target is unknown at this time, we are waiting for the new report to be finalized, it is expected December of 2024.

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

Achievement of First Year Target is unknown at this time, we are waiting for the new report to be finalized, it is expected December of 2024.

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:**

The objective was met and exceeded, with the statewide homelessness rate declining to 9.55%.

**Priority #:** 9  
**Priority Area:** Primary Prevention - Family Services  
**Priority Type:** SUP  
**Population(s):** PP

**Goal of the priority area:**

Implement strategies to increase parent-child communication, such as through the implementation of family-based and parent-based programs.

**Objective:**

Increase the % change (from pre-test to post-test) in the number of times parents report talking to their youth in the past 30 days about alcohol and/or other substance use by 5%.

**Strategies to attain the goal:**

AHCCCS and its contracted evaluation consultant are aware of the importance of family-based prevention programs and the impact of parent-child communications on youth and adolescent substance use. AHCCCS supports these efforts through various contracted primary prevention providers and programming as described below. PAXIS is contracted to implement PAX Tools trainings to a diverse array of human and social service providers, educators, and in FY23 added PAX Tools for Caregiver Workshops, which is provided to foster, kinship, and adoptive parents. PAX Tools is a toolkit of evidence-based strategies implemented with all adults who work with children to meet the unique needs of families and professionals. So far since the addition of these workshops, PAX has consistently implemented these workshops. The Caregiver's Workshops have reached 531 adults to provide trauma-informed evidence-based strategies to improve short- and long-term outcomes for children and the adults who care for them. PAX has received positive feedback regarding how they support caregivers in supporting children's positive behaviors, which is a protective factor for substance use. A recent testimonial was provided: "You have no idea how amazing this program was to me to give me light and hope I've already tried using a couple of [PAX tools] and will continue to see if we can get them to stick." PAX will continue to offer these services through 9/30/2025 with the Substance Use Block Grant (SUBG) American Rescue Plan Act (ARPA) supplemental funds. Arizona State University (ASU) has been funded with SUBG funds to plan, implementing, and evaluate the Family Check Up (FCU) Online program, which is a practical, parent- and caregiver- focused substance use prevention program, adapted to an online setting from the original face-to-face implementation of the FCU program. Several randomized control studies have found that parents who completed the FCU program exhibited significantly greater improvements in parental monitoring and communication and reductions in family conflict throughout their child's adolescence. Long-term follow-up studies found that children whose parents received the FCU program exhibited reductions in substance use/abuse and criminal offending, as well as reductions in suicide risk and risky sexual behavior across adolescence and into early adulthood. The project was also designed to examine whether supplementing this online program with a parental or caregiver coaching component provided added benefits for parents and caregivers of children exhibiting risk factors for substance abuse. ASU is implementing this program in partnership with middle/junior high schools designated in high need of these services using the 2022 Arizona Youth Survey (AYS) data. AHCCCS and ASU are currently planning to extend the project to continue into FY24. Prevention Child Abuse (PCA) Arizona is implementing "Triple P" (Positive Parenting Program) parenting program. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing. Outcomes include improvements in parental stress, anxiety, depression, parenting practices, and family relationships. With these outcomes, parents and caregivers are better able to positively support children, including but not limited to better parent-child communication. Through this program, PCA implements practitioner trainings and parent resource materials. The populations intended to benefit from this program includes child and family service providers who service parents/caregivers and their children, parents/caregivers re-entering the community from correctional settings, child welfare-involved parents/caregivers reunifying with children, and parents/caregivers who have experienced domestic violence, those experiencing homelessness, living in rural or isolated areas, racial/ethnic minorities military and veteran families, and others with children at increased risk for behavioral health and substance use. Although the current funding and contract for this project are set to end 9/30/2023, AHCCCS and PCA are working on a plan for program continuation into FY24 as funding is available. In addition to coalition efforts to disseminate the existing SAMHSA campaign "Talk. They Hear You", the SUBG COVID-19 Supplemental funds are supporting the development and implementation of a campaign with a similar approach to encourage parent-child communication. The Substance Abuse Coalition Leaders of Arizona (SACLAz) is collaborating with numerous local coalitions and professional vendors across Arizona to create a grass-roots prevention campaign focusing on vaping, marijuana, and alcohol prevention. In particular, at least one of the campaign's video assets relays a targeted message to parents, informing them that youth report a reason they choose not to use substances is "because my parents would not approve". The campaign, including this powerful parent message is being distributed throughout Arizona, through a diverse array of channels: education and curricula, media mix of radio, TV, billboards, social media, and more. Additionally, several community-based coalitions implement family-based programming that will aim to increase parent-child communication. Examples include but are not limited to: the Phoenix Indian Center/Urban Indian Coalition of Arizona implements Parenting in Two Worlds, MATFORCE implements a family/parenting skill development -program which aims to increase the percentage of caregivers who talk to their children on the risks and harms of drugs, Parker Area Alliance for Community Empowerment (PAACE) implements several strategies related to increasing parent-child communications and parent education and parent attitudes toward drug use. GOYFF released a request for grant applications (RFGA) in July 2023 to renew prevention contracts, with a focus on trauma-informed prevention programming. The programs implemented under this RFGA are likely to include family-based and parent education programming that would also impact this objective to increase parent-child communication as a protective factor for substance use.

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

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** % change (from pre-test to post-test) in the number of times parents report talking to their youth in the past 30 days about alcohol and/or other substance use

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 50.2%

**"First-year target/outcome measurement (Progress – end of SFY 2024):** 52.71%

**Second-year target/outcome measurement (Final end of SFY 2025):** 51.34%

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

**Data Source:**

AZ SUBG Prevention Data Portal / Adult PPP Survey

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

**Description of Data:**

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Current data reflects only 20 directly-contracted coalitions. Future data reports will seek to add data from additional contractors/providers, but will use the same National Outcome Measure (NOM).

**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):**

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:**

**Priority #:** 10

**Priority Area:** Primary Prevention - Elementary-age Children

**Priority Type:** SUP

**Population(s):** PP

**Goal of the priority area:**

Increase efforts to provide primary prevention services to elementary school-aged children.

**Objective:**

Increase the number of children age 11 and younger served by SUBG primary prevention programming by 5%.

**Strategies to attain the goal:**

Provide evidence based educational curriculum to elementary aged children to prevent and educate on the harms of underage alcohol use, drug, vaping, cigarette use. Strengthening the ability of local community coalitions to more effectively provide prevention services through planning, networking and collaboration community efforts. Enhance community coalition efforts to provide youth alternative prosocial school and community-based activities by 10%. According to the Arizona Youth Survey (AYS), youth who participate in positive school and community activities are less likely to participate in problem behaviors.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** number of children 11 or younger served by SUBG primary prevention programming (direct and indirect services)

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 20,198

**"First-year target/outcome measurement (Progress – end of SFY 2024):"** 21,208

**Second-year target/outcome measurement (Final end of SFY 2025):** 268

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

**Data Source:**  
AZ SUBG prevention data portal

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

**Description of Data:**  
Between July 1, 2022 - June 30, 2023, a total of 20,198 children age 11 and younger were served (1,393 direct + 18,805 indirect).

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**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):**

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:**

**Priority #:** 11

**Priority Area:** Primary Prevention - Community-based Process

**Priority Type:** SUP

**Population(s):** PP

**Goal of the priority area:**

Increase the coalitions' administration of the Wilder Collaboration Factors Inventory survey and enhance prevention coalition effectiveness and functioning throughout the state.

**Objective:**

1. Increase the number of pre- Wilder Collaboration Factors Inventory surveys reported in the AZ SUBG prevention data portal by contracted prevention coalitions by 10% 2. Increase the number of post- Wilder Collaboration Factors Inventory surveys reported in the AZ SUBG prevention data portal by contracted prevention coalitions by 20%

**Strategies to attain the goal:**

Coalitions that are directly-contracted with AHCCCS through the 2021 request for proposals (RFP) are expected to conduct at least nine (9) formal

coalition meetings per year, monitor and evaluate coalition participation on an ongoing basis, ensuring representation of all required sectors at all formal coalition meetings. Monthly formal coalition meetings shall be attended by at least eight (8) sector representatives at least nine (9) months of the calendar year from the mandated sectors, and sector representation at each meeting should be tracked by meeting notes and sign in sheets. The administration and reporting of the Wilder Collaboration Factors Inventory tool by the coalitions to measure coalition effectiveness and functioning is required as of July 1, 2021. For July 1, 2022 - June 30, 2023, 196 coalition members completed the pre-survey, and 103 completed the post-survey (a 47% attrition). For the post-survey, this represents about 5 coalition members per coalition completing the post-survey. AHCCCS will work with the contracted evaluator and the coalitions to increase the administration of the tool both at the pre-survey administration as well as post-survey administration in order to better measure the coalitions' effectiveness and functioning as reported by its members. With more robust data, AHCCCS, the prevention evaluator, and coalitions will be better able to identify areas of improvement for each coalition and strategies on how to increase their effectiveness and functioning and therefore their scores on the tool. Arizona coalitions will implement strategies to improve their scores on the specific factors in the tool/survey that are the highest areas of improvement for their local coalition, while also being able to identify their coalition strengths and celebrate those successes. AHCCCS also actively seeks to support strengthening of the community-based process with coalitions by connecting the various stakeholder individuals and organizations across the state and provide opportunities for them to share ideas, resources, and connect to support each other. During this fiscal year, the highest scored (4.3 / 5) items by the coalition members on the Wilder Collaboration Factors Inventory are: mutual respect, understanding and trust, members see collaboration as being in their self-interest, flexibility, open and frequent communication, concrete, attainable goals and objectives, and skilled leadership (4.4). Most of the measures trended upward in their post-survey means. The lowest scored item at post-survey was sufficient funds, staff materials and time (3.7 / 5), appropriate pace of development (3.9), multiple layers of participation (3.9 / 5), and appropriate cross section of members (3.9 / 5). AHCCCS would like to work with the coalitions on increasing membership, and sector representation, and would like to hear from specific coalitions about their desired improvements and support them in that. Strategies that coalitions may implement to improve Wilder scores will be specific to their identified needs and the local conditions in their community. However, AHCCCS staff, coalition staff, and hired vendors will collaborate to strategize the best options for each coalitions. This may involve continued or enhanced efforts to gain community member involvement in coalition efforts through increasing community events, meeting attendance, expanding networking efforts, engaging key community stakeholders to collaborate substance use primary prevention initiatives, develop formal structures, establish policies, procedures, and/or coalition bylaws, and other strategies to build capacity and strengthen community coalitions. Many coalitions are in need of representatives from the following sectors: youth, businesses, media, medical and faith communities. Implementing more effective and functional coalitions would ensure the capacity to implement more community-based and community-supported primary prevention efforts.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** the number of pre- Wilder Collaboration Factors Inventory surveys reported in the AZ SUBG prevention data portal by contracted prevention coalitions

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 196

**"First-year target/outcome measurement (Progress – end of SFY 2024):** 215

**Second-year target/outcome measurement (Final – end of SFY 2025):**

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

**Data Source:**  
 AZ SUBG Prevention Data Portal

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

**Description of Data:**  
 Wilder Collaboration Factors Inventory

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**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):**

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:

Indicator #: 2

Indicator: number of post- Wilder Collaboration Factors Inventory surveys reported in the AZ SUBG prevention data portal by contracted prevention coalitions

Baseline measurement (Initial data collected prior to the first-year target/outcome): 103 (July 1, 2022 - June 30, 2023)

"First-year target/outcome measurement (Progress – end of SFY 2024): 113

Second-year target/outcome measurement (Final – end of SFY 2025):

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

Data Source:

AZ SUBG Prevention Data Portal

New Data Source(if needed):

Description of Data:

Wilder Collaboration Factors Inventory

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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):

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:

Priority #: 12

Priority Area: Primary Prevention - College Services

Priority Type: SUP

Population(s): PP

Goal of the priority area:

Increase the implementation of primary prevention programs/strategies among the college students.

Objective:

Increase the number of college students served with SUBG primary prevention programming through institutes of higher education by 5%.

Strategies to attain the goal:

Arizona State University (ASU) is currently implementing Multi session trainings focusing on Fraternity and Sorority life focused in alcohol and opioid

consumption. As well as working with incoming freshman, new Greek life chapters and student athletes on Live well alcohol and drug misuse presentations and implementing prevention measures and education on binge drinking and misuse of opioids. ASU also holds Sober events and prevention education events on off campus student housing complex to support students that are not living on campus with prevention resources in the Tempe area. The University of Arizona (U Arizona) is currently implementing the Buzz and SHADE Alcohol and Marijuana both multi session programs that focus on binge drinking and the use of marijuana. Students enrolled in the Shade program go through a series of modules that help students understand the risks of binge drinking, knowing when to stop and being under the influences of alcohol or marijuana and the dangers of driving under the influence. U Arizona also has throughout the school year sober night events with prevention education activities and day time education booths as well with tips on how to have fun by choosing to be sober. U Arizona students will be able to develop effective coping skills and personal resilience skills to help prevent substance misuse. Northern Arizona University (NAU) is focused on implementing prevention measures on marijuana and alcohol consumption on campus with an emphasis on Greek life. Health Educators host and facilitate ScreenU multi session workshops to fraternity and sorority homes at the beginning of each semester which is a requirement for each home in order to be an active Greek house on campus. NAU also holds sober nights and theme events to keep students on campus from drinking and reduce the risk of driving under the influence of binge drinking open to all NAU students. NAU students develop the ability to develop effective coping skills to help prevent substance misuse. ASU, U Arizona, and NAU agreements under SUBG prevention funds were all initiated under the SUBG COVID-19 Supplemental funds. AHCCCS plans to sustain their initiatives, as applicable and as funding is available. Additionally, AHCCCS is exploring a new agreement with Yavapai College (YC) to continue expanding primary prevention services to this high need population. If and when an agreement is executed, YC plans to focus on serving students and the community by offering prevention education on alcohol and other substance misuse. YC plans to meet these goals by implementing the peer to peer program the Buzz, eCheckup To go/Alcohol offered to students in a variety of presentation platforms. These programs will be offered to students on an ongoing basis which will help students develop the ability to develop effective coping skills and personal resilience skills to help prevent substance misuse.

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** number of college students served with SUBG primary prevention programming through institutes of higher education

**Baseline measurement (Initial data collected prior to the first-year target/outcome):** 808,650 (7/1/2022 – 6/30/2023)

**"First-year target/outcome measurement (Progress – end of SFY 2024):"** 846,471

**Second-year target/outcome measurement (Fiscal year end of SFY 2025):** 888,794

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

**Data Source:**  
AZ SUBG Prevention Data Portal

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

**Description of Data:**  
808,650 (direct and indirect) Direct 2,487 Indirect = 806,163

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

**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):**

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:**

**Footnotes:**

**COVID Testing and Mitigation Program Report  
for the Community Services Mental Health Block Grant (MHBG)  
for Federal Fiscal Year Ending September 30, 2025  
Due Date: December 31<sup>st</sup>, 2025**

For the Federal Fiscal Year ending September 30, 2025, please upload a Word or PDF document in Table 1 of the FY26 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 31, 2025.

List the items and activities of expenditures completed from October 1, 2024, through September 30, 2025 (if no activities were completed, please add 'Not Applicable' on the table)

COVID Testing and Mitigation Program Report for STATE	
Item/Activity	Amount of Expenditure
Personnel	\$6,295.54
Employee Related Expenditure (ERE)	\$1,568.94
Professional & Outside Services	\$432,536.27
Other	\$3,477.25
Indirect Costs	\$36,908.40
Total Costs	\$480,786.40

During the reporting period of October 1, 2024, through September 30, 2025, the Arizona Health Care Cost Containment System (AHCCCS) advanced the objectives of the COVID-19 Testing and Mitigation Supplemental Funding by directing resources to Mercy Care and to Arizona Complete Health North and South through the ACC-Regional Behavioral Health Agreements (ACC-RBHA) contracts. During this same period, AHCCCS concluded its funding activities with the contractor Spectrum. These allocations were intended to expand access to COVID-19 testing and strengthen mitigation strategies for individuals with Substance Use Disorder (SUD), Serious Mental Illness (SMI), and Serious Emotional Disturbance (SED), particularly within congregate care settings such as behavioral health residential facilities, crisis stabilization units, day treatment programs, shelters, and other environments where individuals receive behavioral health services.

The funding supported a comprehensive, multi-faceted approach to testing and mitigation. Resources were used to increase the availability of on-site testing through the purchase of FDA-authorized over-the-counter (OTC) at-home serial screening tests, while also enhancing mobile-based testing options to better reach rural and tribal communities across Arizona. In addition, ACC-RBHAs prioritized the distribution of personal protective equipment (PPE) to crisis stabilization units and extended these supplies to peer-run organizations, ensuring that both clinical and community-based providers had the necessary tools to reduce transmission risk.

ACC-RBHAs implemented strategies that accounted for the realities of limited resources, including supply chain challenges affecting test availability, workforce capacity constraints, and transportation barriers in geographically remote areas. Within this framework, contractors coordinated the provision of supplies and resources for subacute crisis stabilization units, detoxification facilities, crisis mobile units, and peer-run organizations. These efforts supported the implementation of federal and state COVID-19 mitigation guidance by supplying hygiene and sanitation materials such as hand sanitizer, soap, dispensers, and handwashing stations; PPE including gloves, N95 respirators, goggles, masks, face shields, and gowns; environmental safety measures such as surface disinfectants, physical barriers, ventilation system evaluations and upgrades, and contracted cleaning services; as well as stipends to support staff participation in COVID-19 training.

Through these coordinated activities, AHCCCS and its partners advanced the goals of the supplemental funding by expanding testing capacity, strengthening mitigation strategies, and addressing the unique needs of individuals with SUD, SMI, and SED in congregate environments. The program's focus on resource prioritization, fair distribution, and responsiveness to rural and tribal areas reflects a continued commitment to supporting individuals at heightened risk while navigating the evolving challenges of the public health landscape.



## C. State Agency Expenditure Report

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

This table collects information on the statewide expenditures for children's mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2024      Reporting Period End Date: 6/30/2025

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2024	C Estimated/Actual SFY 2025	Please specify if expenditure amount reported in Column C is actual or estimated
\$5,789,298	\$11,590,519	\$8,581,473	<input checked="" type="radio"/> <input type="radio"/> Actual Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted: \_\_\_\_\_

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

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

**Footnotes:**

## C. State Agency Expenditure Report

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

This table collects information on expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 07/01/2024 Reporting Period End Date: 06/30/2025

A Period	B Expenditures	C <u>B1 (2023) + B2 (2024)</u> 2
SFY 2023 (1)	\$632,199,928.99	
SFY 2024 (2)	\$601,633,198	\$616,916,563
SFY 2025 (3)	\$715,141,668.36	

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

SFY 2023	Yes	<input checked="" type="checkbox"/>	No	
SFY 2024	Yes		No	<input checked="" type="checkbox"/>
SFY 2025	Yes	<input checked="" type="checkbox"/>	No	

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

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

**Footnotes:**

## 2025 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 Deputy Assistant Director (On Behalf of DBF Assistant Director) and DBF Budget 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 Business and Finance (DBF) Healthcare Finance reports fee-for-service (FFS) expenditures in these categories
  - a. For SFY 2025 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 DBF actuaries report managed care organization (MCO) rate components in these categories
  - a. Review encounter data for CYE 2023 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 2023 used to develop CYE 2025 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 Budget 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 Budget receives FFS and MCO expenditure data by category from DBF Healthcare Finance and computes corresponding state match amounts
  - a. Applies DBF Healthcare Finance and Actuary data to paid financial data from actuals as reported in the most recent budget submission 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.