

**AMERICAN RESCUE PLAN FUNDING SPECIFIC TO THE SUBSTANCE ABUSE BLOCK GRANT**

The American Rescue Plan Act of 2021 (ARPA), signed by President Biden on March 11, 2021, directed the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide additional funds to support states through Block Grants to address the effects of the COVID-19 pandemic for Americans with substance use disorders. The COVID-19 pandemic has exposed and exacerbated severe and pervasive health and social inequities in America, including the critical importance of supporting people with substance use disorders. As the pandemic swept through the states, societal stress and distress over this newly emerging disaster created the need for nimble and evolving policy and planning in addressing mental and substance use disorder services.

Arizona was allocated \$32 million in supplemental Substance Abuse Block Grant (SABG) funding through ARPA to implement and expand intervention, treatment, and recovery support services for persons with substance use disorders, as well as allow for opportunities to prevent future substance use disorders in our communities. While SAMHSA allowed for state flexibility, the following set asides were required:

- Twenty percent of the allocation must be spent for primary prevention services for individuals who do not require treatment for substance abuse.
- Approximately ten percent of the allocation must be used for intervention, treatment and recovery supports specifically for women.

AHCCCS is currently seeking approval from the Substance Abuse and Mental Health Services Administration (SAMHSA) on a spending plan, which will allow programs to address the health inequities related to substance use disorders. Included are efforts to support health equity among underserved populations such as pregnant women and women with dependent children, persons who inject drugs, persons using opioids and other stimulants, persons at risk for HIV, TB, and Hepatitis, persons experiencing homelessness, persons involved in the justice system, Black Indigenous and People of Color (BIPOC), LGBTQ individuals, and rural and remote populations.

Feedback from state agencies, regional behavioral health authorities and tribal regional behavioral health authorities, system delivery partners, and other key stakeholders are reflected in the proposed plan.

Funds must be expended by September 30, 2025.



Upon receipt of SAMHSA’s approval, AHCCCS will move into its plan implementation phase in order to begin expending the funds as required. AHCCCS will provide updates to our spending plan through our AHCCCS [Grants Administration website](#).

Key programs and projects highlighted in the ARPA SABG proposal include:

<b>SABG Funding Priorities for Primary Prevention</b>	
<b>\$6,545,021.00</b>	
<ol style="list-style-type: none"> <li>1. Implementation of media campaigns aimed at increasing knowledge of local substance use and abuse trends and data, as well as focusing on risk and protective factors to reduce substance use and abuse within high-risk populations.</li> <li>2. Implementation of parenting, family education, and youth life skills curricula.</li> <li>3. Expansion of mentoring programs that provide at risk youth with opportunities to connect with positive adult role models and engage in healthy, drug-free activities.</li> <li>4. Expansion of programs/classes to educate youth about the dangers of alcohol, tobacco, and other drugs use, offer alternatives to substance use, and prevent future infractions.</li> <li>5. Expansion of community-based coalitions.</li> <li>6. Implementation of community mobilization training and capacity building within “prevention desert” areas to build primary prevention infrastructure.</li> <li>7. Expansion of strategic planning at state and local levels to includes convening key stakeholders from many sectors.</li> <li>8. Expansion of current data collection efforts statewide regarding the scope of substance abuse use rates and related consequences among individuals aged 18-25 years old.</li> <li>9. Expansion of prevention activities and interventions that cater to individuals aged 18-25 years old, targeting areas such as binge drinking and other high-risk behaviors.</li> <li>10. Implementation of a prevention evaluation system that allows for real-time prevention data collection and coordination between the state and local prevention providers.</li> </ol>	
<b>SABG Funding Priorities for Intervention, Treatment, and Recovery</b>	
<b>General Services \$21,043,053.00</b>	<b>Women’s Services \$3,500,777.00</b>
<ol style="list-style-type: none"> <li>1. Expansion of workforce development training.</li> <li>2. Expansion of culturally appropriate approaches to substance use and alcohol use treatment for American Indian and LGBTQ+.</li> <li>3. Expansion of outreach workers.</li> <li>4. Expansion of allowable technology and infrastructure to improve telehealth.</li> <li>5. Implementation of a Project Extension for Community Healthcare Outcomes (ECHO) training collaborative on harm reduction.</li> <li>6. Implementation of a digital identification wallet.</li> <li>7. Expansion of detox and outpatient treatment clinics in identified areas of need.</li> <li>8. Expansion of recovery housing.</li> <li>9. Expansion of peer-based recovery programs and services.</li> <li>10. Implementation of youth pre-peer support.</li> <li>11. Implementation of a tenant-based rental assistance program for Arizonan’s recovering from substance use disorders.</li> </ol>	<ol style="list-style-type: none"> <li>1. Expansion of supported independent living programs that utilize outpatient services for women in substance use disorder recovery programs with their children.</li> <li>2. Implementation of Project ECHO training collaborative for women-specific services, including pregnant and postpartum women.</li> <li>3. Expansion of training for behavioral health staff to advance implementation of gender-specific substance use disorder treatment services.</li> <li>4. Implementation of an environmental scan of providers (physical and behavioral health) trained to address postpartum depression for women with substance use disorder and develop an online resource guide.</li> <li>5. Implementation of pilot programs which integrate substance use disorder treatment with health and family service agencies for pregnant and postpartum women.</li> </ol>