ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

2025 MHBG Behavioral Health Report

AHCCCS submitted this report on time in December 2024, but is not yet approved by SAMHSA, and therefore the report is subject to change

Arizona

UNIFORM APPLICATION
FY 2025 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
(generated on 10/23/2025 12.47.36 PM)

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	801 East Jefferson
City	Phoenix
Zip Code	85034

II. Contact Person for the Grantee of the Block Grant

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

From	7/1/2023
To	6/30/2024

IV. Date Submitted

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

Submission Date	12/2/2024 8:12:39 PM
Revision Date	10/6/2025 5:59:33 PM

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

B. Implementation Report

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

Priority #: 1

Priority Area: Women's Services and PPWDC

Priority Type:

Population(s): PWWDC

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: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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

Data Source:

AHCCCS claims and enounters

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)*:

Indicator #: 2

Indicator: % of pregnant and postpartum females with an SUD diagnosis who received an SUD treatment service

Baseline Measurement: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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)*:

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: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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)*:

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: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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)*:

Priority #: 2

Priority Area: Tuberculosis

Priority Type:

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

Indicator #: 1

Indicator: % of SABG member case files reviewed in the Independent Case Review (ICR) that include documentation of TB screenings

Baseline Measurement: 46%

First-year target/outcome measurement: 50%

Second-year target/outcome measurement: 55%

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

Data Source:

Independent Case Review (ICR)

New Data Source*(if needed)*:

Description of Data:

N/A

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)*:

Priority #: 3

Priority Area: Harm Reduction

Priority Type:

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 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: 70,187 (Jan 1 - Dec 31, 2022)

First-year target/outcome measurement: 73,696 (Jan 1 - Dec 31, 2023)

Second-year target/outcome measurement: 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)*:

Priority #: 4

Priority Area: SUD Recovery

Priority Type:

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: 109

First-year target/outcome measurement: 112

Second-year target/outcome measurement: 115

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)*:

Indicator #: 2

Indicator: number of members served with SUD Recovery Housing through Project Health and Home

Baseline Measurement: 0

First-year target/outcome measurement: 62

Second-year target/outcome measurement: 123

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)*:

Priority #: 5

Priority Area: Reduction in Suicide Rate

Priority Type: 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: 18.7% per 100,000

First-year target/outcome measurement: 18.4% per 100,000

Second-year target/outcome measurement: 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)*:

Priority #: 6

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: Current count is 29

First-year target/outcome measurement: 29

Second-year target/outcome measurement: 59

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)*:

Priority #: 7

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: Metric will be determined based on utilization totals at the end of 2023 and outlined in the annual report.

First-year target/outcome measurement: Statewide utilization of crisis services will increase 200% between 2023 to 2024.

Second-year target/outcome measurement: 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)*:

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: The statewide occurrence of unsheltered homeless with a SMI designation is currently 20%.

First-year target/outcome measurement: Statewide occurrence will be reduced to 17% in the first year.

Second-year target/outcome measurement: 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.

Priority #: 9

Priority Area: Primary Prevention - Family Services

Priority Type:

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:	50.2%
First-year target/outcome measurement:	52.71%
Second-year target/outcome measurement:	55.34%

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)*:

Priority #: 10

Priority Area: Primary Prevention - Elementary-age Children

Priority Type:

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 underaged 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: 20,198

First-year target/outcome measurement: 21,208

Second-year target/outcome measurement: 22,268

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)*:

Priority #: 11

Priority Area: Primary Prevention - Community-based Process

Priority Type:

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: 196

First-year target/outcome measurement: 215

Second-year target/outcome measurement: 236

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)*:

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: 103 (July 1, 2022 - June 30, 2023)

First-year target/outcome measurement: 113

Second-year target/outcome measurement: 124

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)*:

Priority #: 12

Priority Area: Primary Prevention - College Services

Priority Type:

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 throughput 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:	808,650 (7/1/2022 – 6/30/2023)
First-year target/outcome measurement:	846,471
Second-year target/outcome measurement:	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)*:

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

COVID Testing and Mitigation Program Report for the Community Services Mental Health Block Grant (MHBG) for Federal Fiscal Year Ending September 30, 2024

Due Date: December 31, 2024

FY25 MHBG Report on the COVID Testing and Mitigation activities and expenditures

For the Federal Fiscal Year ending September 30, 2024, please upload a Word or PDF document in Table 1 of the FY25 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 31, 2024.

List the items and activities of expenditures completed from October 1, 2023, thru September 30, 2024 (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for STATE	
Item/Activity	Amount of Expenditure
Personnel	$4,940.85
Employee Related Expenditure (ERE)	$1,774.73
Travel	-
Supplies	-
Other	$6,470.67
Indirect Costs	$593.37
Total Costs	**$13,779.62**

Arizona Health Care Cost Containment System (AHCCCS) combined Mental Health Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) supplemental funding for COVID-19 Testing and Mitigation (TAM) efforts by contracting with Spectrum Healthcare Group from Aug 10, 2022 to September 30, 2024. Spectrum was tasked to increase access to COVID-19 testing and enhance spread mitigation strategies for individuals with substance use disorder (SUD), Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) in congregate settings, including behavioral health residential facilities (BHRFs), crisis stabilization units, day treatment programs, shelters, and other settings where large groups of individuals gather to receive behavioral health services. Spectrum Healthcare Group was selected as the contractor due to their multi-pronged approach that takes into consideration the COVID-19 related finite resources (i.e., testing supply and PPE availability), staff capacity to conduct testing (i.e., workforce availability, training), and other resource limitations such as transportation in geographical rural and tribal regions of our State.

Spectrum Healthcare Group leveraged a team of Anywhere Care Specialists to outreach congregate care settings to offer free personal protective equipment (PPE) and assistance in developing and implementing COVID-19 mitigation strategies. A brief needs assessment and telephone script was developed to facilitate outreach and service provision. Dependent upon assessed needs, examples of potential activities Spectrum offers include: coordination and partnership with state and local health departments/agencies on how to align provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnership; develop strategies and/or support existing community partnerships to prevent infectious disease transmissions; develop onsite testing confidentiality policies and

implementation of program practices; policy and procedure development relevant to the individualized needs of the setting; maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate); increase access to testing supplies and PPE for staff and consumers; procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks; provide training and technical assistance to implement rapid onsite COVID-19 testing; mobilize COVID-19 testing units to geographic locations, such as rural and tribal regions with high need, limited resources, and/or other identified barriers to care for SMI, SED and/or SUD populations; facilitate access to behavioral health services for people with SMI, SUD, and SED who are at high risk for COVID-19; engage in activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities; conduct contact tracing - the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 that includes, but is not limited to: providing information about the virus, discussing symptom history and other relevant health information, and provide instructions for self-quarantine and self-monitoring for symptoms; expand local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system, education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living; promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated); behavioral health services to staff working as contact tracers and other members of the COVID-related workforce; and maintain health operations for staff, including building measures to cope with employee stress and burnout.

During this reporting period, October 1, 2023, thru September 30, 2024, Spectrum Healthcare Group encountered substantial barriers to fulfilling supply orders and utilizing allocated funding. In a proactive approach to enhance utilization Spectrum launched an email strategy to reach congregate care centers, focusing on offering free personal protective equipment (PPE) to increase engagement and legitimacy of their services. The strategy involved sending a letter signed by the CEO to 78 contacts, resulting in five site visits, including PPE delivery and infection control training. However, Spectrum faced challenges with limited contact responses. AHCCCS assisted with providing warm hand off to our regional behavioral health authorities and tribes, such as Mercy Care and the Pascua Yaqui tribe. Spectrum engaged with 95 new leads from Mercy Care, focusing on offering free PPE through email outreach. Six organizations responded, resulting in four site visits. However, barriers persisted in limited interest in COVID-19 mitigation. Spectrum, in collaboration with AHCCCS, created an outreach list of over 1,300 facilities and developed a needs assessment and telephone script to facilitate outreach and service provision. Anywhere Care Specialists contacted all 1,324 facilities, resulting in 60% voicemails, 15% bad contact info, 11% declined needs assessments, 6% emailed assessments, 6% full voicemails, 1% completed assessments, and 1% follow-ups needed. A total of 11 needs assessments were completed, indicating a need for supplies and some interest in training.

FY25 MHBG Report on the COVID Testing and Mitigation activities and expenditures

AHCCCS contract with Spectrum Health ended on September 30, 2024 and plans to pivot efforts and utilization of funding by allocating funds directly to our regional behavioral health authorities with the anticipation that their direct relationship to their program oversight will produce serviceable utilization of funds.

C. State Agency Expenditure Report

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

This table provides information on mental health expenditures and sources of funding. This includes funding from the MHBG, Medicaid, other federal funding sources, state, local, other funds, and supplemental MHBG funds including COVID-19, ARP, and BSCA.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal State & Local)	D. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) [1]	I. ARP Funds (MHBG) [2]	J. Bipartisan Safer Communities Funds [3]	K. Total
1. Substance Abuse Prevention and Treatment											**$0**
a. Pregnant Women and Women with Dependent Children											**$0**
b. All Other [3]											**$0**
2. Mental Health Prevention [4]		$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) [5]		$3,725,193	$0	$0	$0	$0	$0	$1,289,678	$308,342	$1,231	**$0**
4. Tuberculosis Services											**$0**
5. Early Intervention Services for HIV											**$0**
6. State Hospital			$2,056,256	$582,831	$90,619,036	$900,000	$0	$0	$0	$0	**$0**
7. Other Psychiatric Inpatient Care			$0	$0	$0	$0	$0	$0	$0	$0	**$0**
8. Other 24-Hour Care (Residential Care)		$569,606	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
9. Ambulatory/Community Non-24 Hour Care		$18,417,270	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
10. Crisis Services (5 percent set-aside) [6]		$1,481,608	$176,526,809	$1,862,423	$22,735,198	$16,484,352	$2,918,487	$178,337	$864,570	$235,739	**$0**
11. Administration (Excluding Program and Provider Level) [7]		$1,000,077	$0	$0	$0	$0	$0	$388,725	$82,405	$0	**$0**
12. Total	**$0**	**$25,193,754**	**$178,583,065**	**$2,445,254**	**$113,354,234**	**$17,384,352**	**$2,918,487**	**$1,856,740**	**$1,255,317**	**$236,970**	**$343,228,173**
Comments on Data:	See General Comments.										

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the

expenditure period for the “standard” MHBG. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the “standard” MHBG. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3]The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the “standard” MHBG. Column I should reflect the BSCA allotment portion used during the state reporting period.

[4]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[5]Column B row 3 should include Early Serious Mental Illness including First Episode Psychosis programs funded through MHBG set aside. States may expend more than 10 percent of their MHBG allocation.

[6]Row 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

[7]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 2B (URS Table 7B)- MHBG State Agency Early Serious Mental Illness including First Episode Psychosis Expenditure Report

This table provides information on mental health expenditures and sources of funding specifically for the First Episode Psychosis (FEP) Programs as well as other Early Serious Mental Illness (ESMI) programs through the MHBG 10% set-aside.

Reporting Period From: 7/1/2023 Reporting Period To: 6/30/2024

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. COVID -19 Funds (MHBG)[1]	H. ARP Funds (MHBG)[2]	I. BSCA Funds (MHBG)[3]	J. Total
1. CSC-Evidences-Based Practices for First Episode Psychosis[4]	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
2. Training for CSC Practices	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
3. Planning for CSC Practices	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
4. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	$3,725,193	$0	$0	$0	$0	$0	$1,289,678	$308,342	$1,231	**$5,324,444**
5. Training for ESMI	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
6. Planning for ESMI	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
7. Other[5]	$0	$0	$0	$0	$0	$0	$0	$0	$0	**$0**
8. Total	**$3,725,193**	**$0**	**$0**	**$0**	**$0**	**$0**	**$1,289,678**	**$308,342**	**$1,231**	**$5,324,444**
Comments on Data:	See General Comments.									

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" MHBG. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: States that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the "standard" MHBG. Column H should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3] The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column I should reflect the BSCA allotment portion used during the state reporting period.

[4] Use row 1 to report only those programs that are providing all components of a CSC model.

[5] Use row 7 if the state uses only certain components of a CSC model specifically for FEP.

Note, The Totals for this table should equal the amounts reported on Row 2 (Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychoses) on MHBG Table 2A (URS Table 7A).

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 2C (URS Table 7C) - MHBG State Agency Crisis Services Expenditures Report

This table describes expenditures for Crisis Response services provided or funded by the state mental health authority by source of funding

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Source of Funds									
Services	**A. Mental Health Block Grant**	**B. Medicaid (Federal State & Local**	**C. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHSA, etc.)**	**D. State Funds**	**E. Local Funds (excluding local Medicaid)**	**F. Other**	**G. COVID-19 Funds (MHBG) [1]**	**H. ARP Funds (MHBG) [2]**	**I. BSCA Funds (MHBG) [3]**	**J. Total**
1. Call Center	$1,468,318	$18,660,357	$240,920	$3,311,335	$2,169,554	$2,918,487	$178,337	$0	$0	$28,947,308
2. 24/7 Mobile Crisis Team	$0	$36,719,177	$457,226	$5,646,920	$8,021,190	$0	$0	$0	$0	$50,844,513
3. Crisis Stabilization Programs	$13,290	$121,147,275	$1,164,277	$13,776,943	$6,293,608	$0	$0	$864,570	$0	$143,259,963
4. Training and Technical Assistance	$0	$0	$0	$0	$0	$0	$0	$0	$4,880	$4,880
5. Strategic Planning and Coordination	$0	$0	$0	$0	$0	$0	$0	$0	$230,859	$230,859
Total	**$1,481,608**	**$176,526,809**	**$1,862,423**	**$22,735,198**	**$16,484,352**	**$2,918,487**	**$178,337**	**$864,570**	**$235,739**	**$223,287,523**

Comments on Data:
See General Comments.

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" MHBG. Column G should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 – September 1, 2025, which is different from the expenditure period for the "standard" MHBG. Column I should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3]The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is October 17, 2022 – October 16, 2024, and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column J should reflect the BSCA allotment portion used during the state reporting period.

Note, The Totals for this table should equal the amounts reported on Row 7 (Crisis Services (5 percent set-aside)) on MHBG Table 2a (URS Table 7a).

For definitions, please refer to the National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit **(https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf)**.

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Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of 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: 7/1/2023 Reporting Period End Date: 6/30/2024

Statewide Expenditures for Children's Mental Health Services			
A **Actual SFY 1994**	**B** **Actual SFY 2023**	**C** **Estimated/Actual SFY 2024**	**Please specify if expenditure amount reported in Column C is actual or estimated**
$5,789,298	$12,024,529	$11,590,519	(●) Actual ( ) Estimated

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

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

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Footnotes:

C. State Agency Expenditure Report

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

This table describes the use of MHBG funds including COVID-19, ARP, and BSCA supplemental funds for non-direct service activities that are funded or conducted by the State Mental Health Authority during the last completed SFY for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority. Please enter the total amount of the block grant expended for each activity.

Reporting Period From: 7/1/2023 Reporting Period To: 6/30/2024

Non-Direct-Services/System Development					
Activity	**A. MHBG**	**B. COVID-19 Funds[1]**	**C. ARP Funds[2]**	**D. BSCA[3]**	**E. Total**
1. Information Systems	$0	$0	$0	$0	**$0**
2. Infrastructure Support	$0	$0	$0	$0	**$0**
3. Partnerships, Community Outreach and Needs Assessment	$0	$0	$0	$0	**$0**
4. Planning Council Activities	$0	$0	$0	$0	**$0**
5. Quality Assurance and Improvement	$0	$0	$0	$0	**$0**
6. Research and Evaluation	$0	$0	$0	$0	**$0**
7. Training and Education	$0	$0	$0	$0	**$0**
Total Non-Direct Services	**$0**	**$0**	**$0**	**$0**	**$0**
Comments on Data:	See General Comments.				

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023,** which is different from the expenditure period for the "standard" MHBG. Column B should reflect the COVID-19 Relief supplemental funding allotment portion used during the state reporting period. Note: But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025,** which is different from the expenditure period for the "standard" MHBG. Column C should reflect the ARP supplemental funding allotment portion used during the state reporting period.

[3] The expenditure period for the 1st allocation of the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 – October 16, 2024,** and the 2nd allocation is September 30, 2023 – September 29, 2025 which is different from the expenditure period for the "standard" MHBG. Column D should reflect the BSCA allotment portion used during the state reporting period.

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Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of payments to recipients of MHBG funds including intermediaries, (e.g., administrative service organizations, and other organizations), which provided mental health services during the last completed SFY, including services for those with a first episode psychosis (FEP), early serious mental illness (ESMI) programs, and crisis services. This table is to be used to provide an inventory of providers/agencies who directly receive Block Grant allocations. Only report those programs that receive MHBG funds to provide services. Do not report planning council members reimbursements or other administrative reimbursements related to running the MHBG Program.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs	Set-aside for crisis services
2		CARE 1ST HEALTH PLAN ARIZONA, INC.	1870 W. Rio Salado Parkway, Suite 211	Tempe	AZ	85281	$3,242,977.00	$1,163,032.00	$1,603,030.00	$476,915.00	$0.00	$0.00
5		GILA RIVER HEALTHCARE CORP	483 West Seed Farm Road	Sacaton	AZ	85147	$87,720.00	$48,618.00	$39,102.00	$0.00	$0.00	$0.00
1		HEALTH NET ACCESS INC	21650 Oxnard St. 25th Fl	Woodland Hills	CA	91367	$4,576,480.00	$1,010,434.00	$2,836,098.00	$729,948.00	$0.00	$0.00
3		MERCY CARE	4750 S. 44th Place, Suite 150	Phoenix	AZ	85040	$15,986,635.00	$5,151,481.00	$7,100,385.00	$2,518,329.00	$0.00	$1,216,440.00
4		PASCUA YAQUI TRIBE	7474 S. Camino De Oeste	Tucson	AZ	85746	$34,696.00	$22,792.00	$11,904.00	$0.00	$0.00	$0.00
6		Solari	1275 West Washington Street Suite 210	Tempe	AZ	85288	$1,377,165.00	$0.00	$0.00	$0.00	$0.00	$1,377,165.00
Total							$25,305,673.00	$7,396,357.00	$11,590,519.00	$3,725,192.00	$0.00	$2,593,605.00

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Footnotes:

C. State Agency Expenditure Report

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

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 07/01/2023

Reporting Period End Date: 06/30/2024

A Period	B Expenditures	C B1 (2022) + B2 (2023) 2
SFY 2022 (1)	$571,066,466.49	
SFY 2023 (2)	$632,199,928.99	$601,633,198
SFY 2024 (3)	$601,633,198	

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

SFY 2022	Yes	X	No	
SFY 2023	Yes	X	No	
SFY 2024	Yes		No	X

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: 3/14/2025

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

2/6/2025 AHCCCS requests an extension to 3/14/2025 due to extraordinary factors outside of our control. We anticipate an MOE Waiver will be requested at the same time the MOE reporting is submitted.
4/2/2025 AHCCCS is reporting actual expenditures and was able to meet the MOE requirement. As previously noted in the MHBG SFY 2023 MOE submission, the State is aware of suspected fraudulent billing activities associated with the American Indian Health Program. During 2023, the Agency suspended a large number of providers for credible allegations of fraud. Currently, AHCCCS and the appropriate law enforcement agencies are still investigating the impact. Ultimately, this may require a restatement of the SFY 2023 expenditures previously reported.

D. Population and Services Report

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

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

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

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

Note: This Table will be completed for the States by CMHS.

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Footnotes:

D. Population and Services Report

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

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for such programs. States and jurisdictions are to provide this information on all programs by age, gender, and race.

Table 8A

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Total							American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	10,363	16,367					0	26,730	249	453					0
6-12 years	25,072	34,671	0	0	0	0	0	59,743	801	1,037	0	0	0	0	0
13-17 years	30,108	25,552	0	0	0	0	0	55,660	1,107	902	0	0	0	0	0
18-20 years	13,084	9,910	0	0	0	0	0	22,994	478	407	0	0	0	0	0
21-24 years	17,860	13,637	0	0	0	0	0	31,497	680	595	0	0	0	0	0
25-44 years	93,797	81,280	0	0	0	0	0	175,077	3,896	3,643	0	0	0	0	0
45-64 years	61,027	49,504	0	0	0	0	0	110,531	1,556	1,562	0	0	0	0	0
65-74 years	15,275	10,303	0	0	0	0	0	25,578	264	183	0	0	0	0	0
75+ years	8,886	4,094	0	0	0	0	0	12,980	104	51	0	0	0	0	0
Not Available	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Total	275,473	245,318	0	0	0	0	0	520,791	9,135	8,833	0	0	0	0	0
Pregnant Women	7,875		0	0	0	0	0	7,875	301		0	0	0	0	0

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	126	181					0	1,071	1,716					0

6-12 years	264	355	0	0	0	0	0	2,376	3,306	0	0	0	0	0
13-17 years	318	216	0	0	0	0	0	2,466	2,039	0	0	0	0	0
18-20 years	191	116	0	0	0	0	0	1,199	806	0	0	0	0	0
21-24 years	260	147	0	0	0	0	0	1,796	1,241	0	0	0	0	0
25-44 years	1,279	880	0	0	0	0	0	9,311	7,626	0	0	0	0	0
45-64 years	612	438	0	0	0	0	0	4,423	3,827	0	0	0	0	0
65-74 years	170	102	0	0	0	0	0	1,014	751	0	0	0	0	0
75+ years	184	70	0	0	0	0	0	410	199	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3,404	2,505	0	0	0	0	0	24,066	21,511	0	0	0	0	0
Pregnant Women	83		0	0	0	0	0	1,062		0	0	0	0	0

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	35	37					0	3,675	6,155					0
6-12 years	56	77	0	0	0	0	0	12,042	16,189	0	0	0	0	0
13-17 years	72	41	0	0	0	0	0	14,517	11,717	0	0	0	0	0
18-20 years	33	19	0	0	0	0	0	6,502	4,468	0	0	0	0	0
21-24 years	36	29	0	0	0	0	0	9,283	6,199	0	0	0	0	0
25-44 years	262	177	0	0	0	0	0	54,409	42,544	0	0	0	0	0
45-64 years	97	98	0	0	0	0	0	34,878	27,238	0	0	0	0	0
65-74 years	14	15	0	0	0	0	0	7,616	5,082	0	0	0	0	0
75+ years	4	3	0	0	0	0	0	4,200	1,866	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	1	0	0	0	0	0	0

Total	609	496	0	0	0	0	0	147,123	121,458	0	0	0	0	0
Pregnant Women	28		0	0	0	0	0	4,360		0	0	0	0	0

	Some Other Race							More Than One Race Reported							Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	N/A
0-5 years	0	0					0	0	0					0	5,207	7,825					0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9,533	13,707	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,628	10,637	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4,681	4,094	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,805	5,426	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	24,640	26,410	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19,461	16,341	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,197	4,170	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,984	1,905	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,136	90,515	0	0	0	0	0
Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0	2,041		0	0	0	0	0

Are these numbers unduplicated?

☑ Unduplicated

☐ Duplicated : between Hospitals and Community

☐ Duplicated : Among Community Programs

☐ Duplicated between children and adults

☐ Other : describe

Comments on Data (for Age):	Age is defined as the age at first service in the report period.

Comments on Data (for Gender):	
Comments on Data (for Race):	
Comments on Data (Overall):	

Table 8B

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for such programs. States and jurisdictions are to provide this information on all programs by age, gender, and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8A.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Not Hispanic or Latino							Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	0	0					0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0	

	Hispanic or Latino Origin Not Available							Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
0-5 years	0	0					0	0	0					0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0		0	0	0	0	0	0		0	0	0	0	0	0

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

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Footnotes:

D. Population and Services Report

MHBG Table 8C and MHBG Table 8D (URS Tables 2C and 2D) - Profile of Persons Served, All Programs by Sexual Orientation and Race/Ethnicity (Optional Reporting Table)

This table provides an unduplicated aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for such programs. States and jurisdictions are to provide this information on all programs by sexual orientation and race. Total persons served would be the same as the total indicated in MHBG Table 8A.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More Than One Race Reported	Some Other Race	Race Not Available	Total
Straight or Heterosexual	0	0	0	0	0	0	0	0	0
Homosexual (Gay or Lesbian)	0	0	0	0	0	0	0	0	0
Bisexual	0	0	0	0	0	0	0	0	0
Queer	0	0	0	0	0	0	0	0	0
Pansexual	0	0	0	0	0	0	0	0	0
Questioning	0	0	0	0	0	0	0	0	0
Asexual	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
Not available	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

Comments on Data (Sexual Orientation):

Comments on Data (Race):

Comments on Data (Overall):

Table 8D

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

programs by sexual orientation and ethnicity. Total persons served would be the same as the total indicated in MHBG Table 8B.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Not Hispanic or Latino	Hispanic or Latino	Hispanic or Latino Origin Not Available	Total
Straight or Heterosexual	0	0	0	0
Homosexual (Gay or Lesbian)	0	0	0	0
Bisexual	0	0	0	0
Queer	0	0	0	0
Pansexual	0	0	0	0
Questioning	0	0	0	0
Asexual	0	0	0	0
Other	0	0	0	0
Not available	0	0	0	0
Total	0	0	0	0

Comments on Data (Sexual Orientation):

Comments on Data (Ethnicity):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

This provides an aggregate profile of the number of persons that received public mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient settings, residential treatment centers, and institutions under the justice system. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and gender.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Services Setting	Age 0-5							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	10,238	16,193					0	24,579	34,139	0	0	0	0	0
State Psychiatric Hospitals	0	0					0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	6	7					0	29	19	0	0	0	0	0
Residential Treatment Centers	0	0					0	23	40	0	0	0	0	0
Institutions under the Justice System	0	0					0	5	4	0	0	0	0	0

Services Setting	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	28,759	24,595	0	0	0	0	0	12,370	9,391	0	0	0	0	0
State Psychiatric Hospitals	0	0	0	0	0	0	0	0	3	0	0	0	0	0
Other Psychiatric Inpatient	241	117	0	0	0	0	0	163	151	0	0	0	0	0
Residential Treatment Centers	183	190	0	0	0	0	0	20	45	0	0	0	0	0
Institutions under the Justice System	54	143	0	0	0	0	0	33	103	0	0	0	0	0

Services Setting	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A

Community Mental Health Programs	16,616	12,547	0	0	0	0	0	86,796	72,791	0	0	0	0	0
State Psychiatric Hospitals	1	2	0	0	0	0	0	35	113	0	0	0	0	0
Other Psychiatric Inpatient	269	387	0	0	0	0	0	1,530	2,798	0	0	0	0	0
Residential Treatment Centers	70	159	0	0	0	0	0	664	1,379	0	0	0	0	0
Institutions under the Justice System	116	242	0	0	0	0	0	891	2,211	0	0	0	0	0

Services Setting	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	57,814	45,594	0	0	0	0	0	14,828	9,846	0	0	0	0	0
State Psychiatric Hospitals	16	63	0	0	0	0	0	0	7	0	0	0	0	0
Other Psychiatric Inpatient	465	917	0	0	0	0	0	22	42	0	0	0	0	0
Residential Treatment Centers	386	711	0	0	0	0	0	70	109	0	0	0	0	0
Institutions under the Justice System	279	733	0	0	0	0	0	13	37	0	0	0	0	0

Services Setting	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	8,592	3,953	0	0	0	0	0	0	0	0	0	0	0	0
State Psychiatric Hospitals	0	4	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	4	5	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	14	6	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	6	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Total

	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	260,592	229,049	0	0	0	0	0	489,641
State Psychiatric Hospitals	52	192	0	0	0	0	0	244
Other Psychiatric Inpatient	2,729	4,443	0	0	0	0	0	7,172
Residential Treatment Centers	1,430	2,639	0	0	0	0	0	4,069
Institutions under the Justice System	1,391	3,479	0	0	0	0	0	4,870

Note: clients can be duplicated between rows, e.g., the same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in both rows.

Comments on Data (for Age):
Age is defined as the age at first service in the report period.

Comments on Data (for Gender):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

Table 10A

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. The client profile takes into account all institutional and community services for all such programs. States and jurisdictions are to provide this information on all programs by gender and race. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Total							American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	240,930	201,649	0	0	0	0	0	442,579	7,832	7,034	0	0	0	0	0
Non-Medicaid Sources Only	22,337	23,808	0	0	0	0	0	46,145	548	607	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	12,206	19,861	0	0	0	0	0	32,067	755	1,192	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	275,473	245,318	0	0	0	0	0	520,791	9,135	8,833	0	0	0	0	0

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	3,151	2,246	0	0	0	0	0	21,272	17,290	0	0	0	0	0
Non-														

Medicaid Sources Only	148	137	0	0	0	0	0	1,554	1,790	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	105	122	0	0	0	0	0	1,240	2,431	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3,404	2,505	0	0	0	0	0	24,066	21,511	0	0	0	0	0

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	572	442	0	0	0	0	0	131,874	102,746	0	0	0	0	0
Non-Medicaid Sources Only	14	12	0	0	0	0	0	8,563	8,861	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	23	42	0	0	0	0	0	6,686	9,851	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	609	496	0	0	0	0	0	147,123	121,458	0	0	0	0	0

	Some Other Race							More Than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-														

Medicaid Sources Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	76,229	71,891	0	0	0	0	0
Non-Medicaid Sources Only	11,510	12,401	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	3,397	6,223	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0
Total	91,136	90,515	0	0	0	0	0

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

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

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

If a state is unable to deduplicate counts of people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' checkbox should be checked.

Table 10B

This table provide an aggregate profile of the unduplicated number of persons served in the reporting period by type of funding support (Medicaid Only, Non-Medicaid Sources Only, Both Medicaid and Non-Medicaid, and Status Not Available). The reporting period should be the latest SFY for which data are available. The client profile takes into account all institutional and community services for all such programs. States and jurisdictions are to provide this information on all programs by gender and ethnicity. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid. Total persons served would be the same as the total indicated in MHBG Table 10A.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Not Hispanic or Latino							Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Medicaid Sources Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Hispanic or Latino Origin Not Available							Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Medicaid Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Medicaid Sources Only	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
People Served by Both Medicaid and Non-Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Medicaid Status Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Ethnicity):
AZ does not collect Hispanic as Ethnicity. It is collected under the same field as Race.

Comments on Data (for Gender):

Comments on Data (Overall):

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

If a state is unable to deduplicate counts of people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' checkbox should be checked

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Footnotes:

D. Population and Services Report

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

This table provides information regarding the profile of client turnover in various out-of-home settings (e.g., state hospitals, inpatient psychiatric hospitals, residential treatment centers). Information collected by this table includes total served at the beginning of year, admissions and discharge during the year, and lengths of stay. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
State Hospital	**244**	**64**	**15**	**82**	**67**	**101**	**118**	**2,450**	**2,039**
Age 0-5	0	0	0	0	0	0	0	0	0
Age 6-12	0	0	0	0	0	0	0	0	0
Age 13-17	0	0	0	0	0	0	0	0	0
Age 18-20	3	3	1	104	104	173	118	0	0
Age 21-24	3	0	0	0	0	0	0	767	579
Age 25-44	148	44	12	77	67	177	170	2,024	1,589
Age 45-64	79	17	2	147	147	157	130	3,502	2,618
Age 65-74	7	0	0	0	0	0	0	3,624	2,488
Age 75+	4	0	0	0	0	0	0	4,785	5,231
Age NA	0	0	0	0	0	0	0	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Other Psychiactric Inpatient	**7,172**	**7,172**	**7,141**	**21**	**8**	**28**	**6**	**123**	**366**
Age 0-5	13	13	13	9	7	9	7	0	0
Age 6-12	48	48	48	8	9	7	9	0	366
Age 13-17	358	358	357	38	8	40	8	0	366
Age 18-20	314	314	314	28	8	28	6	0	366
Age 21-24	656	656	655	19	6	33	6	376	366
Age 25-44	4,328	4,328	4,310	22	6	48	6	366	366
Age 45-64	1,382	1,382	1,371	21	7	46	6	368	366
Age 65-74	64	64	64	30	8	36	7	0	366
Age 75+	9	9	9	15	10	8	6	0	0
Age NA	0	0	0	0	0	0	0	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Residential Treatment Centers	**4,069**	**4,069**	**4,030**	**149**	**68**	**241**	**339**	**325**	**366**
Age 0-5	0	0	0	0	0	0	0	0	0
Age 6-12	63	63	61	318	362	350	361	366	366
Age 13-17	373	373	371	272	353	324	357	366	366
Age 18-20	65	65	64	130	68	215	256	365	366
Age 21-24	229	229	228	64	31	199	188	366	366
Age 25-44	2,043	2,043	2,033	78	37	222	262	366	366
Age 45-64	1,097	1,097	1,076	111	50	255	339	366	366
Age 65-74	179	179	177	167	98	284	355	366	366
Age 75+	20	20	20	197	153	321	359	366	366
Age NA	0	0	0	0	0	0	0	0	0

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for 1 Year or Less: Average Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Average Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
Community Programs	**489,641**	**489,641**							
Age 0-5	26,431	26,431							
Age 6-12	58,718	58,718							
Age 13-17	53,354	53,354							
Age 18-20	21,761	21,761							
Age 21-24	29,163	29,163							
Age 25-44	159,587	159,587							
Age 45-64	103,408	103,408							
Age 65-74	24,674	24,674							
Age 75+	12,545	12,545							
Age NA	0	0							

Comments on Data (State Hospital):
This is all data (Civil and Forensic). The adolescent program at the State Hospital was closed prior to end of FY2010.

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment Centers):

Comments on Data (Community Programs):

Comments on Data (Overall):

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Footnotes:

D. Population and Services Report

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

This table provides context for the data reported in the MHBG tables. This profile includes the populations that receive services operated or funded by the state mental health agency, data reporting capacities, percentage of children and adults that meet the federal definition of SED and SMI, respectively, the percentage of children and adults with co-occurring mental and substance use disorders (M/SUD), as well as other summary administrative information.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Populations Served

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

	Populations Covered		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Age 0 to 5	☐ Yes	☑ Yes	☐ Yes	☑ Yes
2. Age 6 to 12	☐ Yes	☑ Yes	☐ Yes	☑ Yes
3. Age 13-17	☐ Yes	☑ Yes	☐ Yes	☑ Yes
4. Age 18-20	☑ Yes	☑ Yes	☑ Yes	☑ Yes
5. Age 21-24	☑ Yes	☑ Yes	☑ Yes	☑ Yes
6. Age 25-44	☑ Yes	☑ Yes	☑ Yes	☑ Yes
7. Age 45-64	☑ Yes	☑ Yes	☑ Yes	☑ Yes
8. Age 65-74	☑ Yes	☑ Yes	☑ Yes	☑ Yes
9. Age 75+	☑ Yes	☑ Yes	☑ Yes	☑ Yes
10. Forensics	☑ Yes	☐ Yes	☑ Yes	☑ Yes

Comments on Data:	

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

☐ Serious Mental Illness
☐ Serious Emotional Disturbances

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

2.a.1. Percentage of adults meeting federal definition of SMI: 47.7%

2.a.2. Percentage of children/adolescents meeting Federal definition of SED: 40.5%

3. Co-Occurring Mental Health and Substance use:

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

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance use: 35%

3.a.2.	Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance use:	4%

3.b. Percentage of persons served for the reporting period who met the federal definitions of adults with SMI and children with SED have a dual diagnosis of mental illness and substance use:

3.b.1.	Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance use:	21%
3.b.2.	Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance use:	4%
3.b.3.	Please describe how you calculate and count the number of persons with co-occurring disorders.	Using ICD-10 Mental Health Diagnosis Codes in the person's claim/encounters

4. State Mental Health Agency Responsibilities

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

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

	b. Managed Care (Mental Health Managed Care)		**Are Data for these programs reported on URS Tables?**
4.b.1	Does the State have a Medicaid Managed Care initiative?	☑ Yes	☑ Yes
4.b.2	Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?	☑ Yes	

If yes, please check the responsibilities the SMHA has:

4.b.3	Direct contractual responsibility and oversight of the Managed Care Organizations (MOCs) or specialty Behavioral Health Organizations (BHOs)	☑ Yes
4.b.4	Setting Standards for mental health services	☑ Yes
4.b.5	Coordination with state health and Medicaid agencies	☑ Yes
4.b.6	Resolving mental health consumer complaints	☑ Yes
4.b.7	Input in contract development	☑ Yes
4.b.8	Performance monitoring	☑ Yes
4.b.9	Other	

5. Data Reporting: Please describe the extent to which your information systems allow the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for MHBG Table 8, which requires unduplicated counts of clients served across your entire mental health system.

Are data reporting in the tables?

5.a.	**Unduplicated:** counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.	☑
5.b.	**Duplicated:** across state hospital and community programs	☐
5.c.	**Duplicated:** within community programs	☐
5.d.	**Duplicated:** Between Child and Adult Agencies	☐
5.e.	**Plans for reporting unduplicated data:** If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to report unduplicated client counts.	

6. Summary Administrative Data

6.a.	Report Year:	2024
6.b.	State Identifier:	AZ

Summary Information on Data Submitted by SMHA:

6.c.	Year being reported:	From: 7/1/2023 To: 6/30/2024
6.d.	Person Responsible for Submission:	Angela Aguayo

6.e.	Contact Phone Number:	602-364-4638
6.f.	Contact Address:	801 E. Jefferson Phoenix, AZ 85032
6.g.	E-mail:	angela.aguayo@azahcccs.gov

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Footnotes:

D. Population and Services Report

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

Table 13A

This table provides an unduplicated aggregate profile of the number of persons with SMI or SED served in the reporting year. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the **Federal Definitions of SMI and SED** if they can, if not, please report using the state's definition of SMI and SED and provide information below describing your state's definition. The reporting period should be the latest SFY for your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, and race.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Total								American Indian or Alaska Native								Asian							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	1,539	2,473					0	4,012	28	57					0	20	22					0
6-12 years	11,273	15,806	0	0	0	0	0	27,079	375	474	0	0	0	0	0	119	125	0	0	0	0	0
13-17 years	14,838	11,628	0	0	0	0	0	26,466	562	390	0	0	0	0	0	158	105	0	0	0	0	0
18-20 years	7,710	3,854	0	0	0	0	0	11,564	232	139	0	0	0	0	0	125	48	0	0	0	0	0
21-24 years	10,333	5,572	0	0	0	0	0	15,905	300	197	0	0	0	0	0	161	76	0	0	0	0	0
25-44 years	50,044	30,634	0	0	0	0	0	80,678	1,569	957	0	0	0	0	0	740	420	0	0	0	0	0
45-64 years	35,220	21,041	0	0	0	0	0	56,261	672	474	0	0	0	0	0	369	201	0	0	0	0	0
65-74 years	7,685	3,974	0	0	0	0	0	11,659	100	58	0	0	0	0	0	75	39	0	0	0	0	0
75+ years	3,311	1,207	0	0	0	0	0	4,518	35	12	0	0	0	0	0	40	13	0	0	0	0	0
Not Available	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	141,954	96,189	0	0	0	0	0	238,143	3,873	2,758	0	0	0	0	0	1,807	1,049	0	0	0	0	0

	Black or African American							Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	153	260					0	0	3					0	662	1,064					0
6-12 years	1,141	1,586	0	0	0	0	0	24	31	0	0	0	0	0	5,740	7,955	0	0	0	0	0
13-17 years	1,245	959	0	0	0	0	0	32	16	0	0	0	0	0	7,460	5,678	0	0	0	0	0
18-20 years	695	307	0	0	0	0	0	25	5	0	0	0	0	0	4,048	1,894	0	0	0	0	0
21-24 years	966	506	0	0	0	0	0	20	15	0	0	0	0	0	5,678	2,674	0	0	0	0	0
25-44 years	4,872	2,819	0	0	0	0	0	129	56	0	0	0	0	0	29,702	16,271	0	0	0	0	0
45-64 years	2,235	1,435	0	0	0	0	0	46	40	0	0	0	0	0	20,640	11,919	0	0	0	0	0
65-74 years	385	235	0	0	0	0	0	3	3	0	0	0	0	0	3,997	2,073	0	0	0	0	0
75+ years	95	40	0	0	0	0	0	2	1	0	0	0	0	0	1,658	588	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Total	11,787	8,147	0	0	0	0	0	281	170	0	0	0	0	0	79,586	50,116	0	0	0	0	0

	Some Other Race							More Than One Race Reported							Race Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	0	0					0	676	1,067					0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,874	5,635	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5,381	4,480	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,585	1,461	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,208	2,104	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13,032	10,111	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11,258	6,972	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3,125	1,566	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1,481	553	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	44,620	33,949	0	0	0	0	0

Comments on Data (for Age):	Age is defined as the age at first service in the report period.
Comments on Data (for Gender):	
Comments on Data (Race):	
Comments on Data (Overall):	Persons with SMI or SED were identified using ICD-10 diagnosis, based on a diagnosis list provided by our medical coding team and may not reflect other state reports that include persons with SMI or SED.

Do the state definitions of SMI/SED match the Federal definition?

(●) Yes ( ) No Adults with SMI, if No describe or attach state definition: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320P.pdf

Diagnoses included in the state SMI definition:

(●) Yes ( ) No Children with SED, if No describe or attach state definition: https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320P.pdf

Diagnoses included in the state SED definition:

Table 13B

This provides an aggregate profile of unduplicated number of persons with SMI or SED served in the reporting year. The profile is based on a client receiving services in programs provided or funded by the state mental health agency. States and jurisdictions should report data using the **Federal Definitions of SMI and SED** if they can, if not, please report using the state's definition of SMI and SED and provide information below describing your state's definition. The reporting period should be the latest SFY for your which data are available. States and jurisdictions are to provide this information on all programs by age, gender, and ethnicity. The total persons served who meet the Federal definition of SMI or SED would be the same as the total in MHBG Table 13A.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Not Hispanic or Latino							Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
0-5 years	0	0					0	0	0					0	0	0					0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
0-5 years	0	0					0	0
6-12 years	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

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

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Footnotes:

D. Population and Services Report

MHBG Table 14 (URS Table 14C) Profile of Persons Served in Community Mental Health Setting, State Psychiatric Hospitals, and Other Settings for Adults with SMI and Children with SED

This table provides an aggregate profile of the number of adults with serious mental illness (SMI) and children with serious emotional disturbance (SED) that received publicly funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, in residential treatment centers, and institutions under the justice system. The reporting year should be the latest SFY for which data are available. States and jurisdictions are to provide this information on all programs by age and gender.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Services Setting	Age 0-5							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	1,513	2,439					0	10,991	15,458	0	0	0	0	0
State Psychiatric Hospitals	0	0					0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	26	34					0	264	320	0	0	0	0	0
Residential Treatment Centers	0	0					0	15	25	0	0	0	0	0
Institutions under the Justice System	0	0					0	3	3	0	0	0	0	0

Services Setting	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	13,962	11,064	0	0	0	0	0	7,195	3,570	0	0	0	0	0
State Psychiatric Hospitals	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	738	397	0	0	0	0	0	117	89	0	0	0	0	0
Residential Treatment Centers	112	103	0	0	0	0	0	13	13	0	0	0	0	0
Institutions under the Justice System	26	64	0	0	0	0	0	24	42	0	0	0	0	0

Services Setting	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	9,540	5,105	0	0	0	0	0	46,380	27,479	0	0	0	0	0
State Psychiatric Hospitals	1	2	0	0	0	0	0	28	75	0	0	0	0	0

Other Psychiatric Inpatient	159	143	0	0	0	0	0	508	749	0	0	0	0	0
Residential Treatment Centers	11	40	0	0	0	0	0	168	326	0	0	0	0	0
Institutions under the Justice System	50	104	0	0	0	0	0	329	899	0	0	0	0	0

Services Setting	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	33,157	19,304	0	0	0	0	0	7,363	3,714	0	0	0	0	0
State Psychiatric Hospitals	13	42	0	0	0	0	0	0	4	0	0	0	0	0
Other Psychiatric Inpatient	184	285	0	0	0	0	0	17	20	0	0	0	0	0
Residential Treatment Centers	239	320	0	0	0	0	0	58	77	0	0	0	0	0
Institutions under the Justice System	135	327	0	0	0	0	0	7	20	0	0	0	0	0

Services Setting	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Community Mental Health Programs	3,170	1,143	0	0	0	0	0	0	0	0	0	0	0	0
State Psychiatric Hospitals	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	4	4	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	12	6	0	0	0	0	0	0	0	0	0	0	0	0
Institutions under the Justice System	0	2	0	0	0	0	0	0	0	0	0	0	0	0

Services Setting	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Total
Community Mental Health Programs	133,271	89,276	0	0	0	0	0	222,547
State Psychiatric Hospitals	42	126	0	0	0	0	0	168
Other Psychiatric Inpatient	2,017	2,041	0	0	0	0	0	4,058
Residential Treatment Centers	628	910	0	0	0	0	0	1,538

Institutions under the Justice System	574	1,461	0	0	0	0	0	2,035

Comments on Data (for Age):
Age is defined as the age at first service in the report period.

Comments on Data (for Gender):

Comments on Data (Overall):
Persons with SMI or SED were identified using ICD-10 diagnosis, based on a diagnosis list provided by our medical coding team and may not reflect other state reports that include persons with SMI or SED.

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

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides an unduplicated aggregate profile of adults served in the report year by the public mental health system in terms of employment status. The focus is on employment for adults, recognizing, however, that there are clients who are disabled, retired or who are homemakers, caregivers, etc., and not a part of the labor force. These persons should be reported under the "Not in Labor Force" category. Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation. The reporting year is the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Adults Served	Age 18-20							Age 21-24						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	681	501	0	0	0	0	0	1,181	915	0	0	0	0	0
Unemployed	490	520	0	0	0	0	0	845	804	0	0	0	0	0
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	526	401	0	0	0	0	0	173	132	0	0	0	0	0
Not Available	10,673	7,969	0	0	0	0	0	14,417	10,696	0	0	0	0	0
Total	**12,370**	**9,391**	**0**	**0**	**0**	**0**	**0**	**16,616**	**12,547**	**0**	**0**	**0**	**0**	**0**

Adults Served	Age 25-44							Age 45-64						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	6,118	6,174	0	0	0	0	0	2,454	2,218	0	0	0	0	0
Unemployed	5,328	5,775	0	0	0	0	0	4,123	3,623	0	0	0	0	0
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	407	317	0	0	0	0	0	139	100	0	0	0	0	0
Not Available	74,943	60,525	0	0	0	0	0	51,098	39,653	0	0	0	0	0
Total	**86,796**	**72,791**	**0**	**0**	**0**	**0**	**0**	**57,814**	**45,594**	**0**	**0**	**0**	**0**	**0**

Adults Served	Age 65-74							Age 75+						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	N/A
Competitively Employed Full- or Part-Time (including Supported Employment)	168	109	0	0	0	0	0	17	8	0	0	0	0	0
Unemployed	875	528	0	0	0	0	0	189	72	0	0	0	0	0
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	18	11	0	0	0	0	0	1	1	0	0	0	0	0
Not Available	13,767	9,198	0	0	0	0	0	8,385	3,872	0	0	0	0	0
Total	**14,828**	**9,846**	**0**	**0**	**0**	**0**	**0**	**8,592**	**3,953**	**0**	**0**	**0**	**0**	**0**

Adults Served	Not Available							Total							
	Female	Male	Transgende (Trans Woman)	Transgende (Trans Man)	Gender Non-Conforming	Other	N/A	Female	Male	Transgende (Trans Woman)	Transgende (Trans man)	Gender Non-Conforming	Other	N/A	Total
Competitively Employed Full- or Part-Time (including Supported Employment)	0	0	0	0	0	0	0	**10,619**	**9,925**	**0**	**0**	**0**	**0**	**0**	**20,544**
Unemployed	0	0	0	0	0	0	0	**11,850**	**11,322**	**0**	**0**	**0**	**0**	**0**	**23,172**
Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	0	0	0	0	0	0	0	**1,264**	**962**	**0**	**0**	**0**	**0**	**0**	**2,226**
Not Available	0	0	0	0	0	0	0	**173,283**	**131,913**	**0**	**0**	**0**	**0**	**0**	**305,196**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**197,016**	**154,122**	**0**	**0**	**0**	**0**	**0**	**351,138**

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

What populations are included in reported data? ◉ All clients ○ Only selected groups, describe:

Comments on Data (for Age):
Age is defined as the age at first service in the report period.

Comments on Data (for Gender):

Comments on Data (Overall):

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the status of adult clients served in the report year by the public mental health system in terms of employment status by primary diagnosis. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation. The reporting year is the latest SFY for which data are available. Total persons reported on this table would be the same as the total indicated in MHBG Table 15A.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Clients Primary Diagnosis	Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not in Labor Force (retired, sheltered employment, sheltered workshops, homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
Schizophrenia & Related Disorders (F20, F25)	790	1,819	76	15,809	**18,494**
Bipolar and Mood Disorders (F30, F31, F32, F32.9, F33, F34.0, F34.1)	5,197	5,581	570	71,810	**83,158**
Other Psychoses (F22, F23, F24, F29)	271	586	31	6,414	**7,302**
All Other Diagnoses	14,126	14,587	1,523	183,581	**213,817**
No Diagnosis and Deferred Diagnosis (R69, R99, Z03.89)	160	599	26	27,582	**28,367**
Diagnosis Total	**20,544**	**23,172**	**2,226**	**305,196**	**351,138**

Comments on Data (for Diagnosis):

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information for children/adolescents and adults regarding improved social connectedness. In addition, states are required to provide information on functional domains that provide a general sense of an individual's ability to develop and maintain relationships, cope with challenges, and a sense of community belonging.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

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

Adult Social Connectedness and Functioning Measures

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

2. Did you use the recommended Functioning Domain Questions? Measure used ○ Yes ○ No

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

If No, what source did you use?

Child/Family Social Connectedness and Functioning Measures

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

5. Did you use the recommended Functioning Domain Questions? Measure used ○ Yes ○ No

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

If No, what source did you use?

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information that evaluates the "experience" of care for individuals that participate in the public mental health system. Specifically, the evaluation focuses on several areas including access, quality and the appropriateness of services, outcomes, participation in treatment planning, cultural sensitivity of staff, and general satisfaction with services. Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

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

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

Comments on Data:
See General Comments.

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

Adult Consumer Surveys

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

1.a. If no, which version:

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

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

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

2. Other Language:

Adult Survey Approach

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

2.a. If a sample was used, what sample methodology was used?
   - 1. Random Sample
   - 2. Stratified / Random Stratified Sample
   - 3. Convenience Sample
   - 4. Other Sample:

2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?
   - ☐ 1. Persons Currently Receiving Services
   - ☐ 2. Persons No Longer Receiving Services

2.c. If yes, please describe how you survey persons no longer receiving services

3. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)
   - ☐ 1. All Adult Consumers In State
   - ☐ 2. Adults With Serious Mental Illness
   - ☐ 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
   - 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

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

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

4.a. Who administered the survey? (check all that apply)
   - ☐ 1. MH Consumers
   - ☐ 2. Family Members
   - ☐ 3. Professional Interviewers
   - ☐ 4. MH Clinicians
   - ☐ 5. Non Direct Treatment Staff

6. Other, describe:

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

6. Sample Size and Response Rate

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

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

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

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

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

7. Who Conducted the survey

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

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

   7.c. Other, describe:

* Report Confidence Intervals at the 95% confidence level

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

Child / Family Consumer Surveys

1. Was the MHSIP Youth Services Survey for Families (YSS-F) used? ☐ Yes

   If no, what survey was used?

   If no, please attach instrument used.

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

Child Survey Approach

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

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

4. Other Sample:

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

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

2.c. If yes, please describe how you survey persons no longer receiving services

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

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

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

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

4.a. Who administered the survey? (check all that apply)

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

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

- ☐ 1. Responses are Anonymous
- ☐ 2. Responses are Confidential
- ☐ 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

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

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

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

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

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

7. Who Conducted the survey

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

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

7.c. Other, describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 17B (URS Table 11A) Consumer Evaluation of Care by race and Ethnicity (Optional Reporting Table)

This table requests information that evaluates the "experience" of care for individuals that participate in the public mental health system, broken down by race, ethnicity, and age category (adult or child/adolescent). Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Adult Consumer Survey Results:

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

Child/Adolescent Family Survey Results:

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

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

Comments on Data: See General Comments.

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides an unduplicated aggregate profile of persons served in the reporting year by the public mental health system in terms of living situation. Living situation categories include, but are not limited to, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should be based on the most recent assessment in the reporting period. Specifically, information is collected on the individual's last known living situation. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	Not Available	Total
0-5	0	0	0	0	0	0	0	0	0	0	0
6-12	0	0	0	0	0	0	0	0	0	0	0
13-17	0	0	0	0	0	0	0	0	0	0	0
18-20	0	0	0	0	0	0	0	0	0	0	0
21-24	0	0	0	0	0	0	0	0	0	0	0
25-44	0	0	0	0	0	0	0	0	0	0	0
45-64	0	0	0	0	0	0	0	0	0	0	0
65-74	0	0	0	0	0	0	0	0	0	0	0
75 and older	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Female	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0

Other	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0	0	0
Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0
Some Other Race	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	0	0	0	0	0	0	0	0	0	0	0
Race/Ethnicity Not Available	0	0	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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

Comments on Data:	See General Comments.
How Often Does your State Measure Living Situation?	☐ At Admission ☐ At Discharge ☐ Monthly ☐ Quarterly ☐ Other, please describe:

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19A (URS Table 16A) Profile of Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Specific Services

This table provides a profile of adults with SMI and children with SED receiving specific evidence-based practices in the reporting year. In addition, the table captures information on if and how States and Jurisdictions monitor the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Age	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-5					542	0	2,796	4,012
6-12					968	33	20,651	27,079
13-17					1,185	110	20,888	26,466
18-20	24	588	58	11,564	0	0	0	0
21-24	61	988	104	15,905				
25-44	447	6,674	1,334	80,678				
45-64	353	5,392	1,178	56,261				
65-74	37	803	215	11,659				
75+	4	97	29	4,518				
Not Available	0	0	0	0	0	0	0	0
Total	926	14,542	2,918	180,585	2,695	143	44,335	57,557

Gender	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	398	7,611	1,129	114,303	1,310	59	21,703	27,650
Male	528	6,931	1,789	66,282	1,385	84	22,632	29,907

Transgender (Trans Woman)	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0

Race	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	21	533	89	4,745	52	1	1,514	1,886
Asian	6	171	32	2,307	5	1	376	549
Black / African American	129	1,537	263	14,590	134	13	4,082	5,344
Hawaiian / Other Pacific Islander	2	28	3	345	2	0	79	106
White	461	7,249	1,243	101,142	443	66	21,505	28,559
Some Other Race	0	0	0	0	0	0	0	0
More than one race	0	0	0	0	0	0	0	0
Not Available	307	5,024	1,288	57,456	2,059	62	16,779	21,113

Ethnicity	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino Orign	0	0	0	0	0	0	0	0
Non-Hispanic / Latino Origin	0	0	0	0	0	0	0	0
Not Available	926	14,542	2,918	180,585	2,695	143	44,335	57,557

	Adults with Serious Mental Illness (SMI)				Children with Serious Emotional Disturbance (SED)			
	N Receiving Supported Housing	**N Receiving Supported Employment**	**N Receiving Assertive Community Treatment**	**Total unduplicated N - Adults with SMI Served**	**N Receiving Therapeutic Foster Care**	**N Receiving Multi-Systemic Therapy**	**N Receiving Family Functional Therapy**	**Total unduplicated N - Children with SED**
Do you monitor fidelity for this service?	(●) Yes ( ) No	(●) Yes ( ) No	(●) Yes ( ) No		( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	
IF YES,								
What fidelity measure do you use?	SAMSHA EBP Toolkit	SAMSHA EBP Toolkit	SAMSHA EBP Toolkit					
Who measures fidelity?	WICHE	WICHE	WICHE					
How often is fidelity measured?	Annualy	Annualy	Annualy					
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	(●) Yes ( ) No	(●) Yes ( ) No	(●) Yes ( ) No		( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	
Have staff been specifically trained to implement the EBP?	(●) Yes ( ) No	(●) Yes ( ) No	(●) Yes ( ) No		( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes ( ) No	

Comments on Data (overall):
Persons with SMI or SED were identified using ICD-10 diagnosis, based on a diagnosis list provided by our medical coding team and may not reflect other state reports that include persons with SMI or SED.

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

Comments on Data (Assertive Community Treatment):

Comments on Data (Therapeutic Foster Care):
See General Comments regarding fidelity monitoring.

Comments on Data (Multisystemic Therapy):
See General Comments regarding fidelity monitoring.

Comments on Data (Family Functional Therapy):
See General Comments regarding fidelity monitoring.

Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19B (URS Table 16B) - Profile of Adults with Serious Mental Illness Receiving Specific Services During the Year

This table provides a profile of adults with SMI receiving specific evidence-based practices in the reporting year. In addition, this table provides information on if, and how, states and jurisdictions monitor the fidelity for the evidence-based services. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	ADULTS WITH SERIOUS MENTAL ILLNESS			
	Receiving Family Psychoeducation	**Receiving Integrated Treatment for Co-occurring Disorders (M/SUD)**	**Receiving Illness Self Management and Recovery**	**Receiving Medication Management**
Age				
18-20 years	88	8,294	1,249	146
21-24 years	117	11,645	1,943	296
25-44 years	703	59,158	12,437	2,823
45-64 years	306	39,159	10,933	2,136
65-74 years	36	7,620	2,012	374
75+ years	11	2,768	319	61

Not Available	0	0	0	0
TOTAL	**1,261**	**128,644**	**28,893**	**5,836**

Gender				
Female	859	80,556	15,841	2,757
Male	402	48,088	13,052	3,079
Transgender (Trans Woman)	0	0	0	0
Transgender (Trans Man)	0	0	0	0
Gender Non-Conforming	0	0	0	0
Other	0	0	0	0
Not Available	0	0	0	0

Race				
American Indian / Alaska Native	53	3,656	992	222
Asian	16	1,568	300	54
Black / African American	112	10,663	2,757	438
Hawaiian / Pacific Islander	2	257	46	10

White	773	72,508	14,794	3,029
Some Other Race	0	0	0	0
More than one race	0	0	0	0
Not Available	305	39,992	10,004	2,083

Ethnicity				
Hispanic / Latino Origin	0	0	0	0
Non-Hispanic / Latino	0	0	0	0
Not Available	1,261	128,644	28,893	5,836

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

Have staff been specifically trained to implement the EBP?	Yes No	Yes No	Yes No	Yes No

Comments on Data (overall): Persons with SMI or SED were identified using ICD-10 diagnosis, based on a diagnosis list provided by our medical coding team and may not reflect other state reports that include persons with SMI or SED.
Comments on Data (Family Psychoeducation): See General Comments regarding fidelity monitoring.
Comments on Data (Integrated Treatment for Co-occurring Disorders): See General Comments regarding fidelity monitoring.
Comments on Data (Illness Self-Management and Recovery): See General Comments regarding fidelity monitoring.
Comments on Data (Medication Management): See General Comments regarding fidelity monitoring.

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of adults with SMI and children with SED that were admitted into and received Coordinated Specialty Care (CSC) evidence-based first episode psychosis (FEP) services as well as the number of individuals that were successfully discharged from CSC programs, and the number of individuals who discontinued FEP services prior to discharge. In addition, the table provides information on if, and how, states and jurisdictions monitor the fidelity for the CSC FEP services. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Program Name	Number of Admissions into CSC Services During FY									Number of Clients with FEP Successfully Discharged from CSC Services During the FY								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available

Program Name	Number of Clients with FEP who Discontinued Services Prior to Discharge During the FY									Current Number of Clients with FEP Receiving CSC FEP Services								
	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available	Age 0-5	Age 6-17	Age 18-20	Age 21-24	Age 25-44	Age 45-64	Age 65-74	Age 75+	Age Not Available

Program Name	Do you monitor fidelity for this service?	What fidelity measure do you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 19D (URS Table 16D) Adults with Serious Mental Illnesses and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis who have Experienced No Psychiatric Hospitalization or Arrest

This table provides information on the percentage of individuals enrolled in Coordinated Specialty Care (CSC) First Episode Psychosis (FEP) services who experienced no psychiatric hospitalization in the current fiscal year and the percentage of adults with SMI and children with SED enrolled in CSC FEP services who experienced no arrest in the current fiscal year. The reporting year should be the latest sate fiscal for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Psychiatric Hospitalization in the FY[1]									
Program Name	**Age 0-5**	**Age 6-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-65**	**Age 65-74**	**Age 75+**	**Age Not Available**

Percentage of Clients with FEP Enrolled in CSC Services who Experienced No Arrest in the FY[2]									
Program Name	**Age 0-5**	**Age 6-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-65**	**Age 65-74**	**Age 75+**	**Age Not Available**

1 Report the percentage of individuals who experienced no psychiatric hospitalization while enrolled in the CSC program during the fiscal year.

2 Report the percentage of individuals who experienced no arrest while enrolled in the CSC program during the fiscal year.

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Footnotes:

E. Performance Indicators and Accomplishments

MHBG Table 20 (URS Table 17) - Profile of Persons Receiving Crisis Response Services

This table provides the number of persons that received crisis response services. In addition, this table also provides the estimated percentage of persons with access to crisis response services. The reporting year should be the latest SFY for which data are available.

Crisis services should not be viewed as stand-alone resources operating independent of the local community mental health and hospital systems but rather an integrated part of a coordinated continuum of care. Crisis services include centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time (please see page 39 of the **National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit**). The crisis services are for anyone who is in a mental health crisis regardless of their SMI or SED status.

Reporting Period Start Date: Reporting Period End Date:

	Actual Number of Persons Served Via Service										Estimated Percentage of Population with Access to Service									
Service	**Age 0-5**	**Age 6-12**	**Age 13-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-64**	**Age 65-74**	**Age 75+**	**Age Not Available**	**Age 0-5**	**Age 6-12**	**Age 13-17**	**Age 18-20**	**Age 21-24**	**Age 25-44**	**Age 45-64**	**Age 65-74**	**Age 75+**	**Age Not Available**
Call Centers	47	1,446	2,440	826	1,239	6,345	4,317	794	213	0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
24/7 Mobile Crisis Team	65	1,711	2,863	655	919	4,230	2,772	644	278	0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
Crisis Stabilization Programs	61	1,359	2,807	1,361	2,009	8,854	4,262	633	173	0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
Comments on Data:																				

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of children/youth and adults with an arrest in T1 (prior 12 months) and T2 (most recent 12 months) to measure the change in arrests over time. Information required includes information on arrests and impact of services.

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

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

For Consumers in Service for at least 12 months

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

Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non-Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Please Describe the Sources of your Criminal Justice Data

Source of adult criminal justice information:

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

Sources of children/youth criminal justice information:

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

Measure of adult criminal justice involvement:

- ○ 1. Arrests
- ○ 2. Other (specify)

Measure of children/youth criminal justice involvement:

- ○ 1. Arrests
- ○ 2. Other (specify)

Mental health programs included:

- ☐ 1. Adults with SMI only
- ☐ 2. Other adults (specify)
- ☐ 3. Both (all adults)
- ☐ 1. Children with SED only
- ☐ 2. Other Children (specify)
- ☐ 3. Both (all Children)

Region for which adult data are reported:

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

Region for which children/youth data are reported:

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

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

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

State Comments/Notes: See General Comments.

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

Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides information on the number of children with suspension and expulsion from school in T1 (prior 12 months) and T2 (most recent 12 months) to measures the change in school attended over time. Information required includes information on suspensions/expulsions, and impact of services.

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

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Gender																		
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non - Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over the last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# with an Expulsion or Suspension in T2	# with no Expulsion or Suspension in T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Gender																		
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Woman)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transgender (Trans Man)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender Non - Conforming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Gender Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Age																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Sources of School Attendance Information:

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

Measure of School Attendance:

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

Mental health programs include:

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

Region for which data are reported:

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

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

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

State Comments/Notes:

See General Comments.

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of civil discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**3**	**0**	**0**	**0.00%**	**0.00%**
Age					
0-5	0	0	0	**0.00%**	**0.00%**
6-12	0	0	0	**0.00%**	**0.00%**
13-17	0	0	0	**0.00%**	**0.00%**
18-20	0	0	0	**0.00%**	**0.00%**
21-24	0	0	0	**0.00%**	**0.00%**
25-44	2	0	0	**0.00%**	**0.00%**
45-64	1	0	0	**0.00%**	**0.00%**
65-74	0	0	0	**0.00%**	**0.00%**
75+	0	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	2	0	0	**0.00%**	**0.00%**
Male	1	0	0	**0.00%**	**0.00%**
Transgender (Trans Woman)	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Man)	0	0	0	**0.00%**	**0.00%**
Gender Non-Conforming	0	0	0	**0.00%**	**0.00%**
Other	0	0	0	**0.00%**	**0.00%**

Not Available	0	0	0	**0.00%**	**0.00%**
Race					
American Indian/Alaska Native	0	0	0	**0.00%**	**0.00%**
Asian	0	0	0	**0.00%**	**0.00%**
Black/African American	0	0	0	**0.00%**	**0.00%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	1	0	0	**0.00%**	**0.00%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	0	0	0	**0.00%**	**0.00%**
Race Not Available	2	0	0	**0.00%**	**0.00%**
Ethnicity					
Hispanic/Latino Origin	1	0	0	**0.00%**	**0.00%**
Non Hispanic/Latino	0	0	0	**0.00%**	**0.00%**
Not Available	2	0	0	**0.00%**	**0.00%**

Are Forensic Patients Included? (•) Yes ( ) No

Comments on Data:
This is only CIVIL data for FY 2024

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of forensic discharges within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**12**	**0**	**0**	**0.00%**	**0.00%**
Age					
0-5	0	0	0	**0.00%**	**0.00%**
6-12	0	0	0	**0.00%**	**0.00%**
13-17	0	0	0	**0.00%**	**0.00%**
18-20	1	0	0	**0.00%**	**0.00%**
21-24	0	0	0	**0.00%**	**0.00%**
25-44	10	0	0	**0.00%**	**0.00%**
45-64	1	0	0	**0.00%**	**0.00%**
65-74	0	0	0	**0.00%**	**0.00%**
75+	0	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	4	0	0	**0.00%**	**0.00%**
Male	8	0	0	**0.00%**	**0.00%**
Transgender (Trans Woman)	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Man)	0	0	0	**0.00%**	**0.00%**
Gender Non-Conforming	0	0	0	**0.00%**	**0.00%**
Other	0	0	0	**0.00%**	**0.00%**

Not Available	0	0	0	**0.00%**	**0.00%**
Race					
American Indian/Alaska Native	1	0	0	**0.00%**	**0.00%**
Asian	0	0	0	**0.00%**	**0.00%**
Black/African American	0	0	0	**0.00%**	**0.00%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	8	0	0	**0.00%**	**0.00%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More than one race	0	0	0	**0.00%**	**0.00%**
Race Not Available	3	0	0	**0.00%**	**0.00%**
Hispanic/Latino Origin					
Hispanic/Latino Origin	3	0	0	**0.00%**	**0.00%**
Non Hispanic/Latino	0	0	0	**0.00%**	**0.00%**
Not Available	9	0	0	**0.00%**	**0.00%**

Comments on Data:
This is Forensic data for GFY 2024.

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Footnotes:

E. Performance Indicators and Accomplishments

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

This table provides the total number of discharges from inpatient care units within the year, the number of readmissions within 30-days and 180-days, and the percent readmitted by age, gender, race, and ethnicity. The reporting year should be the latest SFY for which data are available.

Reporting Period Start Date: 7/1/2023 Reporting Period End Date: 6/30/2024

	Total number of Discharges in Year	Number of Readmissions to Any State Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	**15**	**0**	**0**	**0.00**	**0.00**
Age					
0-5	0	0	0	**0.00%**	**0.00%**
6-12	0	0	0	**0.00%**	**0.00%**
13-17	0	0	0	**0.00%**	**0.00%**
18-20	1	0	0	**0.00%**	**0.00%**
21-24	14	0	0	**0.00%**	**0.00%**

25-44	0	0	0	**0.00%**	**0.00%**
45-64	0	0	0	**0.00%**	**0.00%**
65-74	0	0	0	**0.00%**	**0.00%**
75+	0	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Gender					
Female	6	0	0	**0.00%**	**0.00%**
Male	9	0	0	**0.00%**	**0.00%**
Transgender (Trans Woman)	0	0	0	**0.00%**	**0.00%**
Transgender (Trans Man)	0	0	0	**0.00%**	**0.00%**
Gender Non-Conforming	0	0	0	**0.00%**	**0.00%**
Other	0	0	0	**0.00%**	**0.00%**
Not Available	0	0	0	**0.00%**	**0.00%**
Race					

American Indian/Alaska Native	1	0	0	**0.00%**	**0.00%**
Asian	0	0	0	**0.00%**	**0.00%**
Black/African American	0	0	0	**0.00%**	**0.00%**
Hawaiian/Pacific Islander	0	0	0	**0.00%**	**0.00%**
White	9	0	0	**0.00%**	**0.00%**
Some Other Race	0	0	0	**0.00%**	**0.00%**
More Than One Race	0	0	0	**0.00%**	**0.00%**
Not Available	5	0	0	**0.00%**	**0.00%**
Ethnicity					
Hispanic/Latino origin	4	0	0	**0.00%**	**0.00%**
Non-Hispanic/Latino	0	0	0	**0.00%**	**0.00%**
Hispanic/Latino Origin Not Available	11	0	0	**0.00%**	**0.00%**

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

2. Are forensic patients included? (●) Yes ( ) No

Comments on Data:
This has CIVIL and FORENSIC data for FY 2024.

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Footnotes:

F. State General Data Notes

State General Data Notes

Expenditure Period Start Date: Expenditure Period End Date:

MHBG Table Number	General Data Note
2A	The diagnoses and services codes used for this report were updated, which resulted in an increase in populations and claims included in this report. This update created increased across various tables in this report, including our total number of consumers. Also Race is a self-reported field in our system, which tends to shift year to year.
2B, 5B, 14B	AHCCCS has created a workgroup to address the data requirements for the URS tables, with a focus on the data elements that the state does not currently report on in order to evaluate capacity of reporting these data elements in the future.
3, 5A	The diagnoses and services codes used for this report were updated, which resulted in an increase in the populations and claims included in this report. This update created increases across various tables in this report.
7A	AHCCCS cannot populate the expenditures by the requested "Activity" columns, but can provide the SFY2024 Behavioral Health Report. For COVID-19, ARP, and BSCA funds, AHCCCS cannot report the expenditures for Other 24-Hour Care (Residential Care) and Ambulatory/Community Non-24-Hour Care. The SFY2024 Behavioral Health report can be found on the AHCCCS website (https://www.azahcccs.gov/shared/Downloads/Reporting/2025/AHCCCS_FY24_BH_ProgrammaticExpenditureReport.pdf).
7B	Arizona is unable to report expenditures in the Table 7B Activity categories from the Statewide Accounting System; however, the total annual expenditures for First Episode Psychosis (FEP) in SFY 2024 was $3,725,193, ARPA $308,342, BSCA $1,231 and CRRSAA $1,289,678. AHCCCS has created a workgroup to address the data requirements for the URS tables, with a focus on the data elements that the state does not currently report on in order to evaluate capacity of reporting these data elements in the future.
7C	Arizona has historically reported that the state cannot break out reporting for URS Table 7C due to the state's braided funding model. AHCCCS has worked with contracted health plans, with Regional Behavioral Health agreements, and AHCCCS Complete Care contracts to collect expenditure data to meet the reporting structure requested by URS Table 7C for this reporting period. Crisis services were not reported by individual category in the financial statements for the ALTCS line of business or AZ Tribes; their totals were proportionally treated across the three crisis categories. MHBG funds for Call Centers: Includes RBHA reported funds for statewide call center from MHBG and direct MHBG contract to the call center for local crisis text and chat services. Other funds for Call Centers: Includes funding from 988 State and Territory cooperative agreement and 988 Supplemental funding expended during the reporting period. Total Mental Health Block Grant Funds: Funds are distributed on a cost reimbursement basis and will vary from year to year. Total Other Federal Funds: Increase was due to increased crisis utilization in the Substance Use Block Grant Program. Total State Funds: Increase was due to the allocation of new one-time State General Funds called Health Crisis Review and Wraparound Services Funding. This funding was used to provide support for mental health crisis relief centers that provide short-term supportive housing and peer support. Total Local Funds: Decrease was due to a decreased availability of funds. Total Other Funds: In 2023 the funds reported were from the state's 988 SAMHSA funded grants. The large increase from 2023 was due to Arizona receiving an additional 988 grant from SAMHSA. Total COVID-19 Relief Funds (MHBG): Funds are distributed on a cost reimbursement basis and will vary from year to year. Total ARP Funds (MHBG)/Total BSCA Funds (MHBG): Funds are distributed on a cost reimbursement basis and will vary from year to year. 24/7 Mobile Crisis Teams: Funds are distributed on a cost reimbursement basis and will vary from year to year. Training and Technical Assistance: Funds are distributed on a cost reimbursement basis and will vary from year to year. Strategic Planning and Coordination: Funds are distributed on a cost reimbursement basis and will vary from year to year.
8	Arizona does not track administrative expenditures in its Statewide Accounting System in the requested Activity categories. Arizona expended $$1,000,088 in MHBG administrative expenses, $388,725 in MHBG COVID-19 administrative expenses, and $82,405 in MHBG ARPA administrative expenses in SFY2024.
9, 11, 11A, 19A, 19B	Effective July 1, 2016, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) merged with the state Medicaid agency (Arizona Health Care Cost Containment System- AHCCCS) as a result of the state's administrative simplification. As part of this process, AHCCCS reviewed all ADHS/DBHS deliverables, including the Member Satisfaction Survey, to understand data methodologies and streamline data sources. AHCCCS continues to evaluate the best method to collect this data from members.
12, 14A, 14B, 16A, 16B, 17	Persons with SMI or SED were identified using ICD-10 diagnosis, based on a diagnosis list provided by our medical coding team and may not reflect other state reports that include persons with SMI or SED. The diagnoses and services codes used for this report were updated, which resulted in an increase in the populations and claims included in this report. This update created increases across various tables in this report.

14A	https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320P.pdf
14A	While the diagnoses and services codes used for this report were updated, Race is a self-reported field in our system, which tends to shift year to year. There is a similar change in this population in Table 2A.
15	Arizona does not currently collect this data. Arizona will review their process to initiate a change to capture this data in the future.
16A	AHCCCS requires Managed Care Organizations to develop Fidelity Monitoring programs for the Children's system of care. Additionally, to provide Therapeutic Foster Care, providers must receive training and licensure through the Department of Child Safety, which also includes ongoing annual fidelity monitoring of licensed providers. AHCCCS only permits billing of Multi-Systemic Therapy by providers who have complied with the training and implementation requirements, including ongoing adherence to treatment principles and program implementation review. AHCCCS has not specifically implemented EBP or fidelity monitoring for Family Functional Therapy or the SAMSHA EBP tool kit. AHCCCS is in the process of developing a new fidelity monitoring policy and the implementation date, and specific toolkits that will be required have yet to be determined.
16B	AHCCCS requires Managed Care Organizations to develop Monitoring programs for an integrated system of care but has not specifically implemented EBP fidelity monitoring or the SAMHSA EBP tool kit for Family Psychoeducation, Integrated Treatment for Co-occurring Disorders, Self-Management and Recovery, and Medication Management. AHCCCS is in the process of developing a new fidelity monitoring policy and the implementation date and specific toolkits that will be required have yet to be determined.
16C, 16D	In the current system, there is not a way to identify First Episode Psychosis (FEP) via claims.
20A, 20B, 21	The Arizona State Hospital serves individuals who are under a court order for inpatient psychiatric treatment. The average length of stay for patients currently being served at the Forensic Hospital is approximately six (6) years. The average length of stay for current Civil Hospital patients is approximately four (4) years. Readmission to the Arizona State Hospital is infrequent and would require additional legal proceedings, either through the civil commitment process or criminal court order.

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Footnotes: