Arizona

UNIFORM APPLICATION
FY 2021 Substance Abuse Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 12/11/2020 1.21.03 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

I. State Agency for the Block Grant

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

State Expenditure Period

From	7/1/2019
To	6/30/2020

Block Grant Expenditure Period

From	10/1/2017
To	9/30/2019

IV. Date Submitted

Submission Date	12/1/2020 7:22:17 PM
Revision Date	12/1/2020 7:22:39 PM

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

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

Priority Type: SAP

Population(s): PP, Other

Goal of the priority area:

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

Strategies to attain the goal:

Provide education to increase awareness of available evidence based practices that address community, family, school, and peer/individual risk factors, and provide training on how to choose EBPs based on community need. Activities to include:
• Enhancing the ability of local community coalitions to more effectively provide prevention services for ATOD including: organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking
• Provide alternatives of ATOD use for youth including: drug free dances and parties, Youth/adult leadership/mentor activities, community drop-in centers and community service activities.
• Establish or change written and unwritten community standards and codes and attitudes that factor into ATOD use, including: promoting the establishment or review of alcohol, tobacco and drug use policies in schools, technical assistance to communities to maximize local enforcement, procedures governing availability and distribution of alcohol, tobacco, and other drug use, modifying alcohol and tobacco advertising practices, and product pricing strategies.
• Provide ATOD education and educational opportunities that involve two-way communication and is distinguished from information dissemination by the fact that interaction between the educator/facilitator and the participants is the basis of its activities, including: education to affect critical life and social skills, decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.
• Provide awareness and knowledge of the nature and extent of local and state ATOD use, abuse and addiction and their effects on individuals, families and communities, and increase awareness of available prevention programs and services through: clearinghouse/information resource center (s), resource directories, media campaigns,, brochures, radio/TV public service announcements, speaking engagements, and health fairs/health promotion.
• Identify those who have indulged in illegal/age-inappropriate use of ATOD in order to assess if their behavior can be reversed through education, including: student assistance programs, and driving while under the influence/driving while intoxicated education programs.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

Arizona Youth Survey (AYS)

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

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

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

Outreach

The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) conducted community-based and school based educational trainings. The outreach included coalition meetings, social media campaigns, resources guides and community calendars, tabling community events, substance abuse educations in schools, parenting classes, dissemination of information through flyers and brochures, and personal and cultural development activities. The service providers who contract with the Arizona Complete Health-Complete Care Plan (AzCH-CCP) provided training in Southern Arizona. They worked with community coalitions to address substance abuse and misuse among the youth. The foundation guiding their work was the Strategic Prevention Framework (SPF). It is a data-driven process comprised of five stages, including assessing needs, building capacity, planning, implementing, and evaluating. The data identified the areas of need and prevention programs focused on those community needs by developing strategies to reduce risk factors, increase prevention, and impact community norms.

In this reporting period, Governor's Office of Youth, Faith, and Family's (GOYFF) 29 High School Health and Wellness (HSHW) programs hosted alternatives to ATOD use. Outreach strategies were employed including posters displayed at the high schools, flyers that were sent home with students to educate family members, morning announcements included information related to reducing the use of ATOD. Students run organizations and clubs hosted events and 9th grade classrooms were chosen for outreach activities.

Tribal Regional Behavioral Health Authorities (TRBHA's) Gila River and Pascua Yaqui employed outreach strategies in their communities as well. Gila River Health Care (GRHC) BHS Prevention Program conducted outreach at community-based events, distributed flyers, employed video messages, and also communicated with the Gila River Indian Community (GRIC) via emails and texts messages. When Covid-19 pandemic began, GRHC focused on reducing the spread the risk factors of Covid-19 and reached out the other community via emails, phone calls, and video messages. Pascua Yaqui held community-based education events in October and December, including Spooktacular Red Ribbon and a Christmas resource events. Prescription abuse prevention advertisements were displayed in the local Harkins movie theatre and in Guadalupe Sewa Tomteme opened, a community center with a prevention department and coalition services.

Mercy Care contractors Phoenix Indian Center (PIC) and Urban Indian Coalition of Arizona (URICAZ) held outreach events in the community and schools for Native youth, Native-serving organizations, and others. These occurred in Mesa, Tempe, and Phoenix.

The Tanner Community Development Corporation (TCDC) and the Helping Enrich African American Lives (HEAAL) Coalition conducted outreach in South Phoenix and Maryvale communities, working with faith-based organizations, schools, parents, community members, healthcare organizations, and others. In addition, TERROS and the Safe Out Youth Coalition conducted outreach throughout Maricopa County, working with LGBTQ-serving organizations in a variety of community sectors. The Teen Lifeline and the Arizona Suicide

Prevention Coalition (AZSPC) conducted community-based outreach efforts, including school within Maricopa County.

Collaboration

The Tribal Regional Behavioral Health Authorities (TRBHAs) Gila River and Pasqua Yaqui continued to collaborate with community-based organizations, school, youth, and their families on strategies to reduce ATOD use and abuse. In Guadalupe, the Mobile Mediation Assistance Treatment clinic reported four visits, MSPI family nights were used to increase the family's bonding through traditional arts experiences, as well as community-based connectivity through the experience of traditional food and medicine classes. The Gila River Health Care Behavioral Health Services Prevention Program's collaboration with local schools provided a foundation for building additional relationships and adding Botvin Life Skills class to the outreach provided. With the onset of the Covid-19 pandemic, established collaborations made it possible to continue outreach activities using varying messaging methods and services.

Mercy Care providers collaborated with numerous community-based partners including local school districts, youth services providers, municipal prevention organizations, and others to provide education and training to support the decrease of ATOD use. This included Terros/Safe Out collaborating with providers serving LGBTQ young adults, Teen Lifeline/AZSPC who collaborated with local addressing suicide prevention and substance abuse.

Health Choice Arizona (HCA) and AzCH continued collaborations with numerous youth-focused community coalitions and healthcare providers in Mohave, Coconino, Navajo, and Yavapai Counties. The Governor's Office of Youth, Faith, and Family worked with local organizations and community coalitions to provide alternative activities for youth and their families including providing space, funding for the provision of food and messaging to market activities to the community.
Targeted Interventions

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

Other Efforts/Information

In this reporting period, AzCH held Talk-o-Tuesdays and Wisdom Wednesdays provided the Maricopa Community with presentations to address ATOD issues. SAPE Ajo Coalition partnered with Ajo Boxing Club stressing the message of healthy activities and being substance free. Narcan and opioid presentation in Gu Vo demonstrated "impaired goggles" which showed how substances impact a body's response.

Gila River Health Care is a recipient of MSPI (Suicide Prevention) and opioid use prevention funds through TOR and SOR. These funds are leveraged with SABG funds to provide a full continuum of youth suicide and substance use prevention strategies.

Outcomes

AzCH employed the use of survey to gather data on outcomes. The Community Survey is a brief community-level instrument designed to gauge attitudes and behaviors around substance usage by youth. The questionnaire is administered on a quarterly basis and is available to all residents within a service provider or coalition's target area. It is available in paper format and online. The survey is confidential and voluntary. Topics covered by the Community Survey include the severity of problems associated with various substances use in the community, ease of access, awareness of substance use messaging, perceptions of risk and harm, methods of obtaining substances, and medical marijuana items. During FY 2020, 1595 surveys were completed.

In Mohave County Arizona Youth Partnership gathered attendance date for coalition meetings, educational trainings, and community events was used to measure outcomes. In addition, Arizona Youth Survey showed that use of prescription pain killers by youth had dropped, 1oth grade lifetime use has dropped, and 12th grade lifetime use has dropped as well.

Gila River reported Active Parenting outcomes reflecting knowledge of the importance of learning new information about being an active and educated parent on the harms and consequences of youth substance abuse. Parents and youth reported positive outcomes from program participation including 93.75% of parents agreed that it is important for family members to practice new skills even if it makes them uncomfortable at first, 93.75% of parents agreed that participating in Active Parenting and the related activities were valuable and that learned new skills and knowledge about how to parent, and 81.75% of parents said they learned new information

about harms and consequences of youth substance use. Youth participants of Botvin Life Skills reported that outcome information is limited as cycles of Botvin ended when schools closed. The following outcomes were reported: 84.62% of youth reported that they now know more about how drugs and alcohol use can hurt them, 100% agreed that the program was helpful, 100% indicated that they had a goal not to use drugs, and 92.31% indicated that they were now committed not to use alcohol until they turned 21.

Progress/Barriers Identified

In the reporting period GOYFF'S HSHW youth enrolled in the evidence-based prevention programs showed positive increases and surpassed the targeted percent change for awareness of risk/harm of underage drinking, marijuana, cigarettes, vaping, use of Rx drugs, and other drugs. These youth also showed decreases in past 30-day use of alcohol, cigarettes, marijuana, and Rx drugs, but did not meet the target percent change for any of the substances. During this reporting period, the most notable barrier was the curtailment of programming in March/April 2020 due to the COVID-19 pandemic. This impacted the delivery of programs as well as the final evaluation of the outcomes of the programs.
The impact of the COVID-19 Pandemic has created issues with all in-person events, trainings & coalition meetings. The pandemic has also created engagement issues with coalition partners and targeted populations. Some outreach activities could not occur or were converted to a virtual format. The COVID-19 Pandemic has created issues with all in-person events, trainings & coalition meetings. The pandemic has also created engagement issues with coalition partners and targeted populations.

AzCH reported that in March COVID 19 brought an end to in school groups and community events. Coalitions had to restructure their prevention efforts. Distribution and completion of University of Arizona Community Surveys was minimal given face-to-face contact was discouraged. Given the rural nature of Gu Vo, transportation and willingness to volunteer for events was challenging.

Success Stories

GOYFF reported that the Facebook Social media platform continues to be used to disseminate information related to the harms of vaping, underage drinking and use/abuse of prescription medication and marijuana and to promote other HSHW events on campus. Monthly data indicates an increase in visitors to the page. The National Take Back Day activity was a great success with support from the Pima County Sheriff's Department. AUSD High School Students practiced their communication skills at the collection station to educate community members about safe disposal of prescription medication. Over 6 lbs. of medication were collected for disposal.

In Northern Arizona, HCA reported that coalitions have been able to make adjustments utilizing social media and video conferencing to create new opportunities to continue some events, trainings & coalition meetings. While these adjustments may not offer all opportunities of social engagement, nor all benefits of social engagement, in some instances these new tools for virtual engagement have not only proven to produce equivalent numbers of participation, but those numbers of participation have increased in some instances.

Priority #: 2

Priority Area: Underage Alcohol Use

Priority Type: SAP

Population(s): PP, Other

Goal of the priority area:

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

Strategies to attain the goal:

Strategies to attain the objective:
Provide education on available evidence based practices related to addressing underage alcohol use, and provide training on how to choose EBPs based on community need. Increase the use of Evidence Based Programs (EBP) with activities to include:
• Enhancing the ability of local community coalitions to more effectively provide prevention services for alcohol including: organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.
• Provide alternatives for underage drinking for youth including: drug free dances and parties, Youth/adult leadership/mentor activities, community drop-in centers and community service activities.
• Establish or change written and unwritten community standards and codes and attitudes that factor into underage alcohol use, including: promoting the establishment or review of alcohol, tobacco and drug use policies in schools, technical assistance to communities to maximize local enforcement, procedures governing availability and distribution of alcohol, tobacco, and other drug use, modifying alcohol and tobacco advertising practices, and product pricing strategies.
• Provide underage alcohol use education and educational opportunities that involve two-way communication and is distinguished from the Information Dissemination by the fact that interaction between the educator/facilitator and the participants is the basis of its activities, including: education to affect critical life and social skills, decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

Arizona Youth Survey (AYS)

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

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

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

Outreach

In Southern Arizona, the RBHA administered the Community Survey a brief community-level instrument designed to gauge attitudes and behaviors around substance usage by youth. The questionnaire is administered on a quarterly basis and is available to all residents within a service provider or coalition's target area. It is available in paper format and online. The survey is confidential and voluntary.

Topics covered by the Community Survey include the severity of problems associated with various substances use in the community, ease of access, awareness of substance use messaging, perceptions of risk and harm, methods of obtaining substances, and medical marijuana items. During FY 2020, 1,595 surveys were completed. Data specific to Alcohol Use: Community members were asked where they thought youth obtained alcohol, marijuana, medications not prescribed to them, and e-cigarettes. Responses to the survey item ranged from the home, from friends, at school, at parties, or from businesses. For alcohol, the top ways were friends, parties, and the home. There were three types of presentations based on type of substance, alcohol, marijuana and medications. Results show that most agreed that attending the alcohol presentation motivated them to get more active in the community (68.6%). Participants at presentations around alcohol increased knowledge about how to help the community by 31.2%, along with a 21.9% increase in awareness of the ways that underage drinking was affecting the community.

GOYFF measured the High School Health and Wellness evaluation; perception of risk/harm, youth unfavorable attitudes of substance use, past 30-day use, and family communication of substance use, and exposure to prevention messaging.

In Central Arizona, PHOENIX INDIAN CENTER, TCDC and Terros outcomes include outputs and numbers served. Measuring changes in AYS data was not available yet for 2020. For Teen Lifeline, students completed program surveys, to report knowledge of warning signs of suicide and what they learned about intervening if a person is suicidal. The results revealed that 88.5% of youth reported increasing their knowledge about suicide risk factors and warning signs, 85% reported feeling more prepared to help someone displaying suicidal warning signs, and 95% reported having knowledge regarding community resources related to suicide prevention. Youth completed pre/post surveys. 99% of participants demonstrate knowledge of prevention information by a score of 80% or better; 85% of participants will demonstrate willingness to utilize help seeking behavior, & 85% will demonstrate willingness to tell someone about a friend's suicidal thoughts.

Pascua Yaqui utilized Harkins RX prevention Ad targeted the Guadalupe community and reached over 200,000 people over an 8 week period.
Youth and community member feedback was positive and prideful with comments on the positive awareness of Yaqui culture and youth from Guadalupe.

In Northern Arizona, attendance at coalition meetings, RX 360 trainings, Marijuana and Psychosis training, community events, use of Prescription Pain killers by youth in Mohave county has dropped according to the Arizona Youth Survey, 10th grade lifetime use in Mohave county has dropped according to the Arizona Youth Survey and 12th grade lifetime use in Mohave county has dropped according to the Arizona Youth Survey. Coconino Coalition for Children & Youth trained educators and other professional in trauma informed care practices (and mindfulness) that lead to resiliency for youth, annual April 2020 conference conducted virtually, and reached thousands through their newsletters and social media campaigns. MATFORCE provided the 30 Day Youth Use on Arizona Youth Survey, Decreased in Perception of Risk, and Increased in unfavorable attitudes toward drug use.

Collaboration

In Southern Arizona, some members provide meeting space, note taking, lead roles in work groups, and linkages to other community connections or financial support. Diverse representation helps spread the information about substance use and misuse among businesses, youth serving agencies, behavioral health providers, law enforcement and parents.

The Gila River Health Care (GRIC) BHS Prevention Program had established strong collaborations with schools in the community as well as those out of the community where GRIC members attend. At the beginning year, staff had been building a relationship with St. Peter's Mission School for the first time in program history. Through ongoing outreach with the school, the school agreed for program to provide Botvin Life Skills and this was initiated prior to the onset of COVID-19. The pandemic restrictions cancelled the services in progress to ensure the safeguards for the community members.
The Gila River Prevention Coalition has continued to operate prior and during the COVID-19 community safeguards. The coalition includes community members, elders, health care providers, school personnel, social services, law enforcement, and others. GRIC BHS Prevention Program also collaborates with the community's Head Start Programs, Boys and Girls Club, District Services Center, Health and Behavioral Health programs, law enforcement and other first responders, community social services, and other organizations to ensure a broad reach of messaging and services.

In Northern Arizona, AZYP collaborates with four community coalitions in Mohave County, Mohave Area Partnership Promoting Educated Decisions in Bullhead City, Young Adult Development Association of Havasu in Lake Havasu City, (Mohave Substance Abuse Treatment and Education Prevention Partnership in Kingman, and Hwal'bay hmany did Giv'ek in Peach Springs. AZYP also collaborates with the Mohave Community College in each of these cities as well as local school districts, other mental health agencies, and Students Taking a New Direction youth anti-tobacco coalitions located in Kingman, Bullhead City, and Lake Havasu City. Coconino Coalition for Children & Youth partnered with numerous agencies, volunteers, businesses and community partners throughout the County. Official members of the coalition number 118 currently, but even more are represented on committees and community networking meetings. ChangePoint Integrated Health Navajo County coordinated with the drug coalition in Show Low and with local prescribers in area, probation, & law enforcement as well as the County Health Department. MATFORCE in Yavapai County has a Coalition membership of over 280 from all 12 sectors of the community. In addition, they have successfully implemented the Arizona Drug Summit over the past several years. This has brought representation from the entire state.

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

Adolescent Providers Partnership, SafeOut Youth Coalition, Isaac Community Coalition, Gila River Coalition, Kyrene School District, and Mesa School District on community-based processes and community events. TCDC/HEAAL collaborated the South Mountain WORKS Coalition (SB&H) membership to collaborate on implementation of prevention programs and activities in South Mountain community. They attended monthly UICAZ (PIC) meetings to foster collaboration with the Native American community and support each other with technical and operational assistance. They attended WOW and Tempe Coalition meetings to foster relationships with neighboring prevention communities to promote an exchange of ideas and support activities and trainings in order to provide united prevention messaging across the county. Isaac Community in Action Coalition was a restart in the Maryvale community that has access to Hispanic youth and community members in the Maryvale area, and HEAAL provided technical support and operational assistance. They attended monthly Maryvale Adolescent Provider Partnership (MAPPS) meetings to support youth substance abuse preventions activities network in Maryvale. TERROS/Safe Out collaborated with other area coalitions, including UICAZ and more. They also collaborated with other LGBTQ-serving organizations and worked to provide education to a variety of community sectors that serve LGBTQ young adults. Staff created prize bags for youth participating in Bloom 365 Social media campaign. The prizes were mailed to youth in the community with information regarding Substance use prevention and Suicide prevention information. Safe Out Staff Participated in a Terros Health Learn at Lunch series. The Safe Out staff talked about coming out stories and how LGBTQ+ folks have greater barriers to receiving healthcare due to lack of competent resources. 40 people attended the training. After several meetings with Terros Health Leadership team, an Employee Resource Group was formed called “Out Proud”. The ERG will focus on LGBTQ issues by bringing more inclusive policies and informed best practices to Terros Health. Kitzya Herrera, Lead Community Development Coordinator for Safe Out, was chosen as the Co-Chair for this ERG. Teen Lifeline/AZSPC collaborates with other area coalitions and taskforces addressing suicide prevention and substance abuse. They have been instrumental in collaborating with advocacy groups including the American Foundation of Suicide Prevention AZ Chapter, which has led to historical passage of legislation for mandated suicide prevention education in schools, improved mental health parity and insurance laws, and universal hotline information shared on student identification badges. They lend expertise to other providers and stakeholders as well.

GOYFF Collaboration efforts were prevalent in providing many of the alternative activities. Local DFC, SAPE and other community coalitions were often solicited as partners for the activities and events. Local nonprofits were also partners in hosting or providing the alternative activity. In many instances multiple community partners would enter into agreements to provide space, presentations, funds for food, funds for messaging to promote the activity, etc.

Native Youth Know is a youth collaborated with the Pascua Yaqui Neighborhood Associate Inc. a non-profit and Governor’s office of tribal affairs.

Targeted Interventions

In Southern Arizona, the City of Maricopa Teen Hall offered family presentations for teens and parents on substance use, legal ramifications of substance use and resources in Pinal County for use. In Ajo, prevention family packets were created to accompany free lunch delivery. Coalition Leads stressed the importance to school administrators of participating in the bi-annual AZ Youth Survey.

In Northern Arizona, Arizona Youth Partnership in Mohave County provided RX360 trainings to youth and parents in all four locations served in Mohave County. At each of these trainings prescription lock boxes, UA kits, resource magnets and Parent Talks Kits were provided. Marijuana Use and Psychosis trainings were provided to youth and parents in all four locations served in Mohave County. Lock boxes, UA Kits, resource magnets and Parent Talk Kits were also provided at these trainings. The Coconino Coalition for Children & youth has a newsletter showcasing local events by region to help families gain exposure to activities that prevent youth idleness. They provide collective impact support to programs such as an Independent Living/ Foster Youth Holiday party, The Flagstaff Festival of Science (resiliency building through STEAM exposure initiative), a partnership between Grand Canyon Youth and CFSS to send a group of behavioral health youth on a river trip. There was an annual conference that covered trauma stewardship, inequalities in Native educational experience; the neurosequential model and post partem depression. All these topics go towards the healing on a community-wide level as well as support to the practitioners doing the work. Trauma Informed/Resiliency/ Mindfulness Training for the community and school districts was conducted for Flagstaff Unified School District, Williams Unified School District, Tuba City Boarding School, Native Americans for Community Action’s- Suicide Prevention Conference, and the Statewide Child Abuse Prevention conference, as well as a CCC&Y Board Meeting and a CCC&Y committee meeting. ChangePoint Integrated Health in Navajo County targeted group education, individual education, individual education, participated in CIT training with first responders and presentations with Local medical providers on drug use & prevention. MATFORCE in Yavapai County participated in the dump the Drugs/National Take Back Day in 12 different locations on four different dates, 14 RX Drop Box locations in county (three locations added in this fiscal year, RX 360 trainings, Not Prescribed ®, Sign Up to Save Lives Campaign, overdose Fatality Review board, and Pharmacy Team- community trainings.

GOYFF provided Too Good For Drugs, Botvins LifeSkills, ASAP/Insight, Mindfulness, Project Rewind, Project SUCCESS, and Alcohol360. These evidence-based or evidence informed practices that were used to target underage alcohol use across the schools. The 9th Grade students were the target population for the prevention programs.

Gila River provided 91 sessions of Botvin Life Skills and they were delivered with 371 (unduplicated) youth in attendance. Red Ribbon week activities were provided with 135 youth in attendance, 10 sessions were provided through our equine program (a leveraged resource) with 17 youth in attendance. For Parents; 14 family nights were held (includes alternative activities focused on family activities and small educational snippets) 135 youth and 204 parents attended, and 56 sessions of Active Parenting were provided with 89 (unduplicated) parents attending. For Community members; of the Community Education Sessions provided, 13 (15%) were focused on

Youth Alcohol Use Prevention. In addition, four general substance use prevention presentations covering different drug trends took place. They also provided related sessions such as self-care, mental health awareness, a session focused on the relationship between opioid and substance use and healthy relationships. In total this represents, 34 of the 87 community education sessions provided. A total of 140 community members attended.

In Central Arizona, their targeted interventions included; Community based process, with monthly meetings, Information Dissemination with Facebook and Twitter. AZ College Career Fair, the PHOENIX INDIAN CENTER Event, Pathway to Employment Fair, A Place to Call Home Resource Fair Guadalupe Fair, Back to School Kick Off, were just some of the areas reached to provide in-person connections. In addition, there were Resilient Youth Fest, Phoenix Indian School Visitor Center's 2nd Anniversary, Indigenous People's Day and Native American Women's Conference. In Education, they provided ASU Hx Trauma, Virtual Historical Trauma, safeTALK Trainings as well as ASIST trainings. Youth Taking Charge, Safe Out Youth Classes, gatekeeper training, Signs of Suicide and youth Education presentations, Life Skills trainings and Postvention eLearning models were shared with 888 schools. In the area of Alternatives, 28 youth participated in youth leadership. Peer counselors completed three trainings.

Pascua Yaqui provided Allere Summer Camp and served 55 students with two weeks of prevention programming and cultural awareness as well as mentorship. One Circle EBP was delivered to ten female youth group members' partially in person and virtually. Native Youth Know training on culture, strategic planning, and organizing of fourteen youth. Lutu'uria Youth Group strategic planning for the Guadalupe community.

Other Efforts or Information

In Southern Arizona, the use of TikTok brought Douglas youth together to create messages about alcohol use. San Carlos facilitated prevention classes in Bylas and San Carlos communities. City of Maricopa Chief of Police held a ZOOM meeting with youth and parents, reviewing city polices about substance use. Questions were answered and future collaborations discussed.

To complement Gila River's community education sessions, they also offer d sessions related to self-care, mental health, suicide prevention, and trauma. Historical trauma can play a significant role related to substance use. Over the past several years, they have committed some effort in expanding knowledge among community members and training professionals that serve in the community about trauma. In the reporting year they provided (as leveraged resources); 6 Adult Mental Health First Aid , 2 ASIST trainings, 26 QPR Trainings, 19 SafeTALK Trainings, 2 Trauma Informed Care Trainings, and 1 Youth Mental Health First Aid Training. These represent 56 sessions with 661 participants.

In Northern Arizona, Coconino Coalition for Children & Youth (CCC&Y; Coconino County) provided the mindfulness with the trauma informed practices intentionally.; knowing about 1/3 of students who use substances are self-medicating for mental health concerns such as anxiety and mindfulness tactics have shown a wide range of supportive outcomes.

Outcomes Measured

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

GOYFF measured the High School Health and Wellness evaluation; perception of risk/harm, youth unfavorable attitudes of substance use, past 30-day use, and family communication of substance use, and exposure to prevention messaging.

In Central Arizona, PHOENIX INDIAN CENTER, TCDC and Terros outcomes include outputs and numbers served. Measuring changes in AYS data was not available yet for 2020. For Teen Lifeline, students completed program surveys, to report knowledge of warning signs of suicide and what they learned about intervening if a person is suicidal. The results revealed that 88.5% of youth reported increasing their knowledge about suicide risk factors and warning signs, 85% reported feeling more prepared to help someone displaying suicidal warning signs, and 95% reported having knowledge regarding community resources related to suicide prevention. Youth completed pre/post surveys. 99% of participants demonstrate knowledge of prevention information by a score of 80% or better; 85% of participants will demonstrate willingness to utilize help seeking behavior, & 85% will demonstrate willingness to tell someone about a friend's suicidal thoughts.

Pascua Yaqui utilized Harkins RX prevention Ad targeted the Guadalupe community and reached over 200,000 people over an 8 week

period.
Youth and community member feedback was positive and prideful with comments on the positive awareness of Yaqui culture and youth from Guadalupe.

In Northern Arizona, attendance at coalition meetings, RX 360 trainings, Marijuana and Psychosis training, community events, use of Prescription Pain killers by youth in Mohave county has dropped according to the Arizona Youth Survey, 10th grade lifetime use in Mohave county has dropped according to the Arizona Youth Survey and 12th grade lifetime use in Mohave county has dropped according to the Arizona Youth Survey. Coconino Coalition for Children & Youth trained educators and other professional in trauma informed care practices (and mindfulness) that lead to resiliency for youth, annual April 2020 conference conducted virtually, and reached thousands through their newsletters and social media campaigns. MATFORCE provided the 30 Day Youth Use on Arizona Youth Survey, Decreased in Perception of Risk, and Increased in unfavorable attitudes toward drug use.

Progress/Barriers Identified

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

Gila River progressed at the beginning of the year; they had made in-roads into being able to provide life Skills at the St. Peter's Mission School on the west side of the community. Gila River has been building this relationship for several years and after years of promotion, the program established life skill services. Currently, GRHC is finalizing a contract with local schools. COVID-19 initially presented major barriers in making the shift from in person to virtual events. Staff met several times (virtually) and developed strategies to respond to the evolving situation. Activities included skill building related to the use of virtual tools (WebEx), how to educate in a virtual environment, how to be interactive in a virtual environment.
One barrier that could not be overcome was continuing life skills programming in the short term. They continue to work on this issue and have successfully transitioned our Active Parenting program to virtual.

For GOYFF, the High School Health and Wellness youth enrolled in the evidence-based prevention programs and showed positive increases and surpassed the targeted percent change for awareness of risk/harm of underage drinking. These youth also showed decreases in past 30-day use of alcohol, but did not meet the target percent change. The most notable barrier was the curtailment of programming in March/April 2020 due to the COVID-19 pandemic. This impacted the delivery of programs as well as the final evaluation of the outcomes of the programs.

In Northern Arizona, the COVID-19 Pandemic created issues with all in-person events, trainings & coalition meetings. The pandemic also created engagement issues with coalition partners and targeted populations.

In Central Arizona many program activities scheduled for Q3 and Q4 were postponed or cancelled due to the COVID pandemic.

Due to COVID Pascua Yaqui was unable to conduct their annual Prevention Week activities, which included; RX360 training for elders and our sticker shock campaign at local markets.

Success Stories Shared

There was positive feedback from GRIC departments when they receive emails with information or virtual activities. They were happy to receive them and took time to reply back that they are sharing it with others.
Everyone at Gila River is a little more comfortable with the IT aspect of working remotely and networking virtually.

In Southern Arizona, the National Guard and Border Patrol have a strong presence with Gu Vo Coalition activities; SAFF social media platforms had great engagement/views, Red Ribbon events took place in Ajo, Douglas and San Carlos, the city of Maricopa Teen Team created videos with prevention messaging that are being aired at local theater, and the Trunk or Treat and Dia de los Muertos events gave Yuma Coalition venues to distribute prevention messages.

Each year GOYFF usually sponsor's a graduation party for all high school students, but they knew this year it wasn't possible. After some brainstorming and talking with the students they decided to try an online version. They had a successful virtual graduation night party with the seniors. More than 50% of the graduating class joined zoom. They played games and won prizes. Initially, GOYFF planned on two hours but they had so much fun that it was extended to four hours. Some of the students that have a history of alcohol or drug use were on the virtual party which was awesome knowing they were celebrating with the seniors rather than being out using.

GOYFF has successfully maintained nine students out of court thanks to the Early Intervention Initiative.

With the combined efforts of the High School Health and Wellness program, a local church from the faith based coalition with community volunteers hosted a drug/alcohol free New Year's Eve Dance Party for students 13-18. All students were invited to attend. There were about 125 students that attend. The party had games, prizes, a photo booth, New Year's Eve countdown and balloon drop,

and a big breakfast after midnight. The students had a great time, celebrated with each other in a positive and pro social setting that was alcohol and drug free. The community members that participated enjoyed spending time with the youth and helping create a memorable event.

Mindfulness continues to be a very new but effective way of giving the students a positive alternative option to using drugs or alcohol.

In Northern Arizona, Coalitions have been able to make adjustments utilizing social media and video conferencing to create new opportunities to continue some events, trainings & coalition meetings. While these adjustments may not offer all opportunities of social engagement, nor all benefits of social engagement, in some instances these new tools for virtual engagement have not only proven to produce equivalent numbers of participation, but those numbers of participation have increased in some instances.

In Central Arizona, all of the providers adapted to the changing scope of providing services virtually, modifying educational presentations and utilizing new platforms to create content and deliver messaging. They reported increased attendance in their youth leadership sessions and in coalition meetings, which is wonderful! Their creativity was inspiring!

Phoenix Indian Center reported new partnerships with UMOM, Aurora Behavioral health, and Sunnyslope Family Center. They also were able to partner with PIMC and Native Health to distribute flyers and materials at the pharmacy and food distributions.

TCDC Youth Taking Charge youth council is active and growing, and reported a high attendance increase at coalition meetings.

TERROS exceeded their social media outreach goal for the quarter and fiscal year by a significant amount.

Teen Lifeline and EMPACT: A parent called the school counselor at Queen Creek High School after the Signs of Suicide program was conducted. The parent shared that recently her daughter had been experiencing some depression and a decline in grades. After the presentation, her daughter expressed a desire to go to counseling to begin working on her issues. The mom called to thank EMPACT staff – the presentation was exactly what her daughter needed to hear. EMPACT staff responded to the COVID-19 pandemic by creating resource bags to distribute to youth at schools/boys' and girls' clubs during lunch pick up. Wonderful feedback has been given regarding the usefulness of these resource bags.

Pascua Yaqui Program still able to complete the One Circle EBP with the female members of the Lutu'urua Youth Group in a virtual setting.

Priority #: 3

Priority Area: Youth

Priority Type: SAT

Population(s): Other

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No Data related issues identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Outreach

Outreach is completed to various Transition Age Youth (TAY) initiative in the community. The provider regularly attends Homeless Youth Committee and Youth On the Rise initiative. Goals for these meetings are providing support and resources to help get TAY off the streets and into housing, services, etc. Various programs are available for Transition Age Youth at meetings with system partners to include collaboration meetings with DDD, Children's System of Care Meetings, as well as System of Care Practice Reviews (SOCPRs, when applicable. Providers are reminded during the SOCPRs of best practices for working with TAY, which includes utilization of the TIP Model. Providers are advised to review the TIP Model with their feedback reports show a lack of engagement with TAY and when there is no evidence of preparing the youth members for adulthood. The Substance Use Block Grant and State Opioid Response Grant allocates funds to specific providers to ensure outreach to our adolescent population with substance use and opioid use. Information, education and treatment is offered to the target groups such as students at schools are identified by teachers, as individuals in need of substance abuse (SA) treatment and then referred to Behavioral Health services, as needed. Educational and informational booths were offered at outpatient clinics and hospitals, throughout the reporting year. Referrals are accepted by anyone in the community such as primary care physicians, teachers, tribal social services and probation department.

Adult and Children's Services Committee and Criminal Justice Collaborative Committees to inform community partners about SABG funds for youth services across Northern AZ.

Collaboration with Maricopa County Juvenile Probation Department to connect youth to services and prevent/decrease involvement in the Juvenile Justice System. Youth who are Non TXIX eligible and have been identified to meet the criteria for SABG funding are connected to a behavioral health service through JJET process. Training/education to school staff in the various districts to increase their knowledge in areas such as mental health awareness, substance abuse and suicide prevention.

Collaboration

Integrated Care exists to help youth and young adults navigate various services and information about behavioral health services and where to go in need of substance abuse treatment. Health Homes and outreach workers are available as well. Through the year, 2nd Tuesdays has expanded to having a TAY event every Tuesday of the month. The first Tuesday is dedicated to housing resources for TAY, the 2nd Tuesday is behavioral health providers, the 3rd Tuesday is employment resources and the last Tuesday is dedicated to holding a TAY dinner. Juvenile Probation/Detention Centers within our service areas to receive TAY referrals for substance abuse services, as well as specific programming for SABG youth. Probation Departments to educate our contracted providers regarding the Risk Assessment tools

used by probation to identify moderate to high-risk TAY, evaluating criminogenic factors that may lead to continued or increased Substance Use behaviors. In addition, working together and attend weekly staffing's with probation officers and judges. Nursing staff are trained in identifying and referring students to BHS services. Community schools collaborate with BHS. Tribal Social Services identify and refer to GRHC BHS. Collaboration with the Juvenile Justice system and is in the process of updating joint protocols with Juvenile Justice.

Treatment providers who have been allocated funding through the Substance Abuse Block Grant (SABG) have collaborated with ADJC and MCJPD to provide treatment services for youth on probation or parole who are not eligible for Title XIX services. There is an established referral process to ensure these youth are connected that are outlined in the Collaborative Protocols.

Targeted Interventions

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

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

Other Efforts or Information

Continues participation in all TAY initiatives in our covered service areas and also participate in community collaborations, coalitions, crisis systems meetings, provider meetings and other forums to ensure education and access to care for adolescents with substance use. In addition, they monitor providers for the ASAM Continuum to ensure utilization of the portal and members are receiving appropriate levels of care and also have internal trainings for the Utilization Management teams to ensure the authorization process is effective.

There are created youth-focused marketing materials and distributed to schools and other youth-focused community organizations. These materials provide information about SABG funds and available services. Providers hosts Project ECHO focused on SUD & MAT and offers training on these topics to all Health Homes and Providers.

There are continued efforts with the T4T suicide prevention trainings targeting educators and community members working with children.
• ASIST – 3 trainings completed with a total of 90 community, provider and educators trained.
• safeTALK – 4 trainings completed with a total of 120 community, provider and educators trained.
• YMHFA – 4 trainings completed with a total of 100 community, provider and educators trained.

In addition, Mercy Care is also facilitating focus groups for those who have completed the train the trainers for ASIST, Youth Mental Health First ad and safeTALK to assist with future trainings. It may be worth noting that these activities have been temporarily postponed due to COVID-19, however they will resume when determined safe to do so

Outcomes Measured

Outcomes are measured through monthly deliverables for our outreach specialists and programs with adolescent substance use. At this time almost 3000 youth have been outreached and 172 youth have been enrolled in treatment for substance use services in Pima County. Also, 7 youth referred from drug court.

Approximately 2.1% of all SABG members served within the current reporting period were under age 18. These youth members accounted for approximately $97,000 (2.7%) of SABG expenditures according to claims paid within the reporting period. These trainings presented evidence-based, cognitive behavior therapy (CBT) methods for helping treat individuals with substance use disorders (SUD), including opioid use disorders. Please see the success stories below as reference for the impact of these trainings.

Progress/Barriers Identified

The number of youths who participate in the events has slowly been increasing due to the familiarity and consistency of provider staff engaging with the population. The adolescent substance use providers continue to increase education in the community and raise awareness of resources, medication assisted treatment and stigma related to substance use. Prior to COVID-19 transportation and parental involvement were barriers. Current barriers are access to internet and technology.

Not all providers across Northern AZ have specialized tracks for youth substance abuse treatment due to low enrollment of youth members. All providers can and do offer youth treatment, but some providers due to greater enrollment in their area have the opportunity to offer youth groups in addition to individualized services, especially for youth involved in the criminal justice system.

Providers continue to struggle with engaging families and youth in continued treatment. Probation/Courts can get in the way of treatment processes by treating substance use as a criminal issue instead of an addiction, which can disrupt therapeutic processes. Current community resources that are available to support families who are not TXIX Eligible or are undocumented.

Other barriers include: Increased engagement in services; ongoing positive relationship with area schools; relationship established with the juvenile court Barriers: Parental engagement; social determinants of health; juvenile court process; pandemic.

Success Stories Shared

A 17-year-old showed up at one of the adult clinics. Staff outreached and within an hour, the 17-year-old was at COPE completing an intake for youth services and evaluation for Medication Assisted Treatment.

One pregnant teen used the program to successfully abstain from substance use once she found out she was pregnant. Also, 3 youth completed 7 Challenges.

As a result of increased monitoring of utilization of funds, HCA continues to support an SABG provider who exclusively serves youth and young adults.

Priority #: 4

Priority Area: IV Drug Users

Priority Type: SAT

Population(s): PWID, Other

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Performance Indicators to measure on a yearly basis

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

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

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

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

Data Source:

CIS (Client Information Services)

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No data related issues identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Outreach

Regional Behavioral Health Authorities (RBHA's) leveraged their State Opioid Response (SOR) and State Targeted Response (STR) grants to engage the I.V. drug using population into treatment services. In Southern Arizona, the RBHA Arizona Complete Health, expanded reach-in efforts for their opioid use population in detention in Pinal, Santa Cruz, Yuma, and Pima Counties through Community Medical Services.

Additionally, RBHA's rebranded their marketing material or are in the process of rebranding their marketing material to better reflect and engage the SABG populations served under this funding. Distribution of marketing material went to all Health Homes who receive SABG funds, as well as Peer and Family Run organizations, and other community partners to raise awareness about services, including MAT.

In Northern Arizona, the RBHA Health Choice Arizona implemented Project ECHO, a program that routinely shares SABG updates and best practices to providers in the region.

Our Tribal Regional Behavioral Health Authorities (TRBHA's) provided ongoing outreach through community events and education, communication with local IHS (Indian Health Services) unit, and provided BHS and Primary Care provider trainings on Opioid Use Disorder: Making the Diagnosis, and Medication Assisted Treatment.

Collaboration

The RBHA's increased Medication assisted treatment (MAT) availability to members and successfully increased member participation in these services through education and community outreach. Additionally, the RBHA's encouraged collaboration between 24/7 access points and other network providers. Mercy Care provided resources and TA to network providers to increase referrals to network providers for services. 24/7 access points required to report number of referrals to outside providers on a quarterly basis.

In our northern region, the RBHA collaborated with organizations like Sonoran Prevention Works and Community Medical Services to raise awareness of MAT services through outreach and engagement.

One RBHA in the central region held quarterly meetings with their provider networks to review the SABG process and ensure providers are assessing for the most appropriate level of care.

In our southern region, one RBHA integrated an Access Point in Pima County through Community Bridges, Inc. (CBI) to provide the community and law enforcement 24/7/365 access to urgent and routine behavioral health services. Co-located at the Access Point facility is a Patient Centered Health Home (PCHH) where patients can receive ongoing medical and behavioral health services.

Targeted Interventions

The RBHA's have invested efforts in increasing access to Medication Assisted Treatment to address the physiological aspects of providing treatment to the target population. One RBHA targeted MAT providers and provided a CBT for SUD training to providers in effort to increase implementation of counseling services for individuals receiving MAT services.

Through alternative funding sources (STR/SOR) are allocated to assist in housing, as this has been a social determinant of health identified by provider peers. Funding will assist members with rental/utility assistance, eviction prevention and welcome kits.

Efforts have been enhanced to promote the use of naloxone, as well as network providers offering training/education on naloxone to members (and their families) they are treating.

One RBHA successfully launched a "Do you know MAT" campaign. This resulted in pocket guides being available for providers and members regarding MAT services through the valley including a map of MAT providers within Mercy Care network.

Another RBHA implemented The IV Drug User Project (IVDUR), which is a process improvement project to increase the initiation of Medication-Assisted Treatment (MAT) services within 24-48 hours of hospital admission for members who are IV drug users and experience an infection that require a hospitalization and IV antibiotic therapy.

Other Efforts or Information

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

Outcomes Measured

Outcomes measured for SABG funded IV drug users include, but are not limited to:
• Discharge status
• Number of intakes
• ASAM level of care throughout service delivery
• Achievement of treatment goals as identified by member

National Outcome Measures can be found in member records to include:
• Employment status
• Enrolled in school or vocational education program
• Housing
• Arrests within 30 days
• Abstinence from drugs and/or alcohol
• Participation in social support recovery 30 days prior

ASAM score based on ASAM criteria can also be used to measure outcomes.

Progress/Barriers Identified

The increased outreach and ability of our providers to serve this population has resulted in positive outcomes and an increase in the number of members enrolled.

A barrier that we often face with this population is transition from the criminal justice system and detention centers.
The impact of the COVID19 Pandemic has been a barrier recently for ensuring members are consistent with their MAT clinics.
The stigma that continues surrounding opioid use and medication assisted treatment.

Transportation is often a barrier for members depending on their geographical area or medical necessity. Not all rural locations in Northern and Southern AZ have MAT providers, therefore in some cases patients are travelling long distances to obtain their daily doses and sometimes must take the entire day to travel and receive care. This poses a particular problem for patients who are newly employed and must coordinate around their schedule or take time off work (sometimes without pay) to obtain their MAT doses.

One TRBHA found that individuals struggling with IV drug use typically do not seek services in their clinics. A Narcan standing order was developed to increase community access to this emergency medication for individuals and their loved ones that may be at risk for an opioid overdose. Additionally, one TRBHA shared progress in increasing communication with local providers.

Success Stories Shared

Member started treatment services with CMS October 2018. This member was on DTAP and in another agency residential due to just being released from jail. Last year they promoted out of DTAP on 12/2/19 (meaning no court hearings unless he messed up) and this summer graduated from DTAP on 7/9/20. The member has worked their way up to monthly privileges and comes in for their monthly Suboxone medication. The member is stable, responsible, and has had no altered drug screens since their DTAP graduation.

A member from a provider was referred by outpatient services. Member successfully found a good paying job and exited without a housing subsidy. This member has continued in their MAT services and is doing well.

In Central Arizona, over 14,300 RBHA members for the report period have received harm reduction training through Naloxone and Naltrexone education. This demonstration of increased education in the network has led to almost 6,000 overdose reversal interventions through Naloxone for a population of membership that are at risk for overdose.

Priority #: 5

Priority Area: Older Adults

Priority Type: SAT

Population(s): Other

Goal of the priority area:

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

Strategies to attain the goal:

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

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No Data related issues identified.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Outreach

Outreach to identify older adults in need of substance use treatment under the Substance Abuse Block Grant is conducted through the RBHAs and Tribal RBHAs (TRBHAs). Outreach efforts were conducted for all demographic groups through engagement in various community forums and meetings such as the Adult & Child Services Committee, Dept. of Justice Collaborative meetings, quarterly Substance Use Treatment Providers Meeting and the AZ Coalition for Veterans and Families. RHBAs have also utilized vendors to support targeted print and digital media focusing on health literacy, and education on treatment options for older adults engaged in substance use. This education also includes information on treatment availability for individuals who are underinsured or uninsured.

For one TRBHA, although much of the outreach is being done online due to Covid-19 restrictions, they are still providing information and education to their district's senior centers. They also have BHS staff assigned to hospitals that are available to provide outreach to elders in the Emergency Department, Primary Care and Inpatient centers.

Outreach efforts by one RBHA included beginning work with high-risk AMA (against medical advice) member populations that are leaving hospitals, which showed that 51-75 year olds were discharging AMA at higher rates and attempting to wrap with services for outreach and harm reduction. Programming was also implemented for a Chronic Pain Management program for members which also breaks out the 55 and over population. 24% of the members being care managed in the Chronic Pain program are 55 and over. Results show a 13% decrease in PMPM costs for members being care managed in the Chronic Pain program. This RBHA has increased outreach to the community, hospitals, first responders, and the criminal justice system as well as implementing outreach and engagement specialists in each of their services areas that ensure the older adult population receives appropriate resources and access to care.

Collaboration

RBHA staff coordinates with contracted and non-contracted community organizations to ensure SABG information is dispersed and community partners know who to reach out to for further information, questions, and technical assistance.

One RBHA funded two substance use prevention coalitions that focus on the use and misuse of medications by older adults. BeMedSmart Coalition (BMS) - Pima Council on Aging – (PCOA) operates out of Pima County and Coalition to Improve Health and Increase Awareness of Medication Management through Prevention Coalition (CHAMMP) - Pinal Gila Council for Senior Citizens (PGCSC) runs in Pinal County Both coalitions guide decision making and education around counter-indicated medications and safe storage of prescription drugs. They also collaborated with the Health Department and Law Enforcement to sponsor medication drop off days.

The TRBHAs maintained ongoing collaboration with community stakeholders and with off- reservation Behavioral Health Residential Facilities. They also worked with Primary Care to refer individual for review by the pain management committee to obtain treatment recommendations. The Gila River Caring House Skilled Nursing Facility referred identified individuals and counseling was provided either in office or on-site. There was also coordination with Elderly Services to participate in their events.

Targeted Interventions

One RBHA assisted in developing policies within the subacute facilities that allow for law enforcement drop off of members. This sped up the process in getting older adults with substance use disorder (SUD) into behavioral health services.
They have also partnered with Catalytic Health Partners (CHP) to work with members who are at the highest risk and cost. Many of these members were homeless and had multiple physical and behavioral health comorbidities, including SUD. Catalytic worked with these members wherever the member was. They were able to help stabilize their comorbidities and address their social determinants of health. CHP helped them to reconnect with their families, health homes and PCPs. Over 16.5% of the members that Catalytic served were 55 and over.

This RBHA also implemented three different training curricula for older adults. The Mental Health First Aid (MHFA) course is a skills-based training course that teaches participants about mental health and substance-use issues. The Rx 360 course is a research-based curriculum to raise awareness of the Rx problem, the risks of misuse, resistance strategies, and methods for proper storage and disposal. The Wellness Initiative for Senior Education (WISE) is a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process.

Another RBHA made SUD training available to all Health Home staff including a section on older adults which provided specialized information for serving this population. Some of these Health Homes have "whole health" programs for aging adults which encouraged the use of exercise, movement, and yoga or other mindfulness practices as an alternative to pain medication to help reduce and prevent the development of opioid use disorder in aging adults. One Health Home operates a behavioral health residential facility for co-occurring treatment specifically for aging adults. Another clinic offered a Senior Peer Program to address substance use in the senior population.

One TRBHA offered ongoing support for adults with co-morbid mental health and substance sue disorders. While another's addictionologists provided MAT treatment to individuals with opioid use disorder.

Other Efforts or Information

One RBHAs Behavioral Health and Special Programs team continued to oversee programs for older adults to include engaging providers in increasing age-specific programming and integrated care for older adults with substance abuse, increasing collaboration with community service providers for older adults in their service areas, and monitoring outcomes for older adults.

They are also continued to meet with providers and coalitions to develop programs specific to this population based on demand and the need of the community.

Another RBHA recognized a salient opportunity to engage the older adult population and will continue to work on their efforts for Fiscal year 2021.
One TRBHA stated that their efforts included the ongoing review of referral procedures both internally and externally.

Outcomes Measured

One RBHA examined the community stabilization, demographics, COE, and other measures to ensure that the crisis system and subacute facilities were working efficiently and appropriately. This RBHA also gathered outcome measure data through 2 coalition sidewalk surveys.

The Pima Council on Aging and BeMedSmart conducted a total of 395 surveys that were completed in program year four (2019-2020). The survey results indicated that nearly three-quarters of the survey takers stated that they were aware of messaging about safeguarding medications, while 73.1% said they safeguarded their medications due to the messaging. 40% reported they had used medication disposal sites for their medications. There was also 0.7% increase in community members reporting awareness of messaging about safeguarding medications, from 72.6% in. 2018-19 to 73.3% in 2019-2020.

Pinal Gila Center for Senior Citizens and Coalition to Improve Health and Increase Awareness of Medication Management through Prevention conducted a total of 206 surveys in 2019-2020. The survey results indicated that a large majority (81.3%) recognized that medication misuse was a problem in their community, and this majority was consistent across program years. Over half (52.2%) said they were aware of messages about safeguarding medications, and of these 78.8% said they safeguarded their medications because of the messaging. Many (56.9%) reported not using medication disposal sites for their medications down slightly from 60.7% in the previous program year. 41.9% said they were unaware of drop box locations, a decrease from 55.1% the previous year, suggesting there is increased awareness of drop box locations. There was also a 4% increase in awareness of messages about safeguarding medications, from 48.2% (2018-19) to 52.2% (2019-20), along with a 3.8% increase in community members reporting they had used medication disposal sites for prescription or over-the-counter medications, from 39.3% (2018-19) to 43.1% (2019-20), though it was not statistically significant.

Another RBHA gathered that of all members that received services funded by the Substance Abuse Block Grant, 22.3% within the current reporting period were over the age of 55 at the time of services.

One TRBHA conducted a treatment plan review for substance use disorder group completion rates. Another TRBHA documented that 3 elders were admitted to RTC Treatment Center and 13 elders are receiving MAT treatment for Opioid Use Disorder.

Progress/Barriers Identified

One RBHA noted that COVID-19 pandemic that has restricted the ability to host events, facilitate coalition meetings and teach curricula.

An additional noted barrier was that some older adults have limited knowledge about computer usage. The Coalition to Improve Health and Increase Awareness of Medication Management through Prevention assisted with a brief training on ZOOM meeting and other basic operational pieces to engage the population and promote participation. Treatment providers are also making virtual platforms and telemed available due to the impact of COVID19. Attendance for coalition meetings, virtual trainings, treatment provider meetings and collaboration meetings has improved as the community realizes that the pandemic is not going away.

Another RBHA noted that Covid-19 was their main barrier as well. The restrictions due to the pandemic have forced them to re-evaluate traditional care and treatment modalities including outreach and engagement. This is particularly true for their older adult populations who were less likely to participate on social media platforms for their health education and are also learning how to engage in telehealth services.

One TRBHA stated that Covid-19 has been the main barrier for tribal nations as well. Another TRBHA noted that their barriers included social determinants of health and off-reservation providers.

Success Stories Shared

One RBHA saw an increase in outreach to the older adult population through monitoring outcomes. For example, in November of 2019 they reached 168 individuals, 142 individuals were reached in December 2019, and in January of this year, they reached 197 individuals. They also noted some prevention successes that impacted the treatment strategies. These include CHAMMP utilizing virtual meetings applications in order to accommodate those who cannot attend the meetings physically which helped increase the number of meeting attendees. Also, by distributing Medication Safety Bags, the Coalition to Improve Health and Increase Awareness of Medication Management through Prevention has been able to provide medication education to 70 older adults and caregivers. In another example, BMS, in collaboration with Pima County Health Dept., presented on medication misuse to a rural retired community of 200 participants at Tucson Estates and raised awareness of the importance of safe medication use, storage and disposal. BMS also facilitated delivery of Deterra medication disposal bags to the community and engaged the interest and support of the District 3 Supervisor, Sharon Bronson, in supporting/promoting the safe medication use and disposal in older adults.

One TRBHA highlighted the success story of a patient who was struggling with chronic pain and use of opioids for over 30 years. Due to aberrant behaviors with their narcotic use, they were started on MAT and are now consistently engaging in a counseling and addiction treatment plan. Another individual struggling with significant illicit fentanyl addiction was also started on MAT with outpatient services. The patient and their GRHC team felt that they needed a higher level of care and so they were admitted to the Thwajik Ke Residential Treatment Facility. They are planning to graduate 11/20 and transition to their transitional living program for continued support.

Priority #: 6

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No Data related issues identified

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Outreach

Arizona Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) contract with community treatment providers to provide services and conduct outreach for programs and services.

RBHAs and providers conduct outreach and education regarding programs and services for pregnant and parenting individuals in their respective Geographic Services Areas (GSAs). Outreach is conducted in the community at large, and also to various groups or organizations such as first responders, the criminal justice system and hospitals, pediatric providers, OBGYN providers, women's clinics, IHS service units, Headstart programs, daycares, preschools, pregnancy resource centers and prenatal care providers. For example, one provider reported outreached 60 pregnant and parenting individuals through the detention center.

One RBHA reports providing posters that promote SABG service availability for pregnant and parenting women (PPW) during annual site visits with SABG providers, having developed a poster specifically targeting PPW and women with dependent children. Additionally, one RBHA hired a perinatal case manager and community health worker to target pregnant/parenting women to engage them in services, coordinate services addressing social determinants of health and provide education/training on MAT delivered to pregnant/parenting women. This is in addition to the SMI perinatal team who work to triage the acute and chronic treatment needs for our pregnant population.

Collaboration

RBHAs and TRBHAs collaborate with various treatment providers, private and public organizations and social service organizations for the care of PPW and women with dependent children.

Examples of collaboration include RBHA support of medical centers and providers for Neonatal Abstinence, assisting providers including treatment facilities to develop a full continuum of care this population, expanding transitional housing facilities including sober living environments specifically for PPW, expanding OBGYN services at the 24/7 MAT clinic, and collaborating with Opioid Treatment Programs (OTPs) to ensure service provision to this population. TRBHAs also collaborate with women's clinics, Pediatric Integrated Care Collaborative (PICC), local IHS service unit, pediatric providers, Headstart, daycares, preschools, OBGYN providers, organizations such as First Things First and Healthy Steps, Tribal Social Services and weekly meetings with Family Drug (Healing to Wellness) Court.

RBHAs and TRBHAs collaborate with diverse provider organizations. One specialty provider offers a recovery environment for babies born with neo-natal abstinence syndrome and their post-partum mothers in substance abuse recovery as well as education, vocational skills and parenting support. Meanwhile, another collaborative partner provider addresses the high prevalence of physical, sexual, and psychological trauma and violence experienced by at-risk women. Another provider offers a 45-day program for substance use and co-occurring treatment with specialized services for pregnant and post-partum women with on-site child care for children from birth to 5 years of age.

One RBHA is hosting Project ECHO focused on SUD & MAT, offering training to all Health Homes and providers on the treatment options and care for pregnant and parenting women. Another RBHA hosted the 2nd Annual Opioid Symposium, having a large focus on providing services to pregnant/parenting women.

An example of an outcome of these collaborations includes:
• To date, one RBHA's transitional living program has served 39 parenting individuals with 18 successful completions from the program. From August 2019 until January 2020, the provider has outreached 43 pregnant and parenting individuals in the medical center and detention settings.

Targeted Interventions

The following efforts are reported by the RBHAs and TRBHAs as targeted interventions for PPW and women with dependent children:
• Working with hospitals to ensure warm hand offs, prevention, treatment, and outreach services are offered

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

Other Efforts or Information

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

Outcomes Measured

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

Progress/Barriers Identified

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

• One TRBHA is developing relationships across community stakeholders and providing awareness in the community
Barriers include:
• The barrier most commonly reported by RBHAs and TRBHA is fears of many PPWs that DCS may remove their children from the home if they test positive for substances or seek treatment

o One RBHA reported combined efforts from the RBHA staff, provider network, and other organizations to educate mothers about treatment and providing care coordination/communication with DCS will assist in alleviating concern.
• Challenges related to transitioning from the criminal justice system and detention centers.
• Impacts of the COVID-19 Pandemic

• In the Northern GSA, the rural nature of the area creates a barrier to sufficient number of providers who are specific to PPW. Many locations that can accept PPW are in the Central GSA and although Northern providers can send and "sponsor" their members at these locations, causing PPW to uproot their lives to receive specialized treatment can be a huge barrier to treatment. The North GSA did add a few new providers of this nature, but none are exclusively serving PPW
• A lack of the OB/GYN providers willing to provide services to PPW who use substances, particularly if they are on MAT services.

• Social determinants of health
• Community awareness of resources

Success Stories Shared

RBHAs and TRBHAs report many success stories including the following:

• Member transitioned to a Transitional Living Setting program in later stages of her pregnancy from an inpatient rehab program. With support of the program, she was able to stay sober for the remainder of her pregnancy and gave birth to a healthy baby. The member gained employment several weeks after having her baby. As her recovery strengthened, she felt she was ready to begin therapy services. She continued to work the program, and remain employed, while parenting her newborn child and working on personal issues. After gaining confidence, she applied and was hired for a job that she wanted for quite some time. Around the one-year mark in treatment, she felt that she was ready to transition out of the program, into a place of her own with her child. She continues to do well and remains substance free.

• Member enrolled in a program after being referred by her therapist. She arrived with an open DCS case, involving her multiple children. She was in the early stages of pregnancy, struggling with sobriety, and trying to end an abusive relationship. She was able to find stability in the program, found employment and was able to establish home visitation with her children. As she continued to progress, she was granted full custody of one of her children, and shared custody with the others. She recently gave birth to a healthy baby. She looks forward to being cleared to return to work, and working towards her program goals. She often expresses gratitude to staff for the milestones she has reached while in the program.

• The creation and formation of Oxford houses was implemented and one of the new locations is exclusively for women, and within this house, 2 bedrooms are set aside for parenting women who have dependent children. Oxford house is a sober-living environment initially funded through SABG, while residents pay for the house expenses independently and share the expenses equally.
•
Provider agencies under one GSA served the following unique members:
• Provider 1 served 160 unique members.
• Provider 2 served 424 unique members.
• Provider 3 served 103 unique members.
• Provider 4 offers 24 beds for members and 32 beds for children and is nearly always at capacity.
• Oxford House - 120 new admissions into their Women's Homes.
•
The TRBHA was notified of a pregnant patient struggling with opioid addiction. The TRBHA made immediate arrangements to have MAT initiated for the safety of the mother and unborn child. The mother successfully remained on MAT throughout the pregnancy and delivered a healthy baby. The mother remains sober and engaged with counseling and MAT services.

Priority #: 7

Priority Area: Tuberculosis (TB) Screening

Priority Type: SAT

Population(s): TB

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: Fiscal Year18 data on the number of members receiving substance abuse treatment with

document screening for tuberculosis (TB), hepatitis C, HIV, and other infectious diseases was at 69%

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

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

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

Data Source:

Independent Case Review

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No data related issues anticipated.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Outreach

Outreach is provided in different ways depending upon the location in Arizona. In Southern Arizona the Arizona Complete Health-Complete Care Plan (AzCH-CCP) Regional Behavioral Health Authority (RBHA) providers have street-based outreach and engagement specialists providing outreach and engagement in Pima, Pinal, Cochise, Yuma, Santa Cruz, Greenlee/Graham and La Paz Counties. These outreach providers ensure that individuals who use drugs by injection have access to HIV and Hepatitis C education, prevention and treatment. In Northern Arizona, Health Choice Arizona (HCA) RBHA's providers educate members on the risk of communicable disease due to substance use at intake and prior to admission to any CDR or inpatient facility. TB screening and testing is also advertised as an available service.

In central Arizona the Mercy Care RBHA, TB testing is completed for members receiving residential services, particularly if they are placed on the waitlist. Mercy Care provides oversight of providers through policy review tool to include TB early intervention and services. Mercy Care evaluates provider's ability to provide TB services or their referral process for TB services and intervention at annual site visits. Mercy Care provides Technical Assistance for providers when needed regarding TB early intervention and services. At Gila River Health Care, individuals are referred to substance abuse residential programs are referred to complete TB screenings, as a criteria of admission. During this screening they are also screened for hepatitis C, HIV and other infectious diseases.

Collaboration

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

and Medicare programs from reimbursing certain providers for services resulting from a PPC.

Targeted Interventions

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

Other Efforts or Information

AzCH-CCP continues to hold substance use disorder treatment provider meetings where TB, HIV, Hep C are addressed for education, current programming and outreach efforts, as well as barriers for this population.

AzCH-CCP monitors an online State Residential Waitlist. Providers are required to update and track members on this waitlist, providing interim services to priority populations. Some of these services include education about TB and HIV and the risks of transmission for individuals who use drug by injection and referrals for TB and HIV treatment if needed.

AzCH-CCP Care Management Program coordinates services for members identified with complex needs, to include HIV and other chronic diseases, ensuring access to care. If a member who tests positive for TB also qualifies for a specialized care or disease management program they will be referred to the appropriate program. During the expenditure period Mercy Care provided, over 5,086 staff affiliated with 41 network providers training on provisions affiliated with TB screenings, treatment and early intervention through the Substance Abuse Block Grant (SABG) Relias training module. This content reinforced the expectation that Individuals receiving Substance Use treatment services under the SABG at minimum receive interim services that includes TB screening and referrals for services.

Providers are evaluated on offering TB and HIV services directly or if unable to, provide such services that the provider has printed educational material and offers referrals for TB testing and treatment for members. Mercy Care asks that this information be offered in both English and Spanish. Provider site visit follow up meetings take place to offer technical assistance to help improve provider efforts towards TB screening and services.

Outcomes Measured

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

Progress/Barriers Identified

AzCH-CCP Ensures there is continuous training when providers have turnover in positions working with substance use populations. They ensure they attend trainings and meetings and are then coordinating and communicating the information to others in their

organizations and agencies. AzCH-CCP continues to work with providers to ensure TB screening and resources are part of their Electronic Health Records. The impact of the COVID19 pandemic has affected certain outreach programming at this time as members are more reluctant to follow up on intakes. For HCA some Health Homes do not have the capacity to test for TB in-house and must complete a referral for TB testing to an outside provider when needed. In these cases, the member may be less likely to attend an additional appointment and/or may decline testing if it is not required as part of admission to a treatment program, as is only the case for CDR or inpatient treatment. Mercy Care has recognized monitoring of TB screenings and services as an area of opportunity and has revised their internal policy deliverable tracking tool to include network providers' evidence their referral and screening processes. These policies and processes will be validated through annual site visits and ongoing TA with providers.

Success Stories Shared

(AzCH-CCP) Since September 2019, CMS offered Hep C screening to 234 members, completing 164 screenings. Of those screened, 42 members tested positive for Hep C. Of the members with positive Hep C tests, CMS treated and cured 10 members, while 22 members with positive Hep C tests cleared on their own.

(HCA) To date there have been no incidents of exposure to TB while in residential treatment.

(Mercy Care) 46 percent of cases reviewed for the ICR for the previous reporting period evidenced TB screening upon assessment. Mercy Care intends to continue to grow in this area of service delivery.

Priority #: 8

Priority Area: Suicide Prevention/Intervention

Priority Type: MHS

Population(s): SMI, SED, ESMI

Goal of the priority area:

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

Strategies to attain the goal:

AHCCCS will work collaboratively with other health agencies to research and implement strategies to reduce the suicide rate. Strategies will include but are not limited to: social media messaging, social market/public awareness, youth leadership programs, gatekeeper trainings, improved data surveillance, and ongoing collaboration with stakeholders or systemic improvement.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: The suicide rate in Arizona for CY17 was 18.1% per 100,000 population (1304 suicide/7,171,646 population.

First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of CY20), 17.7% per 100,000

Second-year target/outcome measurement: Second-year target/outcome measurement (Progress to end of CY21), 17.4% per 100,000

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

No data related issues at this time.

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

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

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

Outreach

RBHAs and TRBHAs collectively reported over 146 trainings implemented to over 1,889 individuals including trainers or trainers (TOTs).

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

In addition, RBHAs, TRBHAs and providers participate in health fairs, symposiums, community forums, and events related to suicide prevention in their respective Geographic Service Areas (GSAs), or even sponsor suicide prevention conferences and events such as suicide prevention awareness walks, the Arizona Suicide Prevention Coalition (AZSPC) HOPE Conference, AFSP Community Out of the Darkness Walk, EMPACT Jeremyiah Walk.

Additional examples of outreach through the RBHAs, TRBHAs and contracted providers include a school-based suicide prevention video, social media marketing outreach, news interviews, and dissemination of branded flyers, brochures, and door to door outreach with Crisis Help Line information in communities, district service centers and neighborhoods. Messing is also distributed through RBHA and provider, and partner group websites.

Collaboration

RBHAs, TRBHAs, and providers collaborate with a diverse array of partner groups including: suicide prevention providers, prevention coalitions, the AZSPC for meetings and events, local and state (AHCCCS) Suicide Prevention Taskforce the AHCCCS and the, American Foundation for Suicide Prevention and the "Out of the Darkness Walk", the ASU College of Journalism for suicide prevention documentary, ASU Active Minds Chapter for supporting college students, Johns Hopkins University Celebrating Life, and other college students and staff, school districts and Arizona Department of Education (ADE) and the ADE Project Aware team, ADHS Office of Children with Special Health Care Needs, TeenLifeline, Crisis and Veterans' Services Dept, the American Foundation for Suicide Prevention to for their More Than Sad suicide prevention curriculum, IHS, Sherriff's Departments and other law enforcement agencies.

On a local level, at least one TRBHA also collaborates with recipients of the Substance Abuse and Suicide Prevention Program-SASP funds for the Zero Suicide Initiative. The collaboration focuses on an integrated approach to enhance resources and response related to suicide prevention—Key community stakeholders include Community Members, Tribal Community Council, first responders and health care organizations.

Targeted Interventions

Some examples of targeted interventions in Arizona include RBHA work with the San Carlos Apache Suicide Prevention Task Force, work with the Tohono O'Odham Native Connections program, other Native American groups, older adults, individuals experiencing first episodes of psychosis (FEP), African Americans, LGBTQ young adults, and Native Americans. At least one RBHA targets suicide prevention

towards the school setting and youth-serving organizations.

RBHAs, TRBHAs, and providers use a variety of strategies in these targeted interventions such as evidence-based education and training, coalition work, enhanced collaboration and resource building, assessment and referral for those at higher risk of suicide including FEP and SMI individuals, Hearing Voices training, workshops on depression and suicide, self-injury, bullying, stress and coping.

Additional efforts include youth peer leadership, alternative activities, social media and awareness campaigns, information dissemination, and problem identification and referral/screening.

Other Efforts or Information

The RBHA in the Southern GSA has a designated email for suicide prevention training requests, and also provide suicide prevention posters, in English and Spanish, targeting specific populations - youth, adults, and older adults – with the crisis telephone number and Teen Life Line number. These posters were distributed throughout Southern Arizona at conferences, coalition meetings and other events.

While one TRBHA is implementing the tenets of Zero Suicide including comprehensive training for health care providers through the Substance Abuse and Suicide Prevention Program-SASP, another TRBHA reports participating in the Zero Suicide Grant activities and collaboration with community stakeholders; coordinated response to suicide deaths in the community.

Outcomes Measured

RBHAs and TRBHAs are collecting outcomes in various ways. While some work with University of Arizona Evaluation Research and Development (ERAD) to measure outcomes for the QPR trainings, such as Participant perception of training satisfaction and Participant perception of trainer knowledge on subject matter. Others measure Usefulness of training, Knowledge about suicide risk factors, Feeling of preparedness to help someone displaying suicidal warning signs, and Feeling of ability to recognize signs of mental health problems or crisis. Others measure Feeling the training was useful, Feeling an increase in knowledge about suicide risk factors, and level of preparedness to help someone displaying suicidal warning signs. In addition, Number of suicide prevention referrals; Number of suicide risk assessments, and Number of individuals transferred to acute psychiatric stabilization facility are measured outcomes.

One RBHA requires FEP providers to monitor and report on suicide attempts/suicidal ideation in members who are receiving FEP services.

Most or all of the RBHAs and TRBHAs measure outputs from suicide prevention trainings such as numbers of trainings completed, and numbers of individuals trained and may break numbers out by youth and adults.

Finally, at least one RBHA measures the county suicide rate over time and school crisis mobile team data.

Specifically, one RBHA reported:
• 73.7%strongly agreed that "overall, they enjoyed this training" in CY2020. A larger majority (89.5%) strongly agreed that the trainer was knowledgeable about the subject matter.

Specifically, one TRBHA reported:
• 96% of participants included that the training was useful to them.
• 94% of participants reported that they increased their knowledge about suicide risk factors.
• 94% of participants reported that as a result of the training, they felt more prepared to help someone displaying suicidal warning signs.
• 95% of participants felt they could reach out to someone with a mental health problem or crisis.
• 95% of participants reported that they could actively and compassionately listen to someone in distress.

Progress/Barriers Identified

A major barrier for RBHAs, TRBHAs and contracted providers has been the COVID-19 pandemic and its impacts. A large number of staff are working from home, providing services virtually, which requires new training and preparation. In some cases, virtual options for programs and curricula were not available and trainings were cancelled. Further, a lack of access to a 24 hour observation facility was a challenge, and some members were likely to be challenged with social determinants of health such as unemployment and poverty.

Despite these challenges, many providers found success in providing services virtually and some block grant recipients reported an increase in inter-agency participation, increased awareness among community members, and an increase in referrals and assessments with a decrease in attempts.

Success Stories Shared

According to the QPR Annual Report created by University of Arizona ERAD:

• Almost three –fourths (73.2%), strongly agreed that they learned new skills during the training.
• When asked if they could use the information professionally and/or personally, (82.2%) strongly agreed they could, indicating that the information presented in the training was useful.
• Over 80% of participants noted that they increased their knowledge about suicide prevention.
• In narratives shared, participants said that the QPR training is a highly effective and engaging training that is not only extremely useful but is led by a knowledgeable trainer.

The RBHA in the Southern GSA sponsored the annual statewide Arizona Suicide Prevention Coalition HOPE Conference.

There was tremendous success this year with outreach and advocacy and collaborations, resulting in historic suicide prevention legislation mandating evidence-based training for school personnel and increased mental health parity. The network of schools and youth-serving organizations that completed our trainings were able to begin implementing these evidence-based trainings prior to the law being enacted. Schools reported cultural shifts in staff beginning to feel more comfortable talking about their own thoughts of suicide. A school district in Maricopa County shared that after training their bus drivers and staff, they noticed more employees talking about their own mental health concerns, and more openness is part of the process of decreasing the stigma. The same was noticed when the RBHA trained their own staff. In the early months of the pandemic, as schools began shifting all education to virtual, schools requested help adapting their assessments and intervention protocols.

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

Footnotes:

Arizona Healthcare Cost Containment System (AHCCCS) State Report for SABG/MHBG Administrative Supplement for Technical Assistance

SABG Notice of Award: 3B08TI010004-19S3
MHBG Notice of Award: 3B09SM010004-19S4

The Arizona Healthcare Cost Containment System (AHCCCS) utilized the SABG and MHBG Administrative Supplement for Technical Assistance for various technical assistance (TA) and training needs as decided by AHCCCS and SABG/MHBG subrecipients throughout the state. Utilizing a collaborative approach through existing SABG/MHBG provider monitoring meetings, stakeholder meetings, and information provided to AHCCCS through the latest SABG/MHBG core reviews and site visits from the Substance Abuse and Mental Health Services Administration (SAMHSA), AHCCCS designated the TA supplement to be focused on the following areas:

1. **SABG and MHBG – Social Determinants of Health (SDoH):** Develop an orientation level staff education program explaining AHCCCS's Whole Person Health (WPH) initiative.
2. **MHBG** - Arizona Mental Health Block Grant (MHBG) "Mini" Needs Assessment within the juvenile justice system.
3. **SABG** – Substance Abuse Prevention Logic Model Training/Technical Assistance Provision
4. **SABG** – Substance Abuse Prevention Evaluation Technical Assistance Provision
5. **SABG** – Substance Abuse Prevention Data Collection and Analysis: Impacts of COVID on ACEs, Trauma, and substance use and misuse
6. **SABG** – Substance Abuse Prevention Skills Training (SAPST) Binder and Materials

AHCCCS identified vendors to complete these TA requests through a competitive bidding process. Activities and the selected vendors related to this TA Supplemental award are outlined below.

Technical Assistance Priorities

1. **(*AWARDED TO HEALTH MANAGEMENT ASSOCIATES - HMA*) SABG and MHBG - Social Determinants of Health (SDoH): Develop an orientation level staff education program explaining AHCCCS's Whole Person Health (WPH) initiative.**

   Population: Serious Emotional Disturbance (SED), Serious Mental Illness (SMI), Substance Use Disorder (SUD), substance abuse primary prevention, youth, adults, co-occurring populations, general mental health, and tribal population at the tribe's discretion.

   Data Sources: National, Statewide

   Deliverables and Vendor Activities:
   - Produce content describing AHCCCS's approach to Whole Person Health (WPH) as well as the educational materials for presenting the WPH approach. Content

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

will be developed for all levels and all types of health plan personnel as well as all personnel employed by subcontracted healthcare providers. Content developed will educate the training participants to be able to do the following:

- Explain the facts, concepts and underlying principles of the AHCCCS WPH approach to AHCCCS members, families and other personnel, relate the WPH approach to their current job duties and predict what parts of their practice may change with the implementation of the approach and so be more prepared for actual changes in their duties that may come in the future, and relate how WPH could affect the current care of AHCCCS members they currently provide services to.

- Contractor shall:
  - In conjunction with AHCCCS staff, leadership, and state stakeholders, produce a statement describing the vision of AHCCCS's approach to WPH by facilitating input from the group of AHCCCS clinical leaders. The statement is high level and should minimally answer the following questions:
    - What is WPH?
    - Why is it important?
    - What will change to our current approach to healthcare?
    - How will it look when it is implemented?
  - The WPH Vision Statement will be referred to as D-1 (Deliverable 1)

2. (*AWARDED TO HMA*) MHBG - Arizona Mental Health Block Grant (MHBG) "Mini" Needs Assessment within the juvenile justice system.

Population: Serious Emotional Disturbance (SED), Serious Mental Illness (SMI), youth, adults, co-occurring populations, general mental health, and tribal population at the tribe's discretion.

Data Sources: National, Statewide

Deliverables and Vendor Activities:

- Conduct a needs assessment for AHCCCS to identify current trends and gaps, and gather the data of these services, to inform decisions about the provision of MHBG services to children with SED during incarceration. Activities to include:
  - Engage the criminal justice system, community and Contractors serving individuals who have a SED diagnosis and are subject matter experts required for the needs assessment process.
  - Provide guidance, coordination, administration and data leading efforts during this process and development.

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

- Ensure that the needs assessment process is done collaboratively. This may take several meetings and continuous communications to complete each section of the needs assessment.
- Be responsible for the data collection by means of surveys and other numerous measurement tools, models and approaches; understanding these will be key components in the efforts to gather input and data from the communities throughout the State. These tools may include, but are not limited to; the use of demographic and publicly accessible data, key informant interviews and focus groups to collect communities, and feedback from special populations.
- Provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement.
- Utilize a model to conduct and compile the needs assessment. There are many models and strategies designed to complete a statewide needs assessment. However, the six most recommended components necessary to create the planning process and implementation of the assessment are:
    - Define the scope
    - Collaborate
    - Collect data
    - Determine key findings
    - Set priorities and create an action plan
    - Share findings and plan dissemination methodology
- Compile findings utilizing the model depicted above into a report that will be utilized by AHCCCS, AHCCCS contractors, and AHCCCS stakeholders.

3. (*AWARDED TO LECROY AND MILLIGAN ASSOCIATES - LMA*) SABG – Substance Abuse Prevention Logic Model Training/Technical Assistance Provision

Population: Statewide substance abuse primary prevention recipients including youth, adults, co-occurring populations, older adults, LGBTQ populations, Spanish speaking, and tribal populations at the tribe's discretion.

Data Sources: National, Statewide

Deliverables and Vendor Activities:

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

- Develop a in person and online version of a logic model training that will be tailored for substance abuse prevention providers, and/or community coalitions.
- Tailor training to follow the AHCCCS Logic Model template.
- Provide trainings, guidance, and serve as a primary substance abuse prevention subject matter expert to AHCCCS and its contractors throughout the duration of the contract. Vendor will conduct in person trainings in the Phoenix, Tucson, and Flagstaff, Arizona area*, and will be responsible for procuring the in person training location(s) and all other items needed for training (audio and visuals needs, sign in sheets, printed materials, internet connection, etc.). Vendor is responsible for procuring an online training platform that can be used by the target training audience for all online trainings:
- Depending on feasibility, provide three (3) in person trainings for AHCCCS prevention providers, demonstrating proper logic model use and development. AHCCCS to determine feasibility in conjunction with the vendor throughout the contract period. In the event it is not feasible for in person trainings to occur, Vendor will have a contingency plan to utilize an online training platform capable of holding up to 150 attendees at one time.
- Provide one (1) online training for AHCCCS prevention providers, demonstrating proper logic model use and development. Vendor will record the online training for future use by AHCCCS, as needed.

4. *(AWARDED TO WELLINGTON CONSULTING)* SABG – Substance Abuse Prevention Evaluation Technical Assistance Provision

Population: Statewide substance abuse primary prevention recipients including youth, adults, co-occurring populations, older adults, LGBTQ populations, Spanish speaking, and tribal populations at the tribe's discretion.

Data Sources: National, Statewide

Deliverables and Vendor Activities:

- Adhere to all Federal and State confidentiality requirements, including 42 CFR Part 2.
- Have the subject matter expertise to complete each project, as well as a basic understanding of the SABG and the respective requirements.
- Submit a Primary Prevention Evaluation which should include development of standardized reporting measures and/or tools for statewide substance abuse primary prevention services for youth, adults, co-occurring populations, older adult, LGBTQ populations, Spanish speaking, and tribal populations at the tribe's discretion.
- Develop evaluation measures to measure both process and outcome data in accordance to AHCCCS's statewide strategic plan (currently being developed)

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

and related documents, as well as annual SAMHSA reporting for SABG prevention activities.

- Develop standard reporting measures/tools/instruments for AHCCCS prevention contractors. Measures to include ways the state can capture and quantify services currently being provided by SABG funded entities, while following the Strategic Prevention Framework (SPF) Model, as well as the Center for Substance Abuse Prevention (CSAP) six prevention strategies:
    - **Information Dissemination**
        - Monthly Media Dissemination Measures
        - Monthly Media Impression Measures
        - Monthly Information Dissemination Measures
    - **Education**
        - Monthly Tracking of Pre/Post Tests/Surveys
        - Monthly Tracking of Education Activities Measure
    - **Alternatives**
        - Monthly Tracking of Pre/Post Tests/Surveys
        - Monthly Tracking of Alternative Activities Measure
    - **Problem Identification and Referral**
        - Monthly Tracking of Number of Referrals
        - Monthly Tracking of Problem Identification and Referral Activities Measure
    - **Community Based Process**
        - Annual Community Coalition Member Measures
        - Annual Coalition Measures
        - Annual Community Surveys/Measures
        - Monthly Coalition Meeting Tracking Measures
    - **Environmental**
        - Monthly Tracking of Number of Policies/Laws/Regulations Changes
        - Annual Social Norms Measures/Surveys
    - **Capacity Building**
        - Monthly Training/Technical Assistance Provision Tracking/Measures
        - Monthly Training/Technical Assistance Needs
        - Monthly Barriers and Successes
    - **Sustainability**
        - Monthly Training/Technical Assistance Provision Tracking/Measures
        - Monthly Training/Technical Assistance Needs
        - Annual Identification of Additional Prevention Resources
        - Monthly Barriers and Successes

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

- Measures are to be tailored for local community dissemination/implementation, and can be quantified at a state level for data reporting to state and federal funders, partners, and stakeholders.
- Each measure should be available in both English and Spanish.
- Measures should be developed using language that can be understood by the general population, and shall not be higher than the current United States Literacy Rate at time of contract execution.
- Measures should be available in editable word and excel formats, and shall incorporate AHCCCS branding and language, as appropriate. Measures should also be editable to incorporate local coalition branding, as needed.
- Provide technical assistance, guidance, and serve as a primary substance abuse prevention evaluation subject matter expert to AHCCCS and its contractors throughout the duration of the contract. Vendor will conduct in person trainings in the Phoenix, Arizona area, and will be responsible for procuring the in person training location(s) and all other items needed for training (audio and visuals needs, sign in sheet, printed materials, internet connection, etc.). Vendor is responsible for procuring an online training platform that can be used by the target training audience for all online trainings:
- Provide a user guide/manual that explains the proper use of standard reporting measures/tools/instruments.
- Depending on feasibility, provide one (1) in person training for AHCCCS staff and stakeholders, demonstrating proper measure use. AHCCCS to determine feasibility in conjunction with the vendor throughout the contract period. In the event it is not feasible for in person trainings to occur, Vendor will have a contingency plan to utilize an online training platform capable of holding up to 150 attendees at one time.
- Depending on feasibility, provide one (1) in person training for AHCCCS providers, demonstrating proper measure use. AHCCCS to determine feasibility in conjunction with the vendor throughout the contract period. In the event it is not feasible for in person trainings to occur, Vendor will have a contingency plan to utilize an online training platform capable of holding up to 150 attendees at one time.
- Provide one (1) online training for AHCCCS providers, demonstrating proper measure use. Vendor will record the online training for future use by AHCCCS, as needed.

5. ***(AWARDED TO ARIZONA STATE UNIVERSITY - ASU)*** **SABG – Substance Abuse Prevention Data Collection and Analysis: Impacts of COVID on ACEs, Trauma, and Substance Use and Misuse**

Population: Statewide substance abuse primary prevention recipients including youth, adults, co-occurring populations, older adults, LGBTQ populations, Spanish speaking, and tribal populations at the tribe's discretion.

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

Data Sources: National, Statewide

Deliverables and Vendor Activities:

- AHCCCS agrees to collaborate on Arizona State University's Arizona Families Coping with COVID Survey. The survey will assess the extent to which the events surrounding the pandemic has adversely impacted the lives of 7th-11th grade students and their families in schools located primarily within Maricopa County, Arizona. The survey will assess multiple aspects of family disruption that may have arisen as the result of the COVID-19 virus and ongoing quarantine, including direct and indirect exposure to the virus, financial strains due to job loss, decreased access to health care, child care and other pertinent services, increases in family conflict and stress, educational difficulties due to home schooling, and increases in teens' emotional and behavioral problems (e.g., depression, anxiety, dysregulated anger, conduct problems, substance use). The data collected as part of the study will also be used to examine the extent to which the COVID-19 pandemic has disproportionately impacted impoverished minority families in Arizona. This type of empirical information is critical to developing services and targeted prevention programs designed to mitigate the adverse long-term effects that the COVID-19 pandemic may have on adolescents' emotional and behavioral functioning. The data provided from this survey will inform AHCCCS primary substance abuse prevention efforts, as well as inform agency wide efforts related to the administration and implementation of substance abuse and mental health services.
- ASU shall:
    - Develop and administer all aspects of the survey.
    - Recruit and enroll survey participants.
    - Clean and process all survey data.
    - Generate a final survey report that will be shared with AHCCCS

6. SABG – Substance Abuse Prevention Skills Training (SAPST) Binder and Materials

Population: Statewide substance abuse primary prevention recipients including youth, adults, co-occurring populations, older adults, LGBTQ populations, Spanish speaking, and tribal populations at the tribe's discretion.

Data Sources: N/A

Deliverables and Vendor Activities:

- AHCCCS utilized a portion of the SABG TA dollars to procure, print, and compile updated SAPST training binders. AHCCCS staff have been trained on the new curriculum in July 2020, and the binders will continue to be used for AHCCCS facilitate SAPST trainings to primary prevention providers within the state.

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

Monitoring and Oversight of Vendor Activities

AHCCCS actively monitored and was a collaborative partner throughout the implementation of services related to this supplement. AHCCCS staff served as project managers, Subject Matter Experts (SMEs), and utilized current partnerships with the current workforce in Arizona to ensure the information gathered and reported was comprehensive in nature. AHCCCS held bi-weekly meetings with all vendors to discuss progress made towards project deliverables, as well as used meeting time to mitigate challenges or barriers that were encountered by vendor staff. All deliverables within the contract year (10/1/2019 – 9/30/2020were finalized and submitted to AHCCCS on/by 9/30/19, with many deliverables having already gone through multiple rounds of review with AHCCCS staff and SMEs. AHCCCS has begun to utilize the information gathered to influence needed system changes as necessary, and share the information through the appropriate channels (i.e. tools and deliverables may be posted on AHCCCS' website to ensure the information is disseminated throughout the system and community). AHCCCS will be holding trainings and information sessions on the reports as needed during the coming year to ensure broader information dissemination throughout the system.

**Due to COVID-19 restrictions, all training and technical assistance sessions were moved to an online format.*

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance use disorder. For detailed instructions, refer to those in the Block Grant Application System (BGAS)

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for entering expenses in Row 1)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	$30,515,880		$0	$25,808,377	$0	$0	$0
a. Pregnant Women and Women with Dependent Children*	$3,500,777						
b. All Other	$27,015,103			$25,808,377			
2. Substance Abuse Primary Prevention	$7,408,578			$2,089,902			
3. Tuberculosis Services							
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) **							
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	$2,069,274			$338,375			
11. Total	**$39,993,732**	**$0**	**$0**	**$28,236,654**	**$0**	**$0**	**$0**

* Prevention other than primary prevention

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

Please indicate the expenditures are actual or estimated.

○ Actual ◉ Estimated

Please identify which of the information in is estimated rather than actual:

Column A & D are actual expenditures for SFY2020. The State will provide actual expenditures for column C & E by February 26, 2021

Identify the date by when all estimates can be replaced with actual expenditures: 02/26/2021

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

Footnotes:

III: Expenditure Reports

Table 3A SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

Syringe Services Program SSP Agency Name	Main Address of SSP	Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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

Footnotes:

III: Expenditure Reports

Table 3B SABG – Syringe Services Program

Expenditure Start Date: 07/01/2019 Expenditure End Date: 06/30/2020

			[Please enter total number of individuals served]				
Syringe Service Program Name	**# of Unique Individuals Served**		**HIV Testing**	**Treatment for Substance Use Conditions**	**Treatment for Physical Health**	**STD Testing**	**Hep C**
	0	ONSITE Testing	0	0	0	0	0
		Referral to testing	0	0	0	0	0

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

Footnotes:

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Expenditure Category	FY 2018 SA Block Grant Award
1. Substance Abuse Prevention* and Treatment	$30,494,160
2. Primary Prevention	$8,202,349
3. Tuberculosis Services	$0
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)**	$0
5. Administration (excluding program/provider level)	$1,928,964
Total	**$40,625,473**

*Prevention other than Primary Prevention

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

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

Footnotes:

Line 1 of the table was adjusted to accommodate rounding. The actuals for the table are as follows:

Row 1 Substance Abuse Prevention and Treatment $ $30,494,160.39
Row 2 Primary Prevention $8,202,349.46
Row 5 Administration $1,928,964.39

Total $40,625,474.24

Administration line includes the TA expenditures of $246,168.80

Please note Arizona was not a designated state for FFY2018

III: Expenditure Reports

Table 5a - SABG Primary Prevention Expenditures Checklist

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Strategy	IOM Target	SA Block Grant Award	Other Federal	State	Local	Other
Information Dissemination	Selective	$539,201				
Information Dissemination	Indicated	$58,083				
Information Dissemination	Universal	$1,629,426				
Information Dissemination	Unspecified	$13,524				
Information Dissemination	**Total**	**$2,240,234**	**$0**	**$0**	**$0**	**$0**
Education	Selective	$429,150				
Education	Indicated	$84,267				
Education	Universal	$1,354,186				
Education	Unspecified					
Education	**Total**	**$1,867,603**	**$0**	**$0**	**$0**	**$0**
Alternatives	Selective	$112,839				
Alternatives	Indicated	$8,233				
Alternatives	Universal	$558,861				
Alternatives	Unspecified	$26,992				
Alternatives	**Total**	**$706,925**	**$0**	**$0**	**$0**	**$0**
Problem Identification and Referral	Selective	$61,169				
Problem Identification and Referral	Indicated	$43,474				
Problem Identification and Referral	Universal	$169,580				
Problem Identification and Referral	Unspecified	$5,497				
Problem Identification and Referral	**Total**	**$279,720**	**$0**	**$0**	**$0**	**$0**

Community-Based Process	Selective	$635,710				
Community-Based Process	Indicated	$40,891				
Community-Based Process	Universal	$587,127				
Community-Based Process	Unspecified	$99,063				
Community-Based Process	**Total**	**$1,362,791**	**$0**	**$0**	**$0**	**$0**
Environmental	Selective	$48,901				
Environmental	Indicated					
Environmental	Universal	$312,399				
Environmental	Unspecified	$31,060				
Environmental	**Total**	**$392,360**	**$0**	**$0**	**$0**	**$0**
Section 1926 Tobacco	Selective					
Section 1926 Tobacco	Indicated					
Section 1926 Tobacco	Universal					
Section 1926 Tobacco	Unspecified	$7,996				
Section 1926 Tobacco	**Total**	**$7,996**	**$0**	**$0**	**$0**	**$0**
Other	Selective	$40,874				
Other	Indicated	$22,979				
Other	Universal	$22,668				
Other	Unspecified	$21,642				
Other	**Total**	**$108,163**	**$0**	**$0**	**$0**	**$0**
	Grand Total	**$6,965,792**				

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

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

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

Footnotes:

SABG Block Grant Report Footnotes for Tables 5a, 6, & 7, 04.10.20

Table 5a Primary Prevention Expenditures

a. Table 5a Primary Prevention Expenditures $6,965,793 + Table 6, Column B. Prevention SA $1,236,557 equals $8,202,349, which equals Table 4, Row 2 Primary Prevention $8,202,349

b. Note: Table 7, Column D. Primary Prevention equals $6,957,797, a difference of $4.00 due to rounding.

Table 6 Resource Development Expenditure Checklist

a. Table 6, Column B. Prevention SA $1,236,557 + Table 5a Primary Prevention Expenditures $6,965,793 equals $8,202,349, which equals Table 4, Row 2 Primary Prevention $8,202,349

b. Table 6, Column D. Treatment SA $3,768,806 + Table 7, Column B. Prevention & Treatment $23,877,514 + Table 7, Column C PPW $3,094,009 equals Table 4, Row 1, SA & Treatment $30,494,160, + TA funding recorded under Row 5 of $246,169

Table 7 Statewide Entity Inventory

Table 7

Table 6, Column B, Prevention SA $1,236,556 + Table 6, Column D, Treatment SA $3,768,805 + Table 7, Column B, Prevention & Treatment, $23,877,514 + Table 7, Column C, PPW $3,094,009 + Table 7, Column D, Primary Prevention $6,965,792 equals $38,942,679, which equals Table 4, Rows 1 & 2, $38,696,509 + TA funding recorded under Row 5 of $246,169

III: Expenditure Reports

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

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	SA Block Grant Award	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	**$0**	**$0**	**$0**	**$0**	**$0**

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

Footnotes:

III: Expenditure Reports

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

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2018 SABG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Targeted Substances	
Alcohol	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☑
Cocaine	☑
Heroin	☑
Inhalants	☑
Methamphetamine	☑
Synthetic Drugs (i.e. Bath salts, Spice, K2)	☑
Targeted Populations	
Students in College	☑
Military Families	☑
LGBTQ	☑
American Indians/Alaska Natives	☑
African American	☑
Hispanic	☑
Homeless	☐
Native Hawaiian/Other Pacific Islanders	☑
Asian	☐
Rural	☑
Underserved Racial and Ethnic Minorities	☑

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Activity	A. MHBG	B. SABG Treatment	C. SABG Prevention	D. SABG Combined*
1. Information Systems		$453,313	$278,406	$731,719
2. Infrastructure Support		$916,494	$61,723	$691,014
3. Partnerships, community outreach, and needs assessment		$622,063	$266,988	$889,051
4. Planning Council Activities (MHBG required, SABG optional)				
5. Quality Assurance and Improvement		$814,957	$261,822	$1,076,779
6. Research and Evaluation		$583,144	$61,528	$644,672
7. Training and Education		$378,835	$306,089	$578,639
8. Total	**$0**	**$3,768,806**	**$1,236,556**	**$4,611,874**

*SABG combined, showing amounts for non-direct services/system development when you cannot separate out the amounts devoted specifically to treatment or prevention. For the combined column, do not include any amounts listed in the prevention and treatment columns.
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

SABG Block Grant Report Footnotes for Tables 5a, 6, & 7, 04.10.20

Table 5a Primary Prevention Expenditures

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Table 6 Resource Development Expenditure Checklist

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Table 7 Statewide Entity Inventory

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III: Expenditure Reports

Table 7 - Statewide Entity Inventory

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

										Source of Funds SAPT Block Grant					
	Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SA Block Grant Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program
*	408874	AZ100577		Pima	CODAC Health, Recovery & Wellness, Inc.	502 N Silverbell Rd	Tucson	AZ	85745	$59,213	$21,613	$37,600	$0	$0	$0
*	35468	AZ103168		Pima	CODAC Health, Recovery & Wellness, Inc.	1600 N Country Club Rd	Tucson	AZ	85716	$18,824	$8,383	$10,441	$0	$0	$0
*	237236	AZ104210		Cochise	Community Bridges, Inc.	240 O'Hara Avenue, PO Box 943	Bisbee	AZ	85603	$230	$0	$230	$0	$0	$0
*	845604	AZ100878		Maricopa County	Ebony House, Inc	8646 S. 14th St.	Phx	AZ	85042	$254,949	$44,363	$210,586	$0	$0	$0
*	617183	AZ102825		Maricopa	LIFEWELL BEHAVIORAL WELLNESS - LWC Beryl	2505 W. Beryl Ave.	Phoenix	AZ	85021	$17,470	$3,351	$14,119	$0	$0	$0
*	617175	AZ101866		Maricopa	LIFEWELL BEHAVIORAL WELLNESS - LWC Mitchell	40 E. Mitchell Dr.	Phoenix	AZ	85012	$148,584	$28,503	$120,081	$0	$0	$0
*	762746	AZ100232		Maricopa	LIFEWELL BEHAVIORAL WELLNESS - LWC Power	6915 E. Main St.	Phoenix	AZ	85201	$131,125	$25,154	$105,971	$0	$0	$0
*	617167	AZ100239		Maricopa	LIFEWELL BEHAVIORAL WELLNESS - LWC University	262 E. University Dr.	Phoenix	AZ	85201	$66,607	$12,777	$53,830	$0	$0	$0
*	590001	AZ 750535		Maricopa County	National Council on Alcoholism and Drug Dependence	4201 N. 16th street suite 140	Phoenix	AZ	85016	$576,810	$33,100	$543,709	$0	$0	$0
*	424472	AZ750162		Maricopa	Native American Connections	4520 N . Central Ave , Suite 120	Phoenix	AZ	85012	$93,001	$18,762	$74,239	$0	$0	$0
*	592867	AZ750311		Pima	The Haven	1107 E Adelaide Dr	Tucson	AZ	85719	$12,455	$0	$12,455	$0	$0	$0
*	77397	AZ103170		Pima	The Haven	2601 N Campbell Ave #105	Tucson	AZ	85719	$418	$0	$418	$0	$0	$0
*	366918	AZ901153		Maricopa	Center for Behavioral Health Phoenix, Inc.	1501 East Washington Stree	Phoenix	AZ	85034	$78,731	$61,069	$17,662	$0	$0	$0
*	339855	AZ100871		Maricopa	Center for Behavioral Health, Inc.	2123 East Southern Avene	Tempe	AZ	85282	$97,385	$55,554	$41,831	$0	$0	$0
*	318067	AZ105631		Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	2500 Show Low Lake Rd	Show Low	AZ	85901	$20,856	$14,485	$2,069	$4,302	$0	$0
*	393718	AZ300158		Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	103 N 1st Ave	Holbrook	AZ	86025	$2,051	$1,794	$256	$0	$0	$0
*	426191	AZ300158		Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	1015 East 2nd Street	Winslow	AZ	86047	$9,243	$8,088	$1,155	$0	$0	$0
*	3450	AZ101317		Navajo County	Changepoint Integrated Health (fka Community Counseling	105 N. Fifth Ave.	Holbrook	AZ	86025	$3,573	$3,454	$119	$0	$0	$0

					Centers)										
*	393718	AZ104591	X	Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	103 N 1st Ave	Holbrook	AZ	86025	$68,497	$36,149	$1,247	$31,101	$0	$0
*	514765	AZ100960	X	Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	423 S Main St.	Snowflake	AZ	85937	$4,090	$3,954	$136	$0	$0	$0
*	331673	AZ103152	X	Pima	CODAC Health, Recovery & Wellness, Inc.	380 E Fort Lowell Rd	Tucson	AZ	85705	$755,414	$652,702	$102,712	$0	$0	$0
*	345961	AZ103167	X	Pima	CODAC Health, Recovery & Wellness, Inc.	630 N Alvernon Way	Tucson	AZ	85711	$30,489	$20,420	$10,069	$0	$0	$0
*	185821	AZ101114	X	Pima	CODAC Health, Recovery & Wellness, Inc.	1075 E Fort Lowell Rd	Tucson	AZ	85719	$32,545	$23,320	$9,225	$0	$0	$0
*	434281	AZ104206	X	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste 110	Tucson	AZ	85701	$23,229	$22,622	$607	$0	$0	$0
*	385867	AZ105409	X	Maricopa	Community Bridges, Inc.	560 S. Bellview, Room B & C	Mesa	AZ	85204	$11,521	$9,979	$1,541	$0	$0	$0
*	382935	AZ100796	X	Maricopa	Community Bridges, Inc.	2770 E. Van Buren St.	Phoenix	AZ	85008	$1,009,404	$720,562	$288,842	$0	$0	$0
*	235872	AZ103200	X	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste B	Tucson	AZ	85701	$277,053	$270,896	$6,157	$0	$0	$0
*	238225	AZ103204	X	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste C	Tucson	AZ	85701	$134,262	$132,367	$1,895	$0	$0	$0
*	242445	AZ103202	X	Pima	Community Bridges, Inc.	250 S. Toole Avenue, Ste A	Tucson	AZ	85701	$71,837	$67,206	$4,631	$0	$0	$0
*	419223	AZ104199	X	Pinal	Community Bridges, Inc.	675 E. Cottonwood, Suite 140	Casa Grande	AZ	85122	$23,191	$22,145	$1,047	$0	$0	$0
*	488183	AZ103193	X	Yuma	Community Bridges, Inc.	3250 B. East 40th St., Room B	Yuma	AZ	85365	$14,889	$13,806	$1,083	$0	$0	$0
*	333267	AZ101823	X	Cochise	Community Bridges, Inc.	646 W. Union St.	Benson	AZ	85602	$8,858	$8,342	$516	$0	$0	$0
*	386313	AZ100512	X	Cochise	Community Bridges, Inc.	470 S Ocotillo Ave., Ste. 2	Benson	AZ	85602	$16,937	$16,146	$791	$0	$0	$0
*	438223	AZ101828	X	Gila	Community Bridges, Inc.	5734 E. Hope Lane, Ste. 2	Globe	AZ	85501	$21,061	$18,244	$2,818	$0	$0	$0
*	838391	AZ100594	X	Yuma	Community Intervention Associates	2851 South Ave B Bldg 4	Yuma	AZ	85364	$267,526	$259,799	$7,727	$0	$0	$0
*	423879	AZ103649	X	Pima	Community Medical Services	6802 E Broadway Blvd	Tucson	AZ	85710	$328,481	$300,821	$27,660	$0	$0	$0
*	478012	AZ103683	X	Cochise	Community Medical Services	302 El Camino Real Bldg 10, Suites C & D	Sierra Vista	AZ	85635	$36,788	$25,769	$11,020	$0	$0	$0
*	373651	AZ103477	X	Graham	Community Medical Services	102 E Main St	Safford	AZ	85546	$12,657	$10,344	$2,313	$0	$0	$0
*	590019	AZ101028	X	Maricopa County	Community Medical Services	2103 W. Northern Ave.	Phoenix	AZ	85021	$110,755	$72,991	$37,764	$0	$0	$0
*	186858	AZ102875	X	Maricopa	EMPACT - Suicide Prevention Center	914 S 52nd St, Suite 100	Tempe	AZ	85281	$18,868	$12,560	$6,307	$0	$0	$0
*	128821	AZ102753	X	Coconino County	Encompass Healthcare	463 S. Lake Powell Blvd.	Page	AZ	86040	$88,015	$84,870	$3,145	$0	$0	$0
*	168072	AZ102753	X	Coconino County	Encompass Healthcare	463 S. Lake Powell Blvd.	Page	AZ	86040	$2,988	$2,882	$107	$0	$0	$0
*	433954	AZ102754	X	Coconino County	Encompass Healthcare	170 N Main	Fredonia	AZ	86022	$3,396	$3,275	$121	$0	$0	$0
*	737330	AZ102754	X	Coconino County	Encompass Healthcare	32 N. 10th Ave Ste 5	Page	AZ	86040	$44	$43	$2	$0	$0	$0
*	675748	AZ101869	X	Mohave County	Encompass Healthcare	4103 E Fleet	Littlefield	AZ	86432	$5,569	$5,519	$49	$0	$0	$0
						651 W									

*	1508942723	AZ101044	X	Maricopa County	Intensive Treatment Systems Main	Coolidge Street Phoenix AZ 85013	Phoenix	AZ	85013	$206,084	$199,429	$6,654	$0	$0	$0
*	1811073059	AZ101490	X	Maricopa County	Intensive Treatment Systems North	19401 N Cave Creek Rd #18 Phoenix AZ 85024	Phoenix	AZ	85024	$412,168	$398,859	$13,309	$0	$0	$0
*	1184701906	AZ101030	X	Maricopa County	Intensive Treatment Systems West	4136 N 75th Ave Ste 116, Phoenix, AZ 85033	Phoenix	AZ	85033	$412,168	$398,859	$13,309	$0	$0	$0
*	57837	AZ103099	X	Pima	La Frontera Center	1900 W. Speedway	Tucson	AZ	85745	$151,062	$122,360	$28,702	$0	$0	$0
*	7519	AZ100665	X	Apache County	Little Colorado Behavioral Health Center	50 N. Hopi	Springerville	AZ	85938	$12,165	$9,634	$2,531	$0	$0	$0
*	3442	AZ300133	X	Apache County	Little Colorado Behavioral Health Center	470 West Cleveland Street	Saint Johns	AZ	85936	$5,878	$5,527	$351	$0	$0	$0
*	116667	AZ101040	X	Mohave County	Mohave Mental Health Clinic	1145 Marina Boulevard	Bullhead City	AZ	86442	$14,292	$10,442	$3,851	$0	$0	$0
*	117136	AZ300174	X	Mohave County	Mohave Mental Health Clinic	3505 Western Ave.	Kingman	AZ	86409	$23,375	$17,077	$6,298	$0	$0	$0
*	147125	AZ100491	X	Mohave County	Mohave Mental Health Clinic	2187 Swanson Avenue	Lake Havasu City	AZ	86403	$16,133	$11,786	$4,347	$0	$0	$0
*	213385	AZ101295	X	Mohave County	Mohave Mental Health Clinic	151 Riviera Ste B	Lake Havasu City	AZ	86403	$1,328	$970	$358	$0	$0	$0
*	515719	AZ100619	X	Mohave County	Mohave Mental Health Clinic	2580 Hwy 95 Ste. 208, 209, 210	Bullhead City	AZ	86442	$1,237	$904	$333	$0	$0	$0
*	690405	AZ100945	X	Mohave County	Mohave Mental Health Clinic	2002 Stockton Hill Road Ste 104	Kingman	AZ	86401	$3,124	$2,282	$842	$0	$0	$0
*	658575	AZ102682	X	Cochise County	Southeastern Arizona Behavioral Health Services	611 W Union	Benson	AZ	85602	$4,050	$328	$0	$3,723	$0	$0
*	515124	AZ101974	X	Gila County	Southwest Behavioral Health Clinic	404 W Aero Dr	Payson	AZ	85541	$3,486	$3,269	$217	$0	$0	$0
*	560020	AZ101979	X	Gila County	Southwest Behavioral Health Clinic	8985 W Stageline Rd	Payson	AZ	85541	$187	$184	$3	$0	$0	$0
*	588617	AZ100676	X	Maricopa County	Southwest Behavioral Health Clinic	5717 N 7th St	Phoenix	AZ	85014	$621	$611	$10	$0	$0	$0
*	172632	AZ100678	X	Mohave County	Southwest Behavioral Health Clinic	809 Hancock Rd Ste 1	Bullhead City	AZ	86442	$32	$30	$2	$0	$0	$0
*	237443	AZ100668	X	Mohave County	Southwest Behavioral Health Clinic	2215 Hualapai Mountain Rd. Ste. H&I	Kingman	AZ	86401	$852	$798	$53	$0	$0	$0
*	253753	AZ100679	X	Mohave County	Southwest Behavioral Health Clinic	1845 McColloch Blvd Ste B1	Lake Havasu City	AZ	86403	$2,666	$2,500	$166	$0	$0	$0
*	263067	AZ104697	X	Mohave County	Southwest Behavioral Health Clinic	1301 W Beal St	Kingman	AZ	86401	$6,406	$6,007	$399	$0	$0	$0
*	435457	AZ100994	X	Mohave County	Southwest Behavioral Health Clinic	2580 HWY 95 Ste 119-125	Bullhead City	AZ	86442	$176	$165	$11	$0	$0	$0
*	950683	AZ104698	X	Mohave County	Southwest Behavioral Health Clinic	401 Emery St	Bullhead City	AZ	86442	$94,515	$88,627	$5,888	$0	$0	$0
*	216898	AZ100993	X	Mohave County	Southwest Behavioral Health Clinic	1515 E. Cedar Ave. Ste B2	Flagstaff	AZ	86004	$10,315	$10,152	$163	$0	$0	$0
*	83489	AZ102777	X	Yavapai County	Southwest Behavioral Health Clinic	7600 E Florentine Rd	Prescott Valley	AZ	86314	$28,538	$28,087	$451	$0	$0	$0
*	348874	AZ102777	X	Yavapai County	Southwest Behavioral Health Clinic	7600 E. Florentine Ave Ste. 101	Prescott Valley	AZ	86314	$921	$906	$15	$0	$0	$0
*	654156	AZ102820	X	Yavapai County	Southwest Behavioral Health Clinic	7763 East Florentine Road	Prescott Valley	AZ	86314	$98	$97	$2	$0	$0	$0

*	633167	AZ102777	X	Yavapai County	Southwest Behavioral Health Clinic	7600 E. Florentine Ave Ste. 101	Prescott Valley	AZ	86314	$196	$184	$12	$0	$0	$0
*	389892	AZ104584	X	Maricopa County	Southwest Behavioral Health Services, Inc	1424 S. 7th Ave	Phoenix	AZ	85007	$52,893	$41,273	$11,620	$0	$0	$0
*	153499	AZ101170	X	Yavapai County	Spectrum Healthcare Group	651 West Mingus Ace	Cottonwood	AZ	86326	$2,678	$2,522	$156	$0	$0	$0
*	438745	AZ100886	X	Yavapai County	Spectrum Healthcare Group	8 E. Cottonwood St. Bldg C	Cottonwood	AZ	86326	$3,013	$2,837	$176	$0	$0	$0
*	57952	AZ100384	X	Yavapai County	Spectrum Healthcare Group	8 E. Cottonwood St.	Cottonwood	AZ	86326	$59,717	$47,541	$12,177	$0	$0	$0
*	144577	AZ104857	X	Yavapai County	Spectrum Healthcare Group	2880 Hopi Dr	Sedona	AZ	86336	$113	$90	$23	$0	$0	$0
*	755689	AZ101170	X	Yavapai County	Spectrum Healthcare Group	452 Finnie Flats Road	Camp Verde	AZ	86322	$2,226	$1,772	$454	$0	$0	$0
*	78528	AZ100434	X	Coconino County	The Guidance Center	2187 N. Vickey Street	Flagstaff	AZ	86004	$158	$137	$21	$0	$0	$0
*	106944	AZ100434	X	Coconino County	The Guidance Center	2188 N. Vickey Street	Flagstaff	AZ	86004	$37,716	$32,605	$5,111	$0	$0	$0
*	116807	AZ101006	X	Coconino County	The Guidance Center	220 W. Grant Street	Williams	AZ	86046	$59	$51	$8	$0	$0	$0
*	158133	AZ101007	X	Coconino County	The Guidance Center	2695 E. Industrial Dr	Flagstaff	AZ	86004	$34,996	$30,254	$4,742	$0	$0	$0
*	969884	AZ101008	X	Coconino County	The Guidance Center	2697 E. Industrial Dr	Flagstaff	AZ	86004	$20,446	$17,675	$2,771	$0	$0	$0
*	7881	AZ102795	X	Yuma	Turtle Bay Café of Yuma, LLC	1360 S. 4th Avenue	Yuma	AZ	85364	$23,810	$18,315	$5,495	$0	$0	$0
*	580100	AZ101704	X	Maricopa County	Valle del Sol	4135 S Power Road Ste. 108	Mesa	AZ	85212	$10,398	$10,145	$253	$0	$0	$0
*	347204	AZ100472	X	Maricopa County	Valle del Sol	509 S Rockford Drive	Tempe	AZ	85251	$229,834	$198,548	$31,287	$0	$0	$0
*	801237	AZ103667	X	Maricopa County	Valle del Sol	8410 W Thomas Road Suite 116	Phoenix	AZ	85037	$32,976	$32,940	$36	$0	$0	$0
*	53059	AZ100095	X	Maricopa County	Valle del Sol	1209 S 1st Avenue	Phoenix	AZ	85003	$445,527	$404,040	$41,487	$0	$0	$0
*	388606	AZ100504	X	Maricopa County	Valle del Sol	3807 N 7th Street	Phoenix	AZ	85014	$37,806	$37,403	$403	$0	$0	$0
*	692229	AZ104701	X	Yavapai County	West Yavapai Guidance Center	744 Hillside	Prescott	AZ	86301	$112	$110	$2	$0	$0	$0
*	540303	AZ100688	X	Yavapai County	West Yavapai Guidance Center	625 Hillside Ave	Prescott	AZ	86301	$339	$314	$25	$0	$0	$0
*	591562	AZ100689	X	Yavapai County	West Yavapai Guidance Center	642 Dameron Dr	Prescott	AZ	86301	$123,234	$99,844	$8,039	$15,352	$0	$0
*	904511	AZ101278	X	Yavapai County	West Yavapai Guidance Center	555 W Road 3 North	Chino Valley	AZ	86323	$192	$177	$14	$0	$0	$0
*	3434	AZ300117	X	Yavapai County	West Yavapai Guidance Center	505 S Cortez	Prescott	AZ	86303	$4,820	$4,460	$359	$0	$0	$0
*	116790	AZ101309	X	Yavapai County	West Yavapai Guidance Center	642 Dameron Drive	Prescott	AZ	86301	$32,177	$29,779	$2,398	$0	$0	$0
*	159727	AZ000221	X	Yavapai County	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	$5,328	$4,931	$397	$0	$0	$0
*	290802	AZ103176	X	Yavapai County	West Yavapai Guidance Center	8655 E. Eastridge Rd	Prescott Valley	AZ	86314	$156	$144	$12	$0	$0	$0
*	347207	AZ103176	X	Yavapai County	West Yavapai Guidance Center	8655 E. Eastridge Rd	Prescott Valley	AZ	86314	$50,846	$47,057	$3,789	$0	$0	$0
*	366233	AZ101842	X	Yavapai County	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	$4,111	$3,805	$306	$0	$0	$0
	106944	AZ100434	X	Coconino County	The Guidance Center	2188 N. Vickey Street	Flagstaff	AZ		$115	$115	$0	$0	$0	$0
	111111	AZ102967	X	Ajo	Ajo High School	111 N Well Road	Ajo	AZ		$42,496	$0	$0	$42,496	$0	$0
	222222	AZ102956	X	Phoenix	Alhambra High School	4502 N Central Avenue	Phoenix	AZ		$69,570	$0	$0	$69,570	$0	$0
	333333	AZ102983	X	Phoenix	Arcadia High School	7575 E Main Street	Scottsdale	AZ		$89,046	$0	$0	$89,046	$0	$0

	677777	AZ101018	X	Maricopa County	Area Agency on Aging, Region One, Inc.	1366 East Thomas Road, Suite 108	Phoenix	AZ	85014	$212,741	$0	$0	$212,741	$0	$0
	444444	AZ104132	X	Statewide	Arizona Board of Regents on behalf of ASU	PO Box 876011	Tempe	AZ		$120,101	$0	$0	$120,101	$0	$0
	555555	AZ101348	X	Statewide	Arizona Department of Liquor Licenses & Control	800 West Washington Street	Phoenix	AZ		$198,969	$0	$0	$198,969	$0	$0
	7689949	AZ103563	X	Navajo	Ascend Behavioral Health and Wellness	35008 N. 24th Ln	Phoenix	AZ	85085	$17,588	$17,588	$0	$0	$0	$0
	7689949	AZ103575	X	Navajo	Ascend Behavioral Health and Wellness	35005 N. 27th Ln	Phoenix	AZ	85086	$17,906	$17,906	$0	$0	$0	$0
	6006	AZ101020	X	Mohave County	AZ Youth Partnership	4239 W. Ina Road, Ste 101	Tucson	AZ	85741	$80,734	$0	$0	$80,734	$0	$0
	319460	AZ101530	X	Maricopa	BAART Behavioral Health Services	908 A West Chandler Blvd.	Chandler	AZ	85225	$92,644	$92,644	$0	$0	$0	$0
	666666	AZ102970	X	Maricopa	Cactus Shadows High School	PO Box 426	Cave Creek	AZ		$91,694	$0	$0	$91,694	$0	$0
	777777	AZ102955	X	Phoenix	Camelback High School	4502 N Central Avenue	Phoenix	AZ		$78,729	$0	$0	$78,729	$0	$0
	888888	AZ104707	X	Tucson	Carol Carpenter	8150 E Rockgate Road	Tucson	AZ		$9,999	$0	$0	$9,999	$0	$0
	925422	AZ102144	X	Maricopa	Centered Spirit	9405 S. Avenida Del Yaqui	Guadalupe	AZ	85283	$248,581	$0	$0	$248,581	$0	$0
	999999	AZ102954	X	Phoenix	Cesar Chavez High School	4502 N Central Avenue	Phoenix	AZ		$69,384	$0	$0	$69,384	$0	$0
	488888	AZ104137	X	Pima	Challenger Middle School	200 N. Stone Avenue	Tucson	AZ		$47,503	$0	$0	$47,503	$0	$0
	122222	AZ102969	X	Chandler	Chandler High School/Chief Hill Learning Academy/Chief Hill at ICAN	1525 W Frye Rd	Chandler	AZ		$131,545	$0	$0	$131,545	$0	$0
	133333	AZ102985	X	Scottsdale	Chaparral High School	7575 E Main Street	Scottsdale	AZ		$111,433	$0	$0	$111,433	$0	$0
	445266	AZ104700	X	Coconino County	Child & Family Support Services	3100 N West St.	Flagstaff	AZ	86004	$3,058	$3,058	$0	$0	$0	$0
	445274	AZ100959	X	Coconino County	Child & Family Support Services	8652 E. Eastridge Road, Ste. 103	Prescott Valley	AZ	86314	$1,019	$1,019	$0	$0	$0	$0
	144444	AZ102977	X	Tucson	City High School	47 E Pennington St	Tucson	AZ		$50,000	$0	$0	$50,000	$0	$0
	166666	AZ101360	X	Bisbee	Cochise County Superintendents Office	1415 Melody Lane, Bld C	Bisbee	AZ		$6,602	$0	$0	$6,602	$0	$0
	744444	AZ103653	X	Coconino County	Coconino Coalition for Children and Youth	2625 N King Rd	Flagstaff	AZ	86004	$152,478	$0	$0	$152,478	$0	$0
	666666	AZ103653	X	Coconino County	Coconino Coalition for Children and Youth	2625 N King Rd	Flagstaff	AZ	86004	$21,093	$0	$0	$21,093	$0	$0
	159024	AZ103166	X	Pima	CODAC Health, Recovery & Wellness, Inc.	3130 E Broadway	Tucson	AZ	85716	$596	$596	$0	$0	$0	$0
	591991	AZ100513	X	Maricopa	Community Bridges, Inc.	1012 S. Stapley Dr. Bldg. 5	Mesa	AZ	85204	$13,713	$13,713	$0	$0	$0	$0
	908014	AZ100973	X	Maricopa	Community Bridges, Inc.	554-1 S. Bellview, Area B	Mesa	AZ	85204	$67,383	$67,383	$0	$0	$0	$0
	677658	AZ100694	X	Maricopa	Community Bridges, Inc.	358 E. Javelina Ave., Suite 101	Mesa	AZ	85210	$526,561	$526,561	$0	$0	$0	$0
	385867	AZ100973	X	Maricopa	Community Bridges, Inc.	560 S. Bellview	Mesa	AZ	85204	$348,634	$348,634	$0	$0	$0	$0

	630855	AZ101831	X	Maricopa	Community Bridges, Inc.	824 N. 99th Ave., Suite 108	Avondale	AZ	85323	$192,514	$192,514	$0	$0	$0	$0
	630824	AZ101831	X	Maricopa	Community Bridges, Inc.	824 N. 99th Ave., Suite 109	Avondale	AZ	85323	$228,498	$228,498	$0	$0	$0	$0
	206501	AZ101834	X	Yuma	Community Bridges, Inc.	3250 East 40th St., Suite C	Yuma	AZ	85365	$12,187	$12,187	$0	$0	$0	$0
	341724	AZ101825	X	Pinal	Community Bridges, Inc.	675 E. Cottonwood, Suite 101	Casa Grande	AZ	85122	$9,259	$9,259	$0	$0	$0	$0
	164588	AZ102120	X	Pima	Community Bridges, Inc.	2950 N Dodge Blvd	Tucson	AZ	85716	$35,940	$35,940	$0	$0	$0	$0
	164588	AZ104200	X	Pima County	Community Bridges, Inc.	2950 North Dodge Blvd	Tucson	AZ	85715	$401	$401	$0	$0	$0	$0
	388723	AZ101828	X	Gila County	Community Bridges, Inc.	5734 E. Hope Lane	Globe	AZ	85501	$20,707	$20,707	$0	$0	$0	$0
	252714	AZ101829	X	Gila County	Community Bridges, Inc.	803C W. Main St	Payson	AZ	85541	$9,305	$9,305	$0	$0	$0	$0
	357379	AZ101830	X	Gila County	Community Bridges, Inc.	803 W. Main St	Payson	AZ	85541	$11,227	$11,227	$0	$0	$0	$0
	378626	AZ101827	X	Gila County	Community Bridges, Inc.	5737 E. Hope Lane	Globe	AZ	85501	$3,094	$3,094	$0	$0	$0	$0
	325351	AZ104699	X	Maricopa County	Community Bridges, Inc.	827 N 99th Ave, Ste 105	Avondale	AZ	85323	$357	$357	$0	$0	$0	$0
	382935	AZ100796	X	Maricopa County	Community Bridges, Inc.	2770 E Van Buren	Phoenix	AZ	85008	$411	$411	$0	$0	$0	$0
	386442	AZ105417	X	Maricopa County	Community Bridges, Inc.	560 South Bellview, Rm A	Mesa	AZ	85204	$223	$223	$0	$0	$0	$0
	434281	AZ100587	X	Maricopa County	Community Bridges, Inc.	1855 W Baseline Rd	Mesa	AZ	85202	$1,048	$1,048	$0	$0	$0	$0
	971276	AZ100516	X	Maricopa County	Community Bridges, Inc.	8541 East Anderson Dr, Suite 105	Scottsdale	AZ	85255	$25	$25	$0	$0	$0	$0
	210945	AZ101831	X	Maricopa County	Community Bridges, Inc.	824 N. 99th Ave Ste. 108	Avondale	AZ	85323	$146	$146	$0	$0	$0	$0
	422788	AZ101833	X	Navajo County	Community Bridges, Inc.	105 N Cottonwood Ave	Winslow	AZ	86047	$43	$43	$0	$0	$0	$0
	657478	AZ100512	X	Cochise	Community Bridges, Inc.	470 S Ocotillo Avenue, Suite 1	Benson	AZ	85602	$10,870	$10,870	$0	$0	$0	$0
	488183	AZ101834	X	Yuma County	Community Bridges, Inc.	3250 B East 40th St.	Yuma	AZ	85365	$256	$256	$0	$0	$0	$0
	333246	AZ101832	X	Navajo County	Community Bridges, Inc.	110 E. 2nd St	Winslow	AZ	86047	$9,018	$9,018	$0	$0	$0	$0
	242733	AZ100518	X	Navajo County	Community Bridges, Inc.	933 Hermosa Dr	Holbrook	AZ	86025	$108	$108	$0	$0	$0	$0
	23659	AZ100518	X	Navajo County	Community Bridges, Inc.	993 Hermosa Dr, Area B	Holbrook	AZ	86025	$29,019	$29,019	$0	$0	$0	$0
	849541	AZ102878	X	La Paz	Community Intervention Associates	1516 Ocotillo Ave	Parker	AZ	85344	$974	$974	$0	$0	$0	$0
	620609	AZ102876	X	Cochise	Community Intervention Associates	1326 Hwy. 92 Suite J.	Bisbee	AZ	85603	$1,853	$1,853	$0	$0	$0	$0
	389308	AZ104283	X	Yuma	Community Intervention Associates	410 S Maiden Lane	Yuma	AZ	85364	$596	$596	$0	$0	$0	$0
	211348	AZ103074	X	Pima	Community Intervention Associates	1779 West St Marys Road	Tucson	AZ	85745	$22,261	$22,261	$0	$0	$0	$0
	339881	AZ102244	X	Pima	Community Intervention Associates	32 Bldv Del Ray David	Nogales	AZ	85621	$3,272	$3,272	$0	$0	$0	$0
	296965	AZ103426	X	Pima	Community Medical Services	2001 W Orange Grove Rd Ste 202	Tucson	AZ	85704	$137,111	$137,111	$0	$0	$0	$0
	507294	AZ103876	X	Santa Cruz	Community Medical Services	274 W Viewpoint Dr	Nogales	AZ	85621	$178	$178	$0	$0	$0	$0
						440 N									

	366686	AZ103434	X	Pinal	Community Medical Services	Camino Mercado Ste 2	Casa Grande	AZ	85122	$11,438	$11,438	$0	$0	$0	$0
	231843	AZ101843	X	Yuma	Community Partners Integrated Healthcare	2545 S. Arizona Ave. Bldg A-D	Yuma	AZ	85364	$5,607	$5,607	$0	$0	$0	$0
	4780	AZ102872	X	Pima	Community Partners Integrated Healthcare	5055 E. Broadway Blvd. Suite A200	Tucson	AZ	85711	$2,651	$2,651	$0	$0	$0	$0
	178248	AZ102871	X	Pima	Community Partners Integrated Healthcare	2502 N. Dodge Blvd. Suite 190	Tucson	AZ	85716	$2,151	$2,151	$0	$0	$0	$0
	271381	AZ103275	X	Pima	Community Partners Integrated Healthcare	2502 N. Dodge Blvd. Suite 130	Tucson	AZ	85716	$259	$259	$0	$0	$0	$0
	231825	AZ102870	X	Pima	Community Partners Integrated Healthcare	3939 S. Park Ave. Suite 150	Tucson	AZ	85714	$11,064	$11,064	$0	$0	$0	$0
	232617	AZ103265	X	La Paz	Community Partners Integrated Healthcare	1021 Kofa Ave.	Parker	AZ	85344	$4,420	$4,420	$0	$0	$0	$0
	232459	AZ102730	X	Graham	Community Partners Integrated Healthcare	301 E. 4th St. Suites A & B	Safford	AZ	85546	$7,883	$7,883	$0	$0	$0	$0
	231924	AZ102728	X	Cochise	Community Partners Integrated Healthcare	2039 E. Wilcox Dr. Suites A & B	Sierra Vista	AZ	85635	$7,619	$7,619	$0	$0	$0	$0
	325286	AZ103261	X	Cochise	Community Partners Integrated Healthcare	2273 E. Wilcox Dr.	Sierra Vista	AZ	85635	$4,444	$4,444	$0	$0	$0	$0
	177777	AZ102980	X	Tempe	Compadre, Desert Vista, & McClintock High Schools	500 W Guadalupe Road	Tempe	AZ		$141,866	$0	$0	$141,866	$0	$0
	314150	AZ 101836	X	Pima	Cope Community Services	1501 W. Commerce Court	Tucson	AZ	85746	$1,672	$1,672	$0	$0	$0	$0
	31601	AZ 105524	X	Pima	Cope Community Services	5401 E. 5th Street	Tucson	AZ	85711	$143,143	$143,143	$0	$0	$0	$0
	408949	AZ104660	X	Pima	Cope Community Services	535 E. Drachman	Tucson	AZ	85705	$40,134	$40,134	$0	$0	$0	$0
	112684	AZ 103243	X	Pima	Cope Community Services	5840 N. La Cholla	Tucson	AZ	85741	$31,609	$31,609	$0	$0	$0	$0
	556649	AZ104662	X	Pima	Cope Community Services	3332 N. Los Altos	Tucson	AZ	85705	$27,485	$27,485	$0	$0	$0	$0
	298346	AZ 103241	X	Pima	Cope Community Services	924 N. Alvernon	Tucson	AZ	85712	$22,986	$22,986	$0	$0	$0	$0
	347216	AZ 101836	X	Pima	Cope Community Services	1501 W. Commerce Court	Tucson	AZ	85746	$18,858	$18,858	$0	$0	$0	$0
	921819	AZ 103239	X	Pima	Cope Community Services	2435 N. Castro Avenue	Tucson	AZ	85705	$12,521	$12,521	$0	$0	$0	$0
	927130	AZ 100912	X	Pima	Cope Community Services	620 N. Craycroft Rd	Tucson	AZ	85711	$11,490	$11,490	$0	$0	$0	$0
	918854	AZ 100740	X	Pima	Cope Community Services	8050 E. Lakeside Pkwy	Tucson	AZ	85730	$9,006	$9,006	$0	$0	$0	$0
	108742	AZ 101837	X	Pima	Cope Community Services	1660 W. Commerce Court Place	Green Valley	AZ	85614	$7,793	$7,793	$0	$0	$0	$0
	48768	AZ 103241	X	Pima	Cope Community Services	924 N. Alvernon	Tucson	AZ	85712	$4,971	$4,971	$0	$0	$0	$0
	347216	AZ 101836	X	Pima	COPE Community Services, Inc	1501 W. Commerce Court	Tucson	AZ	85746	$242,917	$242,917	$0	$0	$0	$0
	716251	AZ102108	X	Pinal	Corazon	900 E Florence Blvd Suite G	Casa Grande	AZ	85122	$15,914	$15,914	$0	$0	$0	$0
	188888	AZ102979	X	Tempe	Corona del Sol High School	500 W Guadalupe Road	Tempe	AZ		$128,989	$0	$0	$128,989	$0	$0
	112219	AZ301719	X	MARICOP	CPLC: CENTRO DE LA FAMILIA	6850 W. Indian School RD	Phoenix	AZ	85033	$103,184	$103,184	$0	$0	$0	$0
	644444	AZ104141	X	Yuma	Crane Middle School	210 S. 1st Ave	Yuma	AZ		$48,484	$0	$0	$48,484	$0	$0

	704719	AZ103164	X	Yuma	Crossroads Mission	944 S Arizona Ave Bld. 200	Yuma	AZ	85364	$58,358	$58,358	$0	$0	$0	$0
	612433	AZ103151	X	Yuma	Crossroads Mission	944 S Arizona Ave Bld 100	Yuma	AZ	85364	$96,464	$96,464	$0	$0	$0	$0
	1255851994	AZ103906	X	Maricopa	Crossroads, Inc.	1700 E. Thomas Rd	Phoenix	AZ	85016	$2,152,428	$2,152,428	$0	$0	$0	$0
	199999	AZ102982	X	Scottsdale	Desert Mountain High School	7575 E Main Street	Scottsdale	AZ		$144,815	$0	$0	$144,815	$0	$0
	439095	AZ100600	X	Maricopa	Destiny Sober Living	5306 N 17th Ave	Phoenix	AZ	85015	$1,719,636	$1,719,636	$0	$0	$0	$0
	439095	AZ100171	X	Maricopa	Destiny Sober Living	5306 N 17th Ave	Phoenix	AZ	85015	$378,230	$378,230	$0	$0	$0	$0
	274629	AZ103994	X	Maricopa County	Ebony House, Inc	6218 S. 13th St.	Phx	AZ	85042	$72,382	$72,382	$0	$0	$0	$0
	319790	AZ750154	X	Maricopa County	Ebony House, Inc	6222 S. 13th St.	Phx	AZ	85042	$44,363	$44,363	$0	$0	$0	$0
	296638	AZ100540	X	Maricopa	EMPACT - Suicide Prevention Center	618 S Madison Dr	Tempe	AZ	85281	$46,901	$46,901	$0	$0	$0	$0
	622987	AZ101844	X	Maricopa	EMPACT - Suicide Prevention Center	4425 W Olive Ave, Suite 194	Glendale	AZ	85302	$42,740	$42,740	$0	$0	$0	$0
	183711	AZ102874	X	Pinal	EMPACT - Suicide Prevention Center	11518 E Apache Trail, Ste 129	Apache Junction	AZ	85120	$21,182	$21,182	$0	$0	$0	$0
	747058	AZ102106	X	Maricopa County	Florence Crittenton Services of AZ	715 W. Mariposa St	Phoenix	AZ	85013	$4,846	$4,846	$0	$0	$0	$0
	211111	AZ104708	X	Cochise County	Gila County Education Service Agency	1400 East Ash Street	Globe	AZ		$10,050	$0	$0	$10,050	$0	$0
	233333	AZ104708	X	Chochise County	Gila County Education Service Agency	1400 East Ash Street	Globe	AZ		$51,733	$0	$0	$51,733	$0	$0
	244444	AZ102972	X	Gilbert	Gilbert High School	1101 E Elliot Road	Gilbert	AZ		$73,951	$0	$0	$73,951	$0	$0
	255555	AZ101334	X	Graham County	Graham County School Superintendent	921 W Thatcher Blvd	Safford	AZ		$19,422	$0	$0	$19,422	$0	$0
	288888	AZ101362	X	Greenlee	Greenlee County School Superintendent	PO Box 1595	Clifton	AZ		$8,578	$0	$0	$8,578	$0	$0
	277777	AZ101362	X	Clifton	Greenlee County Schools	PO Box 1595	Clifton	AZ		$41,615	$0	$0	$41,615	$0	$0
	49454	AZ101861	X	Pinal	Helping Associates	1901 N. Trekell Rd. Ste A	Casa Grande	AZ	85122	$30,194	$30,194	$0	$0	$0	$0
	756638	AZ100839	X	Pima	HOPE, Inc.	1200 N Country Club Rd	Tucson	AZ	85716	$4,592	$4,592	$0	$0	$0	$0
	122261	AZ101224	X	Pima	HOPE, Inc.	4067 E Grant Rd	Tucson	AZ	85712	$34,000	$34,000	$0	$0	$0	$0
	34285	AZ103342	X	Pinal	Horizon Health and Wellness	900 E Mount Lemmon Rd	Oracle	AZ	85623	$272	$272	$0	$0	$0	$0
	395648	AZ103345	X	Pinal	Horizon Health and Wellness	450 W Adamsville Rd	Florence	AZ	85132	$60,473	$60,473	$0	$0	$0	$0
	60202	AZ103359	X	Pinal	Horizon Health and Wellness	120 W Main Street	Casa Grande	AZ	85122	$1,249	$1,249	$0	$0	$0	$0
	517724	AZ901971	X	Pinal	Horizon Health and Wellness	2271 S Peart Road	Casa Grande	AZ	85222	$12,035	$12,035	$0	$0	$0	$0
	672242	AZ100633	X	Pinal	Horizon Health and Wellness	447 E Broadway Road Bldg B	Apache Junction	AZ	85120	$989	$989	$0	$0	$0	$0
	48648	AZ103360	X	Pinal	Horizon Health and Wellness	115/117 W 2nd Street	Casa Grande	AZ	85122	$428	$428	$0	$0	$0	$0
	346363	AZ103358	X	Pinal	Horizon Health and Wellness	222 E Cottonwood Lane	Casa Grande	AZ	85122	$1,736	$1,736	$0	$0	$0	$0
	403251	AZ103345	X	Pinal	Horizon Health and Wellness	450 W Adamsville Rd	Florence	AZ	85132	$1,062	$1,062	$0	$0	$0	$0
	34269	AZ103351	X	Yuma	Horizon Health and Wellness	3180 E 40th Street	Yuma	AZ	85365	$1,371	$1,371	$0	$0	$0	$0
	431556	AZ103344	X	Yuma	Horizon Health and Wellness	791 S 4th Avenue, Ste A	Yuma	AZ	85364	$7,216	$7,216	$0	$0	$0	$0

	492195	AZ103352	☒	Yuma	Horizon Health and Wellness	3180 E 40th Street	Yuma	AZ	85365	$32,375	$32,375	$0	$0	$0	$0
	51724	AZ901971	☒	Pinal County	Horizon Health and Wellness	2271 S Peart Rd	Casa Grande	AZ	85122	$416	$416	$0	$0	$0	$0
	346363	AZ103358	☒	Pinal County	Horizon Health and Wellness	222 E Cottonwood Lane	Casa Grande	AZ	85122	$139	$139	$0	$0	$0	$0
	305538	AZ100965	☒	Pima	Intermountain Centers for Human Development	1310 N. Speedway Place	Tucson	AZ	85715	$190	$190	$0	$0	$0	$0
	462573	AZ100611	☒	Pima	Intermountain Centers for Human Development	8571 E. Tanque Verde Road, Sunrise Ranch Group Home	Tucson	AZ	85749	$245	$245	$0	$0	$0	$0
	451145	AZ100880	☒	Pima	Intermountain Centers for Human Development	994 S. Harrison Road	Tucson	AZ	85748	$227	$227	$0	$0	$0	$0
	24906	AZ103158	☒	Pima	Intermountain Centers for Human Development	2200 S. Avenida Los Reyes	Tucson	AZ	85748	$3,980	$3,980	$0	$0	$0	$0
	766666	AZ100838	☒	Navajo	Intermountain Health Center	5055 E. Broadway C104	Tucson	AZ	85711	$9,654	$9,654	$0	$0	$0	$0
	810459	AZ101534	☒	Maricopa County	Jewish Family & Children's Service	3001 N. 33rd Ave.	Phoenix	AZ	85017	$16,375	$16,375	$0	$0	$0	$0
	584965	AZ100507	☒	Maricopa County	Jewish Family & Children's Service	1840 N. 99th Ave. Ste 146	Phoenix	AZ	85037	$9,137	$9,137	$0	$0	$0	$0
	810095	AZ100374	☒	Maricopa County	Jewish Family & Children's Service	1255 W. Baseline Rd. Ste B258	Mesa	AZ	85202	$12,814	$12,814	$0	$0	$0	$0
	603843	AZ750550	☒	Pima	La Frontera Center	502 W. 29th Street	Tucson	AZ	85713	$62,674	$0	$0	$62,674	$0	$0
	69139	AZ750550	☒	Pima	La Frontera Center	502 W. 29th Street	Tucson	AZ	85713	$183,575	$183,575	$0	$0	$0	$0
	593849	AZ100152	☒	Pima	La Frontera Center	260 S. Scott Avenue	Tucson	AZ	85701	$6,134	$6,134	$0	$0	$0	$0
	68233	AZ100921	☒	Pima	La Frontera Center	4891 E. Grant Road	Tucson	AZ	85712	$60,134	$60,134	$0	$0	$0	$0
	57464	AZ102194	☒	Pima	La Frontera Center	10841 N. Thornydale Rd.	Tucson	AZ	85742	$9,047	$9,047	$0	$0	$0	$0
	603898	AZ100152	☒	Pima	La Frontera Center	260 S. Scott Avenue	Tucson	AZ	85701	$72,142	$72,142	$0	$0	$0	$0
	155555	AZ104693	☒	Pima	Lauffer Middle School	100 Clawson Ave	Bisbee	AZ		$49,413	$0	$0	$49,413	$0	$0
	299999	AZ101347	☒	Statewide	Lavidge	2777 E. Camelback Road	Phoenix	AZ		$260,525	$0	$0	$260,525	$0	$0
	311111	AZ102964	☒	Marana	Marana High School	11279 West Grier Rd, Suite 106	Marana	AZ		$133,354	$0	$0	$133,354	$0	$0
	322222	AZ102981	☒	Tempe	Marcos de Niza, Mountain Pointe, & Tempe High Schools	500 W Guadalupe Road	Tempe	AZ		$134,557	$0	$0	$134,557	$0	$0
	344444	AZ101372	☒	Phoenix	MARICOPA COUNTY SCHOOL SUPERINTENDENT'S OFFICE	4041 N. Central Ave.	Phoenix	AZ		$19,992	$0	$0	$19,992	$0	$0
	355555	AZ104682	☒	Phoenix	MARICOPA COUNTY SCHOOLS	4041 N Central Ave	Phoenix	AZ		$53,718	$0	$0	$53,718	$0	$0
	366666	AZ102953	☒	Phoenix	Maryvale High School	4502 N Central Avenue	Phoenix	AZ		$69,330	$0	$0	$69,330	$0	$0
	733333	AZ101040	☒	Yavapai County	MATForce	8056 E. Vallet Road, Ste B.	Prescott	AZ	86314	$80,734	$0	$0	$80,734	$0	$0
	655555	AZ101040	☒	Yavapai County	MATForce	8056 E. Vallet Road, Ste B.	Prescott	AZ	86314	$11,168	$0	$0	$11,168	$0	$0
	377777	AZ102975	☒	Gilbert	Mesquite High School	500 S McQueen Road	Gilbert	AZ		$83,944	$0	$0	$83,944	$0	$0
	388888	AZ102958	☒	Miami	Miami Jr-Sr High School	4739 Ragus Road	Miami	AZ		$47,177	$0	$0	$47,177	$0	$0
	399999	AZ102963	☒	Marana	Mountain View High School	11279 West Grier Rd, Suite 106	Marana	AZ		$71,758	$0	$0	$71,758	$0	$0

	151346	AZ750162	X	Maricopa County	Native American Connections	4520 N. Central Ave, Suite 600	Phoenix	AZ	85012	$8,401	$8,401	$0	$0	$0	$0
	151346	AZ750162	X	Maricopa	Native American Connections	4520 N . Central Ave - Suite 100	Phoenix	AZ	85012	$121,681	$121,681	$0	$0	$0	$0
	422222	AZ101375	X	Navajo	Navajo County Education Service Agency	100 E Code Talkers Dr	Holbrook	AZ		$18,600	$0	$0	$18,600	$0	$0
	893554	AZ101283	X	Maricopa.Pinal.Gila	New Hope Behavioral Health Centers	215 S Power Rd Suite 114	Mesa	AZ	85208	$284,901	$284,901	$0	$0	$0	$0
	467641	AZ100989	X	Maricopa County	New Horizon Youth Homes	PO Box 2754	Chandler	AZ	85244	$671	$671	$0	$0	$0	$0
	433333	AZ102961	X	Phoenix	North Canyon High School	15002 N 32nd St	Phoenix	AZ		$65,490	$0	$0	$65,490	$0	$0
	455555	AZ102952	X	Phoenix	North High School	4502 N Central Avenue	Phoenix	AZ		$57,574	$0	$0	$57,574	$0	$0
	449139	AZ102759	X	Pima	Old Pueblo Community Services	4501 E. Fifth St.	Tucson	AZ	85711	$30,958	$30,958	$0	$0	$0	$0
	349127	AZ101835	X	Maricopa County	Open Hearts	4414 N. 19th Ave	Phoenix	AZ	85015	$113,494	$113,494	$0	$0	$0	$0
	218075	AZ101774	X	Pima	Pascua Yaqui Tribe	7490 S. Camino de Oeste	Tucson	AZ	85757	$98,958	$98,958	$0	$0	$0	$0
	466666	AZ102973	X	Phoenix	Peoria Accelerated High School	7878 N 16th Street	Phoenix	AZ		$50,000	$0	$0	$50,000	$0	$0
	688888	AZ104237	X	Maricopa County	Phoenix Indian Center	4520 N. Central Ave. Ste. 250	Phoenix	AZ	85012	$204,719	$0	$0	$204,719	$0	$0
	620528	AZ103169	X	Pima	Pima Council on Aging	8467 E. Broadway Blvd	Tucson	AZ	85710	$99,000	$0	$0	$99,000	$0	$0
	477777	AZ101376	X	Pima	Pima County School Superintendent	200 N. Stone Avenue	Tucson	AZ		$17,016	$0	$0	$17,016	$0	$0
	274453	AZ102093	X	Pima	Pima Prevention Partnership	924 N. Alvernon Way Suite 150	Tucson	AZ	85711	$56,884	$56,884	$0	$0	$0	$0
	499999	AZ104690	X	Pinal	Pinal County School Office ESA	PO Box 769	Florence	AZ		$54,076	$0	$0	$54,076	$0	$0
	511111	AZ104694	X	Pinal	Pinal County School Superintendent	P.O. Box 769	Florence	AZ		$19,993	$0	$0	$19,993	$0	$0
	665391	AZ101049	X	Pinal, Gila	Pinal-Gila Council for Senior Citizens	8969 W McCartney Rd	Casa Grande	AZ	85194	$59,583	$0	$0	$59,583	$0	$0
	522222	AZ102974	X	Phoenix	Pinnacle High School	3535 E May Boulevard	Phoenix	AZ		$109,482	$0	$0	$109,482	$0	$0
	533333	AZ102965	X	Queen Creek	Queen Creek High School	20217 East Chandler Heights Road	Queen Creek	AZ		$120,998	$0	$0	$120,998	$0	$0
	544444	AZ102960	X	Springerville	Round Valley High School	PO Box 610	Springerville	AZ		$44,846	$0	$0	$44,846	$0	$0
	266666	AZ104687	X	Graham County	Safford Middle School	921 W Thatcher Blvd	Safford	AZ		$40,045	$0	$0	$40,045	$0	$0
	624230	AZ101155	X	Gila	San Carlos Apache Wellness Center	5 San Carlos Avenue	San Carlos	AZ	85550	$45,833	$0	$0	$45,833	$0	$0
	577777	AZ101365	X	Santa Cruz	Santa Cruz County School Superintendent	2150 N Congress Dr #107	Nogales	AZ		$18,907	$0	$0	$18,907	$0	$0
	566666	AZ101365	X	Santa Cruz	Santa Cruz County Schools	2150 N. Congress Drive Suite # 107	Nogales	AZ		$40,446	$0	$0	$40,446	$0	$0
	588888	AZ102966	X	Eloy	Santa Cruz Valley Union High School	900 North Main Street	Eloy	AZ		$22,316	$0	$0	$22,316	$0	$0
	411111	AZ104688	X	Navajo	Sequoia Village School	PO Box 668	Holbrook	AZ		$31,457	$0	$0	$31,457	$0	$0
	599999	AZ102971	X	Mesa	Skyline High School	845 S Crismon Rd	Mesa	AZ		$130,387	$0	$0	$130,387	$0	$0
	407398	AZ103544	X	Statewide	Sonoran Prevention Works	340 E. Dunlop	Phoenix	AZ	85020	$512,922	$512,922	$0	$0	$0	$0

	783673	AZ102746	X	Gila County	Southeastern Arizona Behavioral Health Services	996 North Broad St Ste 9&10	Globe	AZ	85501	$285	$285	$0	$0	$0	$0
	336159	AZ104881	X	Cochise	Southeastern Arizona Behavioral Health Services	4755 Campus Dr	Sierra Vista	AZ	85635	$39,072	$39,072	$0	$0	$0	$0
	895659	AZ901070	X	Graham	Southeastern Arizona Behavioral Health Services	1615 S 1st Avenue	Safford	AZ	85546	$10,001	$10,001	$0	$0	$0	$0
	559042	AZ100848	X	Cochise	Southeastern Arizona Behavioral Health Services	590 S Ocotillo	Benson	AZ	85602	$72,001	$0	$0	$72,001	$0	$0
	699999	AZ101056	X	Maricopa County	Tanner Community Development Corp (TCDC)	700 E Jefferson St Ste 200	Phoenix	AZ	85034	$208,783	$0	$0	$208,783	$0	$0
	711111	AZ103619	X	Maricopa County	Teen Lifeline	4612 N. 12th St	Phoenix	AZ	85014	$201,651	$0	$0	$201,651	$0	$0
	980961	AZ100003	X	Maricopa County	Terros, Inc	1111 S. Stapley Dr.	Mesa	AZ	85204	$449,825	$449,825	$0	$0	$0	$0
	810053	AZ104113	X	Maricopa County	Terros, Inc	3864 N. 27th Avenue	Phoenix	AZ		$355,323	$355,323	$0	$0	$0	$0
	907972	AZ100766	X	Maricopa County	Terros, Inc	4425 W. Olive Ave #200 & #140	Glendale	AZ		$259,116	$259,116	$0	$0	$0	$0
	906404	Az103582	X	Maricopa County	Terros, Inc	5801 N. 51st Avenue	Glendale	AZ	85301	$103,160	$103,160	$0	$0	$0	$0
	950925	AZ101378	X	Maricopa County	Terros, Inc	2400 W Dunlap Ave. Ste 300	Phoenix	AZ	85021	$16,402	$16,402	$0	$0	$0	$0
	16658	AZ101379	X	Maricopa County	Terros, Inc	1232 E. Broadway Rd. Ste 120	Tempe	AZ	85282	$39,223	$39,223	$0	$0	$0	$0
	722222	AZ104308	X	Maricopa County	Terros, Inc	3302 N. 35th Ave, Ste 8	Phoenix	AZ	85017	$204,071	$0	$0	$204,071	$0	$0
	711969	AZ102726	X	Navajo	The Oasis Home, LLC	845 W. Calle Barbitas	Sahuarita	AZ	85269	$5,848	$5,848	$0	$0	$0	$0
	611111	AZ102959	X	Phoenix	Toltecalli High School/Hiaki High School	1112 E. Buckey Rd.	Phoenix	AZ		$49,436	$0	$0	$49,436	$0	$0
	151359	AZ100463	X	Pima	Touchstone Behavioral Health	1430 E Fort Lowell Road Ste 100	Tucson	AZ	85719	$5,626	$5,626	$0	$0	$0	$0
	357279	AZ101943	X	Maricopa County	Touchstone Behavioral Health, Inc	15648 North 35th Avenue	Phoenix	AZ	85053	$18,726	$18,726	$0	$0	$0	$0
	378853	AZ100737	X	Maricopa County	Touchstone Behavioral Health, Inc	3602 East Greenway, Suite 102	Phoenix	AZ	85032	$38,025	$38,025	$0	$0	$0	$0
	384591	AZ102793	X	Yuma	Transitional Living Center Recovery	1340 S. 4th Avenue	Yuma	AZ	85364	$6,660	$6,660	$0	$0	$0	$0
	425931	AZ100684	X	Pinal	Transitional Living Center Recovery	117 E. 2nd Street	Casa Grande	AZ	85122	$3,996	$3,996	$0	$0	$0	$0
	163307	AZ102796	X	Pinal	Turtle Bay Café of Casa Grande, LLC	109 E. 2nd Street	Casa Grande	AZ	85122	$4,440	$4,440	$0	$0	$0	$0
	7667	AZ103627	X	Maricopa County	Unhooked	215 S Power Rd STE 1251	Mesa	AZ	85206	$180,572	$180,572	$0	$0	$0	$0
	258528	AZ103631	X	Maricopa County	Unhooked	5801 E Main St.	Mesa	AZ	85205	$481,524	$481,524	$0	$0	$0	$0
	493467	AZ102756	X	Maricopa County	Valle del Sol	10320 W McDowell Road Ste. G	Avondale	AZ	85392	$7,086	$7,086	$0	$0	$0	$0
	622222	AZ102978	X	Willcox	Willcox High School	480 N Bisbee Avenue	Willcox	AZ		$43,311	$0	$0	$43,311	$0	$0
	633333	AZ101364	X	Yuma	Yuma County School Superintendent	210 S. 1st Ave	Yuma	AZ		$15,874	$0	$0	$15,874	$0	$0
Total										$24,268,931	$16,591,874	$1,996,141	$5,680,918	$0	$0

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

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

Footnotes:

SABG Block Grant Report Footnotes for Tables 5a, 6, & 7, 04.10.20

Table 5a Primary Prevention Expenditures

a. Table 5a Primary Prevention Expenditures $6,965,793 + Table 6, Column B. Prevention SA $1,236,557 equals $8,202,349, which equals Table 4, Row 2 Primary Prevention $8,202,349

b. Note: Table 7, Column D. Primary Prevention equals $6,957,797, a difference of $4.00 due to rounding.

Table 6 Resource Development Expenditure Checklist

a. Table 6, Column B. Prevention SA $1,236,557 + Table 5a Primary Prevention Expenditures $6,965,793 equals $8,202,349, which equals Table 4, Row 2 Primary Prevention $8,202,349

b. Table 6, Column D. Treatment SA $3,768,806 + Table 7, Column B. Prevention & Treatment $23,877,514 + Table 7, Column C PPW $3,094,009 equals Table 4, Row 1, SA & Treatment $30,494,160, + TA funding recorded under Row 5 of $246,169

Table 7 Statewide Entity Inventory

Table 7

Table 6, Column B, Prevention SA $1,236,556 + Table 6, Column D, Treatment SA $3,768,805 + Table 7, Column B, Prevention & Treatment, $23,877,514 + Table 7, Column C, PPW $3,094,009 + Table 7, Column D, Primary Prevention $6,965,792 equals $38,942,679, which equals Table 4, Rows 1 & 2, $38,696,509 + TA funding recorded under Row 5 of $246,169

III: Expenditure Reports

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

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

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2018) + B2(2019)** **2** **(C)**
SFY 2018 (1)	$60,569,761	
SFY 2019 (2)	$115,523,935	$88,046,848
SFY 2020 (3)	$88,046,848	

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

SFY 2018	Yes	X	No	
SFY 2019	Yes	X	No	
SFY 2020	Yes		No	X

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

Yes X No

If yes, specify the amount and the State fiscal year: **0**

If yes, SFY: **2020**

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

Yes No X

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

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: **2/26/2021**

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

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

Footnotes:

The State will provide MOE Expenditures for SFY2020 by February 26, 2021. The State will also include the amount of non-recurring expenditures in accordance with 42 U.S.C. 300x-300(b) at that time. For the purposes of completing the form, the State put -0- as a placeholder. The original request was submitted to SAMHSA August 3, 2018.

III: Expenditure Reports

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

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 09/30/2019

Base

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

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2018		$ 3,500,777.00	
SFY 2019		$ 3,500,777.00	
SFY 2020		$ 3,500,778.00	(•) Actual ( ) Estimated
Enter the amount the State plans to expend in SFY 2021 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women's Base (A) for Period of (SFY 1994)): $ 3500778.00			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).
Please see attachment for the SABG Description of Calculations for Table 8b, Expenditures for Services to Pregnant Women and Women with Dependent Children

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

Footnotes:

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

SABG Description of Calculations for SFY2020, Reporting Due 12/1/2020

Table 8a: Maintenance of Effort for State Expenditures for SABG as required by 42 U.S.C. §300x-30(a);

The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the SABG. The methodology is based on the requirements of 42 U.S.C. §300x-30(a). The methodology utilizes generally accepted accounting principles and is applied consistently each year. The calculation includes expenditures from the State General Fund (GF), the Substance Abuse Services Fund (SASF), & the Substance Use Disorder Services Fund (SUDS). The calculation excludes federal, city, and county funds, with the exception of the County contribution utilized for Medicaid State Match. The Medicaid State Match & Part D Clawback do not include federal funds.

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

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

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

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

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

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

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

The State's Chart of Accounts has a Major Program Structure set up in the AFIS Accounting System that tracks all disbursements for Pregnant Women and Women with Dependent Children from the SABG Block Grant. The amount reported in the 2020 reporting period reflects the total amount of federal block grant expenditures from the FFY2018 SABG Block Grant to ensure consistency in reporting with prior years.

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

Period (State Fiscal Year)	Total Women's Base (A)	Total Expenditures (B)	Reflects Grant Award
1994	$2,796,016		
2008		$3,500,777	FFY2006
2009		$3,500,777	FFY2007
2010		$3,500,777	FFY2008
2011		$3,500,777	FFY2009
2012		$3,515,680	FFY2010
2013		$3,860,921	FFY2011
2014		$3,500,777	FFY2012
2015		$3,496,101	FFY2013
2016		$4,274,549	FFY2014
2017		$3,500,777	FFY2015
2018		$3,500,777	FFY2016
2019		$3,500,777	FFY2017
2020		$3,500,778	FFY2018

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

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

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

Expenditure Period Start Date: 10/1/2017 Expenditure Period End Date: 9/30/2019

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	14
	3. Media campaigns	47
	4. Brochures	47
	5. Radio and TV public service announcements	17
	6. Speaking engagements	50
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	55
	8. Information lines/Hot lines	11
	9. Survey Admistration	4
	2. Education	
	1. Parenting and family management	25
	2. Ongoing classroom and/or small group sessions	44
	3. Peer leader/helper programs	22
	4. Education programs for youth groups	70
	5. Mentors	2
	6. Preschool ATOD prevention programs	2
	3. Alternatives	
	1. Drug free dances and parties	21
	2. Youth/adult leadership activities	40
	3. Community drop-in centers	12
	4. Community service activities	22
	5. Outward Bound	1
	6. Recreation activities	34
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	1
	2. Student Assistance Programs	5

3. Driving while under the influence/driving while intoxicated education programs	8
4. Self Report Referral Activites	9
5. Community-Based Process	
1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	34
2. Systematic planning	39
3. Multi-agency coordination and collaboration/coalition	53
4. Community team-building	23
5. Accessing services and funding	14
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	19
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	9
3. Modifying alcohol and tobacco advertising practices	4
4. Product pricing strategies	2
7. Other	
1. Community Surveys	11
2. Trauma Informed Care	3
3. Resilience/Mindfulness Training	1
6. Traditional Food and Medicine Class	1
8. Elder Education Program	1

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

Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Level of Care	Number of Admissions ≥ Number of Persons Served		Costs per Person (C, D & E)		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	3729	2892	$3,745	$3,809	$1,940
2. Free-Standing Residential	5655	4137	$2,214	$2,220	$1,526
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	45333	19109	$5,133	$4,331	$5,413
4. Short-term (up to 30 days)	5	5	$4,790	$3,681	$3,224
5. Long-term (over 30 days)	63213	813	$19	$19	$2
AMBULATORY (OUTPATIENT)					
6. Outpatient	3829984	140174	$62	$29	$128
7. Intensive Outpatient	29587	1505	$93	$108	$57
8. Detoxification	0	0	$0	$0	$0
OUD MEDICATION ASSISTED TREATMENT					
9. OUD Medication-Assisted Detoxification					
10. OUD Medication-Assisted Treatment Outpatient	1335280	91823	$16	$14	$78

In FY 2020 SAMHSA modified the “Level of Care" (LOC)” and "Type of Treatment Service/Setting" to “Medication-Assisted Treatment” and “Medication-Assisted Treatment,” respectively.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10.

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment . The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

Footnotes:

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKAN NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	3830	626	671	95	97	1	1	12	10	520	466	0	0	716	615	1970	1860	16	8
2. 18 - 24	15759	3311	3853	617	739	20	10	40	39	1186	1088	0	0	2756	2100	7930	7829	43	12
3. 25 - 44	72457	16787	19155	3013	3145	77	85	237	233	6431	5486	2	2	10402	7402	36949	35508	290	201
4. 45 - 64	51395	14520	13602	1964	1554	44	35	195	106	3703	2276	21	14	7741	5620	28188	23207	303	475
5. 65 and Over	7578	1975	2055	263	225	5	3	36	12	433	198	5	5	1292	1071	4009	3569	109	119
6. Total	**151019**	**37219**	**39336**	**5952**	**5760**	**147**	**134**	**520**	**400**	**12273**	**9514**	**28**	**21**	**22907**	**16808**	**79046**	**71973**	**761**	**815**
7. Pregnant Women	6410		3313		768		19		39		884		0		1387		6410		21

Number of persons served who were admitted in a period prior to the 12 month reporting period	80022
Number of persons served outside of the levels of care described on Table 10	152157

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

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

Footnotes:

IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

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

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

Footnotes:

IV: Population and Services Reports

Table 13 - Charitable Choice

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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

All contractors and providers are trained on the federal requirements to ensure they are following regulations and are provided with the attached form as well as the web link to access the form. Additionally, trainings on provider manuals, contract requirements and Annual Substance Abuse and Mental Health Block Grant requirements are provided by the contractors to the providers. Monitoring and technical assistance is provided by the State to the contractors and providers as needed. Resources include AM/PM 320-T; Relias training and Contract education. One Regional Behavioral Health Authority (RBHA) reported that during the expenditure period provided, over 5086 staff affiliated with 41 network providers were trained on provisions affiliated with Charitable Choice through the Substance Abuse Block Grant (SABG) Relias training module. This content reinforced the expectation that Individuals receiving Substance Use treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object. The training module also offers a definition for AMPM Exhibit 320-9, Notice to Individuals Receiving Substance Use Services.

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

Footnotes:

POLICY 320-T1, ATTACHMENT A – CHARITABLE CHOICE – ANTI-DISCRIMINATION NOTICE TO INDIVIDUALS RECEIVING SUBSTANCE USE DISORDER TREATMENT SERVICES

Providers of Substance Use Disorder (SUD) treatment services receiving Federal funds from the United States Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), including this organization, may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal law (42 CFR Part 54) gives you the right to a referral to another provider of substance use services. The referral and your receipt of services from the other provider must occur within seven days after you request them, or earlier if your condition requires. The other provider must be accessible to you and have the capacity to provide SUD treatment services. The services provided to you by the other provider must be of a value not less than the value of the services you would have received from this organization.

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
7/1/2019

To:
6/30/2020

Aggregates

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	5494	6204
Total number of clients with non-missing values on employment/student status [denominator]	29137	29137
Percent of clients employed or student (full-time and part-time)	18.9 %	21.3 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 14? (Select all that apply)

- [ ] Client self-report

Client self-report confirmed by another source:

- [ ] Collateral source
- [ ] Administrative data source
- [x] Other, Specify Provider Reported

Episode of Care

How is the admission / discharge basis defined for table 14? (Select one)

- (•) Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ( ) Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ( ) Other, Specify

Discharge Data Collection

How was discharge data collected for table 14? (Select all that apply)

- [x] Not applicable, data reported on form is collected at time period other than discharge.
  - ( ) In-Treatment data days post admission, OR
  - ( ) Follow-up data months post
  - (•) Other, Specify Provider Reported
- [ ] Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- [ ] Discharge data is collected for a sample of all clients who were admitted to treatment.
- [ ] Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 14? (Select all that apply)

☐ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

☑ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

☐ No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

☐ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing employment/education status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
7/1/2019

To:
6/30/2020

Aggregates

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

	At Admission(T1)	At Discharge(T2)
Number of clients living in a stable situation [numerator]	133394	116311
Total number of clients with non-missing values on living arrangements [denominator]	135250	117731
Percent of clients in stable living situation	98.6 %	98.8 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 15? (Select all that apply)

- ☐ Client self-report

Client self-report confirmed by another source:

- ☐ Collateral source
- ☐ Administrative data source
- ☑ Other, Specify Provider Reported

Episode of Care

How is the admission / discharge basis defined for table 15? (Select one)

- ◉ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ○ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ○ Other, Specify

Discharge Data Collection

How was discharge data collected for table 15? (Select all that apply)

- ☑ Not applicable, data reported on form is collected at time period other than discharge.
  - ○ In-Treatment data days post admission, OR
  - ○ Follow-up data months post
  - ○ Other, Specify
- ☐ Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- ☐ Discharge data is collected for a sample of all clients who were admitted to treatment.
- ☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 15? (Select all that apply)

☐ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

☑ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

☐ No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

☐ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing stability of housing data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
7/1/2019

To:
6/30/2020

Aggregates

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	2469	2238
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	8734	8734
Percent of clients without arrests	28.3 %	25.6 %

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 16? (Select all that apply)

- [ ] Client self-report

Client self-report confirmed by another source:

- [ ] Collateral source
- [ ] Administrative data source
- [x] Other, Specify

Episode of Care

How is the admission / discharge basis defined for table 16? (Select one)

- (•) Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ( ) Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ( ) Other, Specify

Discharge Data Collection

How was discharge data collected for table 16? (Select all that apply)

- [x] Not applicable, data reported on form is collected at time period other than discharge.
  - ( ) In-Treatment data days post admission, OR
  - ( ) Follow-up data months post
  - ( ) Other, Specify
- [ ] Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- [ ] Discharge data is collected for a sample of all clients who were admitted to treatment.
- [ ] Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 16? (Select all that apply)

☐ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

☑ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

☐ No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

☐ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing criminal justice involvement data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
7/1/2019

To:
6/30/2020

Aggregates

Alcohol Abstinence – Clients with no alcohol use (all clients regardless of primary problem) (use Alcohol Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	967	938
Total number of clients with non-missing values on "used any alcohol" variable [denominator]	14592	14592
Percent of clients abstinent from alcohol	6.6 %	6.4 %

(1) If State does not have a "used any alcohol" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Alcohol (e.g. ,TEDS Code 02)

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 17? (Select all that apply)

- ☐ Client self-report
- ☐ Urinalysis, blood test or other biological assay
- ☐ Collateral source
- ☐ Administrative data source
- ☑ Other, Specify Provider Reported

Episode of Care

How is the admission / discharge basis defined for table 17? (Select one)

- ◉ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ○ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ○ Other, Specify

Discharge Data Collection

How was discharge data collected for table 17? (Select all that apply)

- ☑ Not applicable, data reported on form is collected at time period other than discharge.
  - ○ In-Treatment data days post admission, OR
  - ○ Follow-up data months post
  - ○ Other, Specify
- ☐ Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- ☐ Discharge data is collected for a sample of all clients who were admitted to treatment.

☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 17? (Select all that apply)

☐ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

☑ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

☐ No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

☐ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing abstinence - alcohol use status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
7/1/2019

To:
6/30/2020

Aggregates

Drug Abstinence – Clients with no drug use (all clients regardless of primary problem) (use Any Drug Use in last 30 days field) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients abstinent from illegal drugs [numerator]	2270	2147
Total number of clients with non-missing values on "used any drug" variable [denominator]	31621	31621
Percent of clients abstinent from drugs	7.2 %	6.8 %

(2) If State does not have a "used any drug" variable, calculate instead using frequency of use variables for all primary, secondary, or tertiary problem codes in which the coded problem is Drugs (e.g., TEDS Codes 03-20)

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 18? (Select all that apply)

- ☐ Client self-report
- ☐ Urinalysis, blood test or other biological assay
- ☐ Collateral source
- ☐ Administrative data source
- ☑ Other, Specify Provider Reported

Episode of Care

How is the admission / discharge basis defined for table 18? (Select one)

- ◉ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ○ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ○ Other, Specify

Discharge Data Collection

How was discharge data collected for table 18? (Select all that apply)

- ☑ Not applicable, data reported on form is collected at time period other than discharge.
  - ○ In-Treatment data days post admission, OR
  - ○ Follow-up data months post
  - ○ Other, Specify
- ☐ Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- ☐ Discharge data is collected for a sample of all clients who were admitted to treatment.

☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 18? (Select all that apply)

☐ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

☑ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

☐ No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

☐ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing abstinence – drug use status data on all clients, if data is not currently available. Plans should also discuss barriers, resource needs and estimates of cost.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Most recent year for which data are available

From:
7/1/2019

To:
6/30/2020

Aggregates

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

	At Admission(T1)	At Discharge(T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	952	888
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	5027	5027
Percent of clients participating in self-help groups	18.9 %	17.7 %
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	-1.3 %	

State Conformance To Interim Standard

States should detail exactly how this information is collected. Where data and methods vary from interim standard, variance should be described.

Data Source

What is the source of data for table 19? (Select all that apply)

- ☐ Client self-report

Client self-report confirmed by another source:

- ☐ Collateral source
- ☐ Administrative data source
- ☑ Other, Specify Provider Reported

Episode of Care

How is the admission / discharge basis defined for table 19? (Select one)

- ◉ Admission is on the first date of service, prior to which no service has been received for 30 days AND discharge is on the last date of service, subsequent to which no service has been received for 30 days.
- ○ Admission is on the first date of service in a Program/Service Delivery Unit and Discharge is on the last date of service in a Program/Service Delivery Unit.
- ○ Other, Specify

Discharge Data Collection

How was discharge data collected for table 19? (Select all that apply)

- ☑ Not applicable, data reported on form is collected at time period other than discharge.
  - ○ In-Treatment data days post admission, OR
  - ○ Follow-up data months post
  - ○ Other, Specify
- ☐ Discharge data is collected for the census of all (or almost all) clients who were admitted to treatment.
- ☐ Discharge data is collected for a sample of all clients who were admitted to treatment.

☐ Discharge records are directly collected (or in the case of early dropouts) are created for all (or almost all) clients who were admitted to treatment.

☐ Discharge records are not collected for approximately % of clients who were admitted for treatment.

Record Linking

Was the admission and discharge data linked for table 19? (Select all that apply)

☐ Yes, all clients at admission were linked with discharge data using an Unique Client Identifier (UCID).

Select type of UCID:

☑ No, State Management Information System does not utilize UCID that allows comparison of admission and discharge data on a client specific basis (data developed on a cohorts basis) or State relied on other data sources for post admission data.

☐ No, admission and discharge records were matched using probabilistic record matching.

If Data Is Unavailable

If data is not reported, why is State unable to report? (Select all that apply)

☐ Information is not collected at admission.

☐ Information is not collected at discharge.

☐ Information is not collected by the categories requested.

☐ State collects information on the indicator area but utilizes a different measure.

Data Plans If Data Is Not Available

State must provide time-framed plans for capturing self-help participation status data on all clients, if data is not currently available

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

Footnotes:

V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Most recent year for which data are available

From: 7/1/2019

To: 6/30/2020

Level of Care	Average	Median	Interquartile Range
DETOXIFICATION (24-HOUR CARE)			
1. Hospital Inpatient	3.63	4	3.11
2. Free-Standing Residential	2.62	3	2.51
REHABILITATION/RESIDENTIAL			
3. Hospital Inpatient	5.26	4	7.24
4. Short-term (up to 30 days)	1.58	0	3.34
5. Long-term (over 30 days)	0	0	0
AMBULATORY (OUTPATIENT)			
6. Outpatient	0.3	0	2.31
7. Intensive Outpatient	0	0	1
8. Detoxification			
OUD MEDICATION ASSISTED TREATMENT			
9. OUD Medication-Assisted Detoxification			
10. OUD Medication-Assisted Treatment Outpatient	15.65	13.7	77.62

SAMHSA's Treatment Episode Data Set (TEDS) data are used to pre-populate the tables that comprise SAMHSA's National Outcome Measures (NOMs) and include Table 20 – Retention – Length of Stay (in Days) of Clients Completing Treatment. In FY 2020, SAMHSA modified the "Level of Care" (LOC) and "Type of Treatment Service/Setting" for Opioid Replacement Therapy/Medication-Assisted Treatment in Table 20.

In prior SABG Reports, the LOC was entitled "Opioid Replacement Therapy" and the Type of Treatment Service/Setting included "Opioid Replacement Therapy," Row 9 and "ORT Outpatient," Row 10. The LOC was changed to "Medication-Assisted Treatment" and the Treatment Service/Setting was changed to "Medication-Assisted Treatment."

The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 20 to the TEDS data submitted to CBHSQ via Eagle Technologies is not possible. In the current and future SABG Reports, the LOC is "OUD Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "OUD Medication-Assisted Treatment Detoxification," Row 9 and "OUD Medication Assisted Treatment Outpatient," Row 10. OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. OUD Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment . The change was made to better align with language that reflects not all medications used to treat opioid use disorder (OUD) are opioid-based and more importantly convey that medications do not merely substitute one drug for another.

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	**Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 20 - CY 2017 - 2018	15.8	
	Age 21+ - CY 2017 - 2018	57.3	
2. 30-day Cigarette Use	**Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2017 - 2018	1.5	
	Age 18+ - CY 2017 - 2018	18.8	
3. 30-day Use of Other Tobacco Products	**Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2017 - 2018	1.2	
	Age 18+ - CY 2017 - 2018	6.6	
4. 30-day Use of Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2017 - 2018	4.1	
	Age 18+ - CY 2017 - 2018	12.3	
5. 30-day Use of Illegal Drugs Other Than Marijuana	**Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2] **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2017 - 2018	1.2	

	Age 18+ - CY 2017 - 2018	3.4	

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.
0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2017 - 2018	79.5	
	Age 21+ - CY 2017 - 2018	78.5	
2. Perception of Risk From Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	92.1	
	Age 18+ - CY 2017 - 2018	91.2	
3. Perception of Risk From Marijuana	**Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] **Outcome Reported:** Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2017 - 2018	60.6	
	Age 18+ - CY 2017 - 2018	51.7	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	**Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of alcohol.		
	Age 12 - 20 - CY 2017 - 2018		
	Age 21+ - CY 2017 - 2018		
2. Age at First Use of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2017 - 2018	13.6	
	Age 18+ - CY 2017 - 2018	16.3	
3. Age at First Use of Tobacco Products Other Than Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2017 - 2018	14.4	
	Age 18+ - CY 2017 - 2018	21.2	
4. Age at First Use of Marijuana or Hashish	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2017 - 2018	13.8	
	Age 18+ - CY 2017 - 2018	18.9	
5. Age at First Use Heroin	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.] **Outcome Reported:** Average age at first use of heroin.		
	Age 12 - 17 - CY 2017 - 2018		
	Age 18+ - CY 2017 - 2018	23.4	
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	**Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.] **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		

	Age 12 - 17 - CY 2017 - 2018	14.4	
	Age 18+ - CY 2017 - 2018	32.5	

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	91.8	
2. Perception of Peer Disapproval of Cigarettes	**Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2017 - 2018	86.9	
3. Disapproval of Using Marijuana Experimentally	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	76.7	
4. Disapproval of Using Marijuana Regularly	**Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2017 - 2018	77.4	
5. Disapproval of Alcohol	**Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] **Outcome Reported:** Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2017 - 2018	88.7	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	**Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] **Outcome Reported:** Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 15 - 17 - CY 2017 - 2018		
	Age 18+ - CY 2017 - 2018	39.4	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	**Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at **http://nces.ed.gov/ccd/stfis.asp**. **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2017	90.8	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	**Source:** National Highway Traffic Safety Administration Fatality Analysis Reporting System **Measure calculation:** The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2018	33.1	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	**Source:** Federal Bureau of Investigation Uniform Crime Reports **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2018	21.7	

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	**Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] **Outcome Reported:** Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2017 - 2018	61.1	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2017 - 2018	85.7	

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	**Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]? **Outcome Reported:** Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2017 - 2018	81.8	

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

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

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

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - SUBSTANCE ABUSE PREVENTION - Individual-Based Programs and Strategies: Number of Persons Served by Age, Gender, Race, and Ethnicity	7/1/2019	6/30/2020
2. Table 32 - SUBSTANCE ABUSE PREVENTION - Population-Based Programs and Strategies? Number of Persons Served by Age, Gender, Race, and Ethnicity	7/1/2019	6/30/2020
3. Table 33 (Optional) - SUBSTANCE ABUSE PREVENTION - Number of Persons Served by Type of Intervention	7/1/2019	6/30/2020
4. Table 34 - Substance Abuse Prevention - Evidence-Based Programs and Strategies by Type of Intervention	7/1/2019	6/30/2020
5. Table 35 - Total SUBSTANCE ABUSE PREVENTION Number of Evidence Based Programs/Strategies and Total SABG Dollars Spent on SUBSTANCE ABUSE PREVENTION Evidence-Based Programs/Strategies	7/1/2019	6/30/2020

General Questions Regarding Prevention NOMS Reporting

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

Manual process.

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

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

Participants that identify more than one race are counted only in the More Than One Race Subcategory.

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
A. Age	**162,187**
0-4	721
5-11	7,434
12-14	8,155
15-17	39,369
18-20	2,013
21-24	1,335
25-44	5,215
45-64	4,151
65 and over	2,058
Age Not Known	91,736
B. Gender	**162,187**
Male	39,495
Female	45,227
Gender Unknown	77,465
C. Race	**162,187**
White	45,931
Black or African American	3,971
Native Hawaiian/Other Pacific Islander	192
Asian	1,684
American Indian/Alaska Native	14,423
More Than One Race (not OMB required)	3,389

Race Not Known or Other (not OMB required)	92,597
D. Ethnicity	**162,187**
Hispanic or Latino	21,873
Not Hispanic or Latino	37,216
Ethnicity Unknown	103,098

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

Footnotes:

V: Performance Indicators and Accomplishments

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

Category	Total
A. Age	**1273177**
0-4	1179
5-11	10578
12-14	30846
15-17	87032
18-20	49021
21-24	23787
25-44	161783
45-64	120900
65 and over	77600
Age Not Known	710451
B. Gender	**1273177**
Male	241012
Female	284363
Gender Unknown	747802
C. Race	**1273177**
White	291395
Black or African American	41288
Native Hawaiian/Other Pacific Islander	5278
Asian	15387
American Indian/Alaska Native	39407
More Than One Race (not OMB required)	33867

Race Not Known or Other (not OMB required)	846555
D. Ethnicity	**1273177**
Hispanic or Latino	121782
Not Hispanic or Latino	231056
Ethnicity Unknown	920339

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	**0**	**0**

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

Footnotes:

V: Performance Indicators and Accomplishments

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

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

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

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

Arizona has delegated the process to implement Evidence-Based Programs (EBP) and Strategies to the contractors. Arizona has completed a Needs Assessment that addresses the use and development of Evidence Based Programs. A Strategic Plan will be developed based on the information obtained through the Needs Assessment and will guide the process to provide for a consistent statewide effort and ease of access for local programs to demonstrate they meet the four guidelines listed above to be deemed an EBP for their respective demographic and culture. Starting October 1, 2019, Arizona has implemented a protocol to gather a baseline of EBPs, Promising Practices (PPs), and Innovative Practices (IPs) currently being implemented within the state. This protocol will also serve as an additional monitoring and compliance tool that Arizona will use to monitor the contractors. This protocol requires contractors to adhere to a ratio of EBPs/PPs to IPs (1:1), as well as to report the use of any/all IPs to the state before they can be implemented. The reports are reviewed by state staff and require the contractor to include information regarding the innovative program's available evidence for implementation over the use of available EBPs/PPs, description of the interventions practical and conceptual fit, and protocol to mitigate/remove risks of innovative intervention implementation on the priority population, including a process for referral to appropriate services as needed. State staff will provide an approval or denial for all proposed innovative programs. Assessment that addresses the use and development of Evidence Based Programs. A Strategic Plan will be developed based on the information obtained through the Needs Assessment and will guide the process to provide for a consistent statewide effort and ease of access for local programs to demonstrate they meet the four guidelines listed above to be deemed an EBP for their respective demographic and culture. Starting October 1, 2019, Arizona has implemented a protocol to gather a baseline of EBPs, Promising Practices (PPs), and Innovative Practices (IPs) currently being implemented within the state. This protocol will also serve as an additional monitoring and compliance tool that Arizona will use to monitor the contractors. This protocol requires contractors to adhere to a ratio of EBPs/PPs to IPs (1:1), as well as to report the use of any/all IPs to the state before they can be implemented. The reports are reviewed by state staff and require the contractor to include information regarding the innovative program's available evidence for implementation over the use of available EBPs/PPs, description of the interventions practical and conceptual fit, and protocol to mitigate/remove risks of innovative intervention implementation on the priority population, including a process for referral to appropriate services as needed. State staff will provide an approval or denial for all proposed innovative programs.

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

The contractors employ several different sources of data for collecting information regarding the programs and strategies including, contracts, database for all prevention providers under the contractor, interviews, questionnaires and surveys, annual submissions of logic models and strategic plans, and review of program curricula. Starting October 1, 2019, Arizona has implemented a protocol to further monitoring and provide state staff with a mechanism to hold contractors accountable to the reports being submitted for these items. This protocol includes the submission of all contractor logic models to state staff for review, and the submission of copies of all contractor and subcontractor contracts for review by state staff. Using these protocols allows a checks and balances to ensure all programs being implemented are within AZ guidelines are requirements. database for all prevention providers under the contractor, interviews, questionnaires and surveys, annual submissions of logic models and strategic plans, and review of program curricula. Starting October 1, 2019, Arizona has implemented a protocol to further monitoring and provide state staff with a mechanism to hold contractors accountable to the reports being submitted for these items. This protocol includes the submission of all contractor logic models to state staff for review, and the submission of copies of all contractor and subcontractor contracts for review by state staff. Using these protocols allows a checks and balances to ensure all programs being implemented are within AZ guidelines are requirements.

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

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	102	16	118	37	26	181
2. Total number of Programs and Strategies Funded	772	468	1240	164	165	1569
3. Percent of Evidence-Based Programs and Strategies	13.21 %	3.42 %	9.52 %	22.56 %	15.76 %	11.54 %

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

Footnotes:

Evidenced-based programs include: Botvin's Life Skills (three levels--elementary school, middle school, and high school), Active Parenting, and the Gila River Prevention Coalition follows the Strategic Prevention Framework. Suicide Prevention include the evidenced based, QPR, SafeTalk, ASIST, and Mental Health First Aid. In addition, activities interweave cultural traditions that are critical in ensuring that prevention activities are relevant and appropriate. Other programs and strategies include evidenced-informed Community Education and Public Information and Social Marketing through community events

V: Performance Indicators and Accomplishments

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

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 148	$ 1,289,304
Universal Indirect	Total # 14	$ 208,291
Selective	Total # 61	$ 833,107
Indicated	Total # 41	$ 360,318
	Total EBPs: 264	Total Dollars Spent: $2,691,019.29

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

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2021 Prevention Attachment Category A:

File	Version	Date Added

FFY 2021 Prevention Attachment Category B:

File	Version	Date Added

FFY 2021 Prevention Attachment Category C:

File	Version	Date Added

FFY 2021 Prevention Attachment Category D:

File	Version	Date Added

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

Footnotes: