ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

2025 SUBG Annual Report

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

Arizona

UNIFORM APPLICATION
FY 2025 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
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Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

Note: AHCCCS Submitted this report on time in December 2024, but it is not approved by SAMHSA yet, and therefore the report is subject to change.

I: State Information

State Information

I. State Agency for the Block Grant

Agency Name	Arizona Health Care Cost Containment System (AHCCCS)
Organizational Unit	Division of Behavioral Health and Housing
Mailing Address	801 E Jefferson
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Zip Code	85034

II. Contact Person for the Block Grant

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III. Expenditure Period

State Expenditure Period

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

Block Grant Expenditure Period

From	10/1/2021
To	9/30/2023

IV. Date Submitted

Submission Date	12/2/2024 8:13:45 PM
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V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Women's Services and PPWDC

Priority Type: SUT, SUR

Population(s): PWWDC

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: % of females with an SUD diagnosis who receive any SUD treatment service

Baseline Measurement: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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

Data Source:
AHCCCS claims and enounters

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
Efforts, progress, successes towards the goal/objective The percent of females with an SUD diagnosis who receive an SUD treatment service reduced by a negligible percentage point, from 99.44% in SFY2023 to 99.35% in SFY2024. At the time the objective was written, we did not have access to any baseline data to create a specific target increase from. However, we wanted to create a number of objectives that would help achieve the goal, that relate to the SUBG priority populations of Pregnant and Parenting Women, and Women with Dependent Children (PPW/PPWDC). With such a high baseline of 99.44% (132,018 / 132,757), it would be difficult to see an increase. This being a new report, AHCCCS will review this report, as well as the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work. Nevertheless, a summary of Arizona initiatives and efforts to increase women's engagement in SUD treatment services is described below. AHCCCS contracts with Managed Care Organizations (MCOs), also known as AHCCCS Complete Care Plans with Regional Behavioral Health Agreements (ACCC-RBHAs), and Tribal Regional Behavioral Health Authorities (TRBHAs) to implement Non-Title XIX/XXI programs such as the Substance Use Block Grant (SUBG). Each ACC-RBHAs and TRBHA covers a specified geographical service area (GSA); Central AZ: Mercy Care, Southern AZ: Arizona Complete Care Health Plan South (AzCH-CCP-South), and Northern AZ: Arizona Complete Care Health Plan North (AzCH-CCP-North, previously Care1st from 10/1/2022 – 9/30/2024), Pascua Yaqui TRBHA, Gila River Indian Community TRBHA, and White Mountain Apache TRBHA. The ACC-RBHAs and TRBHAs cover integrated care and SUD treatment and recovery services for members within their respective GSAs and in accordance with rules set forth by the particular fund sources, including PPWDC under SUBG. In the southern region, AzCH-CCP-South contracts with The Haven to offer behavioral health residential, intensive outpatient, and outpatient services to PPW priority population. The residential program provides a registered nurse seven days a week to offer assessments, linkages to prenatal and postpartum care, and assistance with adherence to any treatments. The intensive outpatient treatment program provides recovery coaches who assist with linking clients to prenatal and postpartum care and with helping mothers to access services for their children as well as connecting women to parenting classes. AzCH-CCP-South utilizes SUBG funding to collaborate with HOPE Inc. to provide outreach and engagement support to PPW in Yuma and Pima County. HOPE Inc. has partnerships with hospitals in these counties to engage members and ensure

appropriate treatment services are offered upon discharge. Community Bridges Inc (CBI)s Renaissance House–Women's Transition Program located in Bisbee, Cochise County provides gender specific substance use disorder residential treatment services to PPWDC. CBI continues to receive allocations to support Rapid Recovery Housing for the opioid use and stimulant use populations in Pima County with availability for pregnant women and babies. Meanwhile, AzCH-CCP-South also funds CODAC's Outreach Engagement Specialist (OES) that identifies and engages pregnant women while they are detained at the Pima County Adult Detention Center. The OES staff begin the enrollment processes to ensure members get connected to appropriate treatment prior to discharge. In addition, CODAC provides linkage to other providers if other resources or levels of care are identified. AZCH provides SUBG supplemental funds to CBI, DKA and The Haven, to ensure that gender specific services are being provided to PPW in the counties they serve. Utilizing a braided funding system positively impacts current SUBG initiatives such as CBI's expansion to include gender specific components focusing on PPW. A dedicated gender-specific outreach specialist, will work specifically with women, women with children, and pregnant women to promote health, recovery initiatives, and coordination of services. In addition, AZCH/DKA provides PPW-specific services through the Working with Women Program, which provides support to women by helping them find local recovery support specialist training programs and/or to continue their education. Upon completion of the certificate program, DKA will assist members in finding employment in local behavioral health agencies. Lastly, The Haven's residential program has expanded their bed capacity to support PPW and their children. In the northern GSA, the ACC-RBHA, AzCH-CCP-North (formerly known as Care1st) works to expand outreach, education, and access to care. Targeted efforts have taken place in this reporting period to increase peer outreach. One specific method is the addition of peer outreach and peer navigator roles to specifically address the outreach and subsequent engagement of females with SUD being connected to treatment services. AZCH contracts with Hope, Inc. who has several female peer outreach workers who have been successful engaging with women with SUD in Navajo, Coconino, Yavapai and Mohave Counties and addressing their unique needs. Through their lived experience, they are able to connect with members and gain trust that is a vital component of members entering treatment. Other efforts to reduce barriers experienced with lack of transportation and rural access to services are addressed by providers in a variety of ways. These include telehealth and mobile care options that address access to services. For instance, Polara Health in Chino Valley, Prescott, and Prescott Valley (Yavapai County) expanded access to care by increasing their hours to offer Enhanced Outpatient Program (EOP) groups. Case Managers are also assigned and help with legal, financial, and coaching in relapse prevention unique to each client's needs. Polara offers services to include the whole family, and children as needed. Polara also offers Transition Aged Youth programming for young women, as well as support groups for senior women. By continuing efforts to meet members where they are, providers offer unique service delivery methods to reach women who may be living in rural locations or lack access to transportation. A few examples include Spectrum Healthcare in Yavapai County offering mobile outreach; Community Medical Services, working to obtain licensure of their new Mobile MOUD unit that will operate across Mohave County; The Guidance Center has gender-specific programming for women with SUD, and have expanded outreach to the homeless shelters, and other rural areas; North Country HealthCare continues efforts for HIV, HCV educational and testing outreach, and are also able to provide linkages to services. In the central GSA, ACC-RBHA Mercy Care offers two residential facilities allowing women and children to enter their program and two supported housing programs specific to women and children. There are currently 8 residential programs that treat women with SUD within the network (Crossroads, Ebony House, EMPACT, Horizon Health and Wellness, Lifewell, Native American Connections, Terros, and Unhooked). Hushabye Nursery assists with treatment in the outpatient location. Additional SUBG funding was also used to support infrastructure to increase support and services for substance-exposed newborns (SENs) and their mothers. Supplemental SUBG funding was dedicated to support PPW infrastructure projects which include enhancing gender-specific treatment through trauma-informed approaches, detox for SENs, expanding supported housing programs for PPW and addressing barriers to care such as transportation and childcare. To further serve the PPW population, Mercy Care presented at the ASU Gender Specific ECHO as well as the Hope Horizons Conference in Glendale on Access to Low Barrier Care. In FY23 there were 1610 unduplicated female individuals served through the SUBG while in FY24 there were 2289 unduplicated female individuals indicating a higher utilization of services for women with SUD. In addition, childcare (child-watching/child sitting) services (HCPCS T1009) are now available for residential levels of care to help increase provider capacity to treat families as a unit. West Valley OBGYN expanded programming to serve more families within FY24 offering a variety of services including connection to MOUD, housing coordination, doulas, social work, child-watching services, and peer support services. Hushabye Nursery provides additional outpatient services for PPWs. Hushabye Nursery offers a program called Hushabye Opioid Pregnancy Preparation and Empowerment program which includes support groups, classes, counseling, and case management all tailored to meet the needs of the PPW population. As part of the successes in the central region, 2289 unduplicated female individuals served under the SUBG received a treatment service outlined in AHCCCS Medical Policy Manual (AMPM) 300 2B, Mercy Care saw a 42% increase in female individuals served through SUBG from FY23 to FY24; expanded infrastructure programs to offer additional harm reduction and outreach, supportive housing, community education outside of reimbursable treatment. The Pascua Yaqui Tribe TRBHA has also worked towards this goal by hiring a new Medical Director and Family Nurse Practitioner (FNP) to provide medical services to patients including prenatal care to pregnant women with an SUD diagnosis. The FNP is embedded into the Medication-Assisted Therapy (MAT) program and the MAT facility was recently remodeled and expanded. Barriers and challenges In SFY24, the ACC-RBHAs encountered challenges in referring the SUD population to appropriate resources, due to CFR 42 Part 2. Providers have also reported that stigma in seeking treatment for SUD is a recurring factor for PPWs. Barriers such as transportation and distance to treatment providers, especially in rural locations and towns present challenges as well. Providers report that women may be reluctant to enter treatment because they don't want to be separated from their partner. Additional challenges it has been reported that there has been on-going difficulty with addressing the childcare HPCPS code T1009 utilization where outpatient providers were unable to utilize service. Lastly, despite efforts to improve childcare options for PPWs in treatment, staff who are available to provide child-watching services may not have the appropriate training, education, or time to provide age-appropriate engagement with the children. The TRBHAs face their own challenges that include providing services in a convenient location where clients are already receiving services. Space availability was noted as a barrier as was identifying and recruiting qualified staff. Future efforts towards the goals or to address barriers To work towards goals and address barriers, the ACC-RBHAs continue to facilitate provider meetings across counties for all contracted providers, attend monthly Substance Use Coalitions, Consortiums, Committees and/or Task Force meetings in each county that focus on programming updates, initiatives, needs, barriers and host quarterly crisis systems meetings in each county to identify areas in which there is a need for procedures or improved communication within the behavioral health system. Working to

improve access to PPW for treatment in rural settings, the ACC-RBHAs will implement outreach via mobile health units. Additionally, AHCCCS and Mercy Care are working together to implement a childcare pilot project. As of 11/26/2024, AHCCCS has received Mercy Care's proposal which includes a collaboration with the Department of Economic Security to increase access to childcare and system navigation and thereby remove barriers for women seeking SUD treatment . At least one TRBHA reports plans to expand medical services provided to members by embedding medical services into their behavioral health clinic. Additional efforts include to continue to work with TRBHA on recruitment efforts, and increase screening, identification, and referrals to appropriate care. AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work.

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

Indicator #: 2

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

Baseline Measurement: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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

Data Source:

AHCCCS Claims and Encounters

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Efforts, progress, successes towards the goal/objective The percent of pregnant and postpartum females with an SUD diagnosis who receive an SUD treatment service reduced by a negligible percentage point, from 99.43% in SFY2023 to 99.39% in SFY2024. At the time the objective was written, we did not have access to any baseline data to create a specific target increase from. However, we wanted to create a number of objectives that would help achieve the goal, that relate to the SUBG priority populations of PPWDC. With such a high baseline of 99.43% (27,667/27,825), it would be difficult to see an increase. This being a new report, AHCCCS will review this report, as well as the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work. Nevertheless, a summary of Arizona initiatives and efforts to increase pregnant and parenting women (PPW) engagement in SUD treatment services is described below. At the time the objective was written, we did not have access to any baseline data to create a specific target increase from. However, we wanted to create a number of objectives that would help achieve the goal. AHCCCS data indicates that at baseline in SFY2023, 99.44% (132,018 / 132,757) of women with an SUD diagnosis had received a behavioral health service. Given such a high % to start with, it would be difficult to increase. This being a new report, AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work. Nevertheless, a summary of Arizona initiatives and efforts to increase PPW engagement in SUD treatment services is described below. In the southern region, there are efforts to continue funding outreach positions through CODAC, located in both the Pima County Jail and Tucson Medical Center (TMC), to ensure that PPW receive priority access to behavioral health and substance use treatment services. Through the OES position that responds to TMC referrals for PPW, and women with dependent children, CODAC can engage members while they are in the hospital before discharge. Through these collaborations, the ACC-RBHA AzCH-CCP-South can ensure pregnant women (pre- and postpartum) and their babies receive services while in the hospital and upon transition back to the community. HOPE Inc. has also developed strong partnerships with NICU's in Pima and Yuma counties to assist with outreach and engagement efforts to ensure the priority population is connected to resources and/or treatment. AzCH-CCP-South also partners with The Haven to provide women with individualized care for their recovery journey. At The Haven, 70% of women entering treatment for SUD have children. In the northern region, ACC-RBHA AzCH-CCP-North continues their presence and involvement with outreach and education efforts to improve access to care for PPW. In collaboration with several community partners, the ACC-RBHA has begun to offer maternal mental health and SUD related programming specifically for PPW. In the central region, ACC-RBHA Mercy Care continues to serve PPW by

expanding residential and housing programs that treat PPW with SUD. By bringing on Husbabye Nursery, Mercy Care was able to serve more specific needs of the PPW population. Mercy Care also has a NAS and perinatal team of care managers that help triage and provide resources/referrals and care management for pregnant individuals who have SUD. Mercy Care's Medical Management Department continues to provide education to OBGYN offices about the importance of screening for SUD and other risk factors through care plans. Mercy Care also provides the Edinburgh depression tool when sharing care plans with the providers. For members who are TXIX, Mercy Care has a perinatal care management team of five nurse care managers that receive referrals typically from OBGYN offices or member services that includes the ACOG, a national assessment tool. Any woman who is pregnant with a SUD is assigned a care manager. Referrals are made quickly to get women connected to care management as early in pregnancy as possible. The team also assists getting the women connected to an MOUD clinic, and other services in the community as quickly as possible. The care management team is a vital resource to mothers with high-risk pregnancies. Mercy Care's perinatal care management team continues to collaborate with Hushabye Nursery, Women's Health Innovations, Jacob's Hope, Alium and other specialty providers to offer resources for members to connect with care through those programs. The TRBHAs will begin to explore service delivery for mothers and will be meeting with Hushabye Nursery to receive referrals from them for PPW and vice versa that may enhance the continuum of care. With the incorporation of medical services in behavior health treatment, more females with SUD will be engaged. Barriers and challenges The ACC-RBHAs faced staff turnover and contractual challenges which delayed the start to serve PPW for many providers. ACC-RBHAs also noted that PPW with SUD are often fearful to seek treatment due to the fear of Department of Child Services involvement. Transportation and lack of reliable cell service were also noted as barriers for PPW seeking treatment. ACC-RBHAs noted that PPW often ran into issues with providers' discomfort in treating them if they are pregnant. Similar to the challenges the ACC-RBHAs face, the TRBHAs often are faced with lack of community trust with treatment services for PPW. Future efforts towards the goals or to address barriers To address these barriers, the ACC-RBHAs intend to continue attending collaboration meetings and assess if there is any unmet need for the PPW population. The ACC-RBHAs have also implemented methods to improve outreach and engagement of PPW in SUD services through the 4 Peers Model. There are also efforts to launch a media campaign focused on reducing stigma for obtaining treatment services. The TRBHAs hope to overcome their barriers by participating in more community and tabling events so that PPW may become more familiar with medical services. Additionally, the TRBHAs hope to increase collaboration with Hushabye Nursery to improve credibility and hopefully garner more trust from their respective PPW communities. AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work.

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

Indicator #:	3
Indicator:	% of pregnant and postpartum females with an SUD diagnosis who received an OB, prenatal care, and/or postnatal care service
Baseline Measurement:	TBD
First-year target/outcome measurement:	TBD
Second-year target/outcome measurement:	TBD

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

Data Source:

AHCCCS Claims and Encounters

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Efforts, progress, successes towards the goal/objective The percent of pregnant and postpartum females with an SUD diagnosis who receive an OB, prenatal care, and/or postnatal care service reduced by a negligible percentage point, from 27.56% in SFY2023 to 27.06% in SFY2024. This being a new report, AHCCCS will review this report, as well as the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work. Nevertheless, a summary of Arizona initiatives and efforts to increase pregnant and parenting women (PPW) engagement in these services is described below. In the southern region, the ACC-RBHA continues its partnership with CODAC to support the Connie Hillman House transitional living program for

mothers with SUD. In this program, mothers and their babies can live together while the mother receives support for recovery and, when possible, this is done as they leave the hospital. AzCH-CCP-South collaborated with CODAC to expand the transitional living program for PPW by opening additional housing and programming, which consists of five casitas which can serve up to 10 women and their children. This expansion allows PPW who are in recovery to have a safe and stable living environment. Enhancements for this expansion include the provision of weekly trauma recovery and empowerment model (TREM) groups and an employment group to assist mothers in becoming ready to seek and to secure employment as a part of their recovery. AzCH-CCP-South also continued their work with CODAC to incorporate wellness programming services into their 24/7 Medications for Opioid Use Disorder (MOUD) clinic to enhance the continuum of care for PPWs. In the north, AzCH-CCP-North continues their efforts to ensure PPWs are connected to medical services through regular OB care visits and works to collaborate with several departments to quickly identify PPWs and acquaint them with care managers. AzCH-CCP-North plans to partner with The Guidance Center (TGC) to launch the region's first pregnant and postpartum women's pilot program (PPW-PLT) to further support PPW with SUD. In addition to this initiative, TGC has an established program called Moms and Babies First group specifically designed for PPW. This outpatient program provides medical and psychiatric care through their Integrated Care Clinic for primary care, prenatal and postnatal care services while integrating mental health providers and services such as peer support, case management, psychiatry, therapy, and availability of residential substance use treatment. In the central region, Mercy Care employs a neonatal abstinence syndrome (NAS) and perinatal team comprised of care managers that help to triage and provide resources/referrals for pregnant individuals who have SUD for the TXIX populations. West Valley OBGYN offers various ways of connection to care including harm reduction Fridays and peer navigation within the coordinated care system. Hushabye Nursery has established a collaborative partnership with March of Dimes Mom and Baby Mobile Health center. This mobile unit offers primary and family care as well as obstetric services. This initiative aims to bridge the gap in healthcare access and mitigate the stigma associated with seeking assistance. The 'mom mobile' began making weekly appearances at Hushabye Nursery in May. Flyers were created to spread awareness and increase attendance. These flyers are displayed throughout Hushabye and have been distributed to various community partners. Barriers and challenges ACC-RBHAs face a multitude of barriers and challenges ranging from the stigma, shame, and fear of DCS involvement that prevent PPW from seeking services. ACC-RBHAs have also seen a disconnect and often misinformation regarding medications utilized in treatment, and sometimes even a lack of knowledge from obstetric and hospital professionals regarding those medications and their efficacy, safety and use. Due to a treatment need that surpasses available funding, the ACC-RBHA NTXIX/XXI contract outlines that providers shall provide or arrange for referrals for primary medical care for women and their children, rather than outright allowing SUBG to cover medical services for this population. Future efforts towards the goals or to address barriers The ACC-RBHAs conduct a monthly, internal cross departmental meeting that is focused on improving prenatal and postpartum care/outcomes for PPW. This cross departmental team will review claims data, and other relevant data reports to monitor services and identify areas to inform new interventions that may improve outcomes. AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work.

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

Indicator #: 4

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

Baseline Measurement: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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

Data Source:

AHCCCS Claims and Encounters

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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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:

Efforts, progress, successes towards the goal/objective The percent of babies with a diagnosis of NAS, SEN, or NOWS who received a

treatment service within 30 days of birth reduced by a negligible percentage point, from 98.02% in SFY2023 to 97.04% in SFY2024. At the time the objective was written, we did not have access to any baseline data to create a specific target increase from. The baseline being such a high %, it is difficult to affect an increase. However, we wanted to create a number of objectives that would help achieve the goal, that relate to the SUBG priority populations of PPWDC and specifically target the early intervention of babies with NAS and similar. With such a high baseline of 98.02% (2,823 / 2,880), it would be difficult to see an increase. This being a new report, AHCCCS will review this report, as well as the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work. Nevertheless, a summary of Arizona initiatives and efforts to increase these babies connection to care is described below. In the southern region, TMC and CODAC collaboration ensures a full continuum of care for NAS. TMC has dedicated a space for CODAC staff to ensure the NAS mothers and babies are outreached for service while in the hospital and before discharge. AzCH-CCP-South collaborates with Banner University Medical Center to implement a Family Centered NAS Care Program. This program is run by a team of neonatal specialists including doctors, therapists, social workers, nurses, and volunteer “cuddlers” to help the baby and mother receive treatment and recovery. CODAC and Hope Inc. continue to work with Banner Hospital to engage members and connect as appropriate to treatment before discharge. AzCH-CCP-South continues to hold NICU Rounds to ensure appropriate access to care and treatment for this population. The meeting occurs as the babies are approaching discharge to go home with their families and the team discusses the babies’ medical conditions and their needs which helps the teams suggest/recommend support and resources that are available to the parents. To meet the needs of members, AzCH-CCP-South and AzCH-CCP-North ACC-RBHAs worked with AHCCCS leadership to tailor the Start Smart program by including state-specific resources, adding content on sun protection for mother and baby, and expanding information on ‘kick counts’ during 38-40 weeks of pregnancy. Recently, both southern and northern region GSAs have implemented a NAS and maternal and child health internal work group to explore the identification of other supports that could help support families and improve outcomes for both mothers and newborns. Both GSAs also partake in external collaborative groups to share clinical updates and resources to those engaged in outreach and treatment for PPW. Specific to the northern region, the ACC-RBHA actively participates in Yavapai Safe, Healthy Infants and Families Thrive (SHIFT), which works diligently to outreach and support PPW and their families affected by SUD. They promote person-centered, evidence-based, trauma-informed, and culturally appropriate compassionate care. Meetings help to connect various agencies and providers to cross collaborate across the expansive and diverse county. The central region contracted with Hushabye Nursery to expand and provide more services to babies born with NAS, SEN or NOWS with an evaluation plan to serve around 450 infants with NAS. In June of 2023, Hushabye Nursery admitted its 800th baby to the free-standing subacute nursery. Mercy Care’s Care Management team utilizes a report to track statistics of babies with opioid-using mothers by line of business. In the AHCCCS acute line of business, there were 88 babies with NAS identified which is 1.39% of all total babies within a given year. Hushabye Nursery reported that they have served 869 babies. Six of those babies came more than 30 days after being born. 99.3% of the babies admitted received treatment within 30 days of being born. The length of stay for a baby in the Hushabye Unit was 9-11 days which is significantly less than a stay in a NICU. Only 14.2% of infants received their first dose of morphine at Hushabye largely due to the Eat Sleep and Console method that is utilized within their program. The TRBHAs hope to incorporate medical services in behavioral health treatment to better engage PPW with SUDs. In addition, building workforce capacity and training staff to become more integrated and provide case management with follow-ups have been necessary for the population. AHCCCS received supplemental funding from the Substance Use Block Grant specifically to provide Training and Technical Assistance, which was used to improve the capacity of our system of care that serves PPW with SUD, and their babies. AHCCCS, Arizona Department of Health Services (ADHS), and health information exchange partner Contexture worked together to support Arizona birthing hospitals and labor and delivery units to improve the completeness, accuracy, and frequency of birth characteristics data entered into the MEDSIS database housed at ADHS for infants experiencing NAS. Through this project, we supported improved reporting of NAS data from 5 hospital systems, and at least 7 additional sites across the state. 1,512 naloxone kits were purchased for participating delivery sites in this project if they could use it, and for community-based programs that work directly with parents. This effort not only increases our state’s capacity to track NAS cases, but it allows bolsters the system’s ability to identify PPW with OUD to provide naloxone and connection to wrap around services for the family. Barriers and challenges Stigma and fear of DCS involvement is the most prevalent barrier to PPW engaging with treatment. The PPW population also experiences conflicting information on treatments from obstetric and hospital professionals regarding those medications and their efficacy, safety and use. In the central region, Hushabye Nursery witnessed a notable decline in inpatient admissions. The TRBHAs found that transportation and housing have been barriers for women as well as having limited access to cell service. This presents a challenge as providers and case managers often are unable to contact patients and follow-up on pertinent health information. Future efforts towards the goals or to address barriers The ACC-RBHAs continue to ensure that there is an accessible array of services for PPW in all service areas through monthly gap analysis and tracking of current and expansion programs for all SUD programs and providers. The ACC-RBHAs continue their efforts to increase outreach and awareness of treatment services for PPW. In each GSA, programs will include wraparound services to PPW to offer housing, childcare, transportation assistance as well as prenatal, postpartum, and baby care supplies that further support recovery and wellness. To improve access for PPW, the TRBHAs plan to provide transportation services for members and will continue to incorporate services and follow ups when the members are already in office receiving other services through the collaboration of the workforce. AHCCCS will also explore additional training and technical assistance opportunities to support the system in addressing these barriers, including continuation of initiatives into FY25 that were successful in FY24. Additionally, AHCCCS reviews contracts and policies on an annual basis and seeks ways to implement changes that will have a positive impact on the member’s quality of and access to care. AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work.

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

Priority #: 2

Priority Area: Tuberculosis

Priority Type: SUT

Population(s): TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 46%

First-year target/outcome measurement: 50%

Second-year target/outcome measurement: 55%

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

Data Source:

Independent Case Review (ICR)

New Data Source*(if needed)*:

Description of Data:

N/A

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
Efforts, progress, successes towards the goal/objective Efforts have been underway with the ACC-RBHAs to increase tuberculosis screenings for members and increase documentation around screenings. The ACC-RBHAs continue to implement comprehensive Tuberculosis (TB) services for SUD members, including educating providers, screening for TB at the intake stage of SUD treatment, and referring members for further TB services when necessary. The ACC-RBHAs complete annual site visits with all providers and assesses providers ability to screen and complete TB tests with individuals regardless of if they are outpatient or residential providers. Provider policies are reviewed annually using a tool that assesses compliance with AMPM 320-T1 and 300-2B which provides overview of TB services. Additionally, ACC-RBHAs submit a TB Services Treatment Procedure and Protocol Report to AHCCCS annually. The report identifies how the ACC-RBHA provides oversight of TB services throughout the SUBG network including annual site visits and technical assistance encouraging providers to offer psychoeducational material on infectious diseases on their website and in their lobby. Residential providers are required to conduct TB screenings for any members entering residential treatment. Providers with inpatient facilities require a TB Test for admission if documentation of a recent test is not available. Providers also must have processes in place for referring positive screenings to appropriate medical providers and having infection control policies in place. Providers often receive referrals directly from the jail system as well. In these instances, the paperwork from the jail includes TB screening information that has been previously done. There is ongoing frequent discussion with providers on the importance of psychoeducation, referrals, and TB testing availability on site. The ACC-RBHAs encourage SUBG providers to ensure that information on TB, Hepatitis C (HCV), and other infectious diseases is easily accessible. Providers integrate TB education into member orientations, intakes, educational materials, and referral handouts. One ACC-RBHA noted a 105% increase in members screened for TB from FY23 to FY24. The annual Independent Case Review (ICR) is one tool used to assess provider adherence to grant rules, and quality and appropriateness of services. This assessment includes a review of documentation of TB screening and assessment in member case files. The 2023 ICR indicated that 96% of records had a screening for TB completed for the central GSA ACC-RBHA. The southern GSA reported that in SFY2024 1,164 SUBG members were referred for TB testing based on the comprehensive assessment data. A recent success occurred during a new expansion of services that SUBG-funded provider Hope, Inc. was initiating in the Northern Region. During a TA session reviewing their Peer Support Outreach programming, they were educated on the importance of screening and subsequent referral to TB testing services when indicated. They have added documentation of TB screening specifically onto their intake packets. These new outreach roles are working in Northern Arizona communities, including many rural areas, and will contribute to increased screening being documented, and subsequent referral to services as needed. Another provider implemented their own TB testing to mitigate challenges that occurred with obtaining results and testing from other providers. Offering this test themselves, they have reduced delays in members entering residential treatment. They also added standing orders for a chest Xray for anyone with a positive TB test result. Barriers and challenges Not all providers have the ability to provide or administer actual TB skin tests and may have to refer individuals out through a federally qualified health clinic (FQHC), primary care provider (PCP) or other provider. However, this does not guarantee the member follows through to complete the TB screenings. X-Rays not being covered through SUBG funding creates relatively fragmented care and may pose disruptions to treatment. Providers report that within the population of members with SUD, having tests read for results within the specified period is difficult. Transportation instability can also make reading the tests more difficult. Providers sometimes experience difficulties with incoming records that contain insufficient documentation of TB test results performed by other providers – such as missing or incomplete Lot# etc. This has even occurred with hospital and jail records. Test administration times and days need to be carefully planned to ensure the client is able to return for results to be read within the required time limit. Future efforts towards the goals or to address barriers ACC-RBHAs will continue to provide on-going education and technical assistance with providers during annual site visits on implementation of TB services. They will continue collaborating with providers to implement TB services for SUD members, and appropriate referrals. The ICR will remain a key tool for assessing documentation of TB screenings. Additionally, ACC-RBHAs will continue partnering with providers to introduce innovative and inclusive programs aimed at serving the high-risk SUD community through comprehensive TB testing and services. They will continue to conduct pre-audits to assist with timely and efficient feedback and create improvement plans with providers needing assistance. AHCCCS continues an agreement with ADHS in which the two state agencies collaborate to ensure training and technical assistance is provided to health care providers, and ensure compliance with Arizona Administrative Code relating to TB screening, testing and reporting rules. AHCCCS has intentionally increased this collaboration in 2023 and 2024 to ensure federal and state requirements are met, and members receive appropriate quality services.

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

Priority #: 3

Priority Area: Harm Reduction

Priority Type: SUT, SUR

Population(s): PWWDC, EIS/HIV

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

Second-year target/outcome measurement: 77,381 (Jan 1 - Dec 31, 2024)

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

Data Source:

Sonoran Prevention Works (SPW) deliverables

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
Efforts, progress, and successes Sonoran Prevention Works (SPW) operates a comprehensive, statewide harm reduction program whose main components include syringe services, overdose prevention education, naloxone distribution, community-based screening for HIV and Hepatitis C, and referrals to other types of care as desired by participants. The priority populations include people who use drugs and people who inject drugs while secondary populations of focus include pregnant and parenting women who use drugs and Spanish-only speaking people who use drugs. In February 2023, SPW implemented a new data collection system that allowed for more accurate metrics to be collected and tracked to unique participants which was significant as it allowed the tracking of unduplicated individuals. While there were many additional changes to further improve the system, tracking participants uniquely was tremendously helpful in reporting the impact of SPW's programming and efforts with any given individual over time. With the ability to no longer report duplicate interactions with an individual within the same month, the total number of individuals served by the harm reduction program decreased for year one over baseline; an indication of the change in measurement, not a decrease in demand or utilization of services. Additional 2023 successes include meeting the annual goal to distribute 150,000 doses of naloxone statewide, engaging more than 7,000 community members in evidence-based harm reduction education training sessions, and referring nearly 3,000 individuals who use drugs to additional care and services related to mental health, substance use disorder, and infectious diseases. Number of individuals served by activity type: Naloxone distribution 6,795 Syringe distribution 12,859 Syringe disposal 3,565 Fentanyl testing strip distribution 15,060 Literature distribution 6,943 Spanish engagement (training & outreach) 1,000 Training (English & Spanish) 7,251 Testing (HIV/HCV Screening) 1,964 Referrals 2,965 Challenges and Barriers: During 2023, SPW faced significant challenges including the need to pause the statewide mail-based naloxone distribution program due to demand that exceeded SPW's capacity to provide timely service, a lowered demand for fentanyl testing strips due to participants becoming dependent on fentanyl as it became the predominant opioid in Arizona, engaging with monolingual Spanish speakers in training settings, and implementation of the harm reduction vending machines continued to be delayed because of logistical and technological issues. Lastly, despite collecting more syringes for proper disposal in 2023 than the prior year, this activity remains challenging due to the criminalization laws in Arizona where most participants do not feel safe transporting used syringes in-person. Proposed Changes to Future Efforts to better meet the Priority Goal and Objective: To address the identified challenges and meet the priority goals, SPW plans to continue the pause on the mail-based naloxone distribution program until it can be designed to ensure all requested naloxone reaches their destination within a week and can be more sustainable. In addition, the systems change department staff, including harm reduction trainers, plan to research and make recommendations about fentanyl test strip distribution, including assessment of the multiple manufacturers, revision of fentanyl-related educational content, and amended marketing strategies that more clearly emphasize people who are at higher risk of fentanyl overdose due to lack of opioid tolerance. Another proposed change includes creatively engaging the Spanish-only training by leaning into staff who speak fluent Spanish and have lived experience with substance use. By taking advantage of internal expertise, SPW hopes to identify new ways to engage this population as effectively as possible.

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

Priority #: 4

Priority Area: SUD Recovery

Priority Type: SUT, SUR

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

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Oxford House Mercy Care contracts with Oxford House, Inc. as a democratic, peer-run sober-living environment to support members with SUD. As of 7/31/2023, Oxford House operates 47 houses within Maricopa and Pinal County, and intends to support the opening of another 3 Oxford House with SUBG American Rescue Plan Act (ARPA) funds. To conduct outreach and networking to promote Oxford House and gain referrals, Oxford House conducts strategic outreach and education to external partners. They average one presentation per week, with a monthly average of 5 trainings each month. They also offer an average of 6 trainings per month targeted to support members of the chapters as well as developing unity within the model. Oxford House also routinely participates in Mercy Care related coordination events, often providing an overview of the model and developing rapport with agencies. Oxford House places high capital in the unity between their chapters within the state as well as all over the nation. Two significant opportunities that

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

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

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	number of Oxford Houses in Arizona that are supported by the ACC-RBHAs
Baseline Measurement:	109

First-year target/outcome measurement: 112

Second-year target/outcome measurement: 115

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

Data Source:

ACC-RBHA deliverables

New Data Source*(if needed)*:

Description of Data:

Oxford House Model Report

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Increasing the number of Oxford Houses in Arizona is a continued goal under the SUBG to address social determinants of health and improve recovery outcomes. This is done through a revolving loan fund (for our Southern ACC RBHA only at this time), house start up funds, and continued implementation of the Oxford House model including the use of outreach workers to help support new homes to get started. The ACC-RBHAs continue to allocate SUBG annual and SUBG supplemental funds to Oxford House Inc. for the expansion of recovery homes to include homes specific to pregnant women in recovery and their children. Oxford House has increased infrastructure support to include re-entry navigators to assist with expanding program. ACC-RBHAs provide quarterly technical assistance with Oxford House throughout the year to share resources and discuss progress and barriers. They provide an annual training/overview on grant and other community resources to the Oxford House outreach staff. Additional guidance is offered to Oxford House staff around reporting critical incidences – like, relapses, arrests, overdoses, evictions, etc. Furthermore, ACC-RBHAs ensure Oxford House is present at SUD quarterly meetings, crisis systems meetings, and county coalitions among others to educate and obtain information around needs and expansions. ACC-RBHAs meet with Oxford House leadership and regional Outreach Managers quarterly to offer oversight and monitoring of their activities and receive feedback on challenges. Oxford House continually assesses needs and opportunities for expansion across Arizona counties. In central GSA Oxford House opened 9 additional homes within FY24 compared to FY23. Implementation of the re-entry program through Oxford House has taken off over the last year resulting in over 400 re-entry applications. Oxford House has completed market research on housing in Gila County and has made a few offers on houses in that area. The average length of stay within an Oxford House increased from 238.5 days in FY23 to 285 days. The average length of sobriety at Oxford House is 556 days which increased 81 days from the previous fiscal year. Oxford House has two houses that are designed to meet the specific needs of the LGBTQIA population. Oxford House continues to host an event called Arizona Walk 4 Recovery which allowed for collaboration among treatment and recovery housing providers. In the southern GSA, Oxford House will continue to sustain these homes in Pima County and increase capacity in cadence with the needs of the community, including seeking to expand in rural areas as needs are identified. Oxford House opened an additional house in the Southern Region for PPW and their children in SFY24.

Indicator #: 2

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

Baseline Measurement: 0

First-year target/outcome measurement: 62

Second-year target/outcome measurement: 123

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

Data Source:

ACC-RBHA deliverables

New Data Source*(if needed)*:

Description of Data:

SUBG ARPA Program Report

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
At the time of this report, AHCCCS has record of at least 62 members being served with PHH through 9/30/2024, meeting the target for year 1. The project is just beginning to ramp up, noting an increase from just 26 members at the last ACC-RBHA quarterly report ending 6/30/2024. ACC-RBHAs have identified providers to offer services through Project Health and Home (PHH), funded by SUBG supplemental funds. Each provider had a unique proposal and targeted population served. One project focused on providing recovery support services and rental assistance for women with children transitioning out of a residential program, congregate living facility, hospital, recovery residence or shelter. The project provides short-term rental assistance and provide services to the families on and off site. Another PHH project focused on providing short-term recovery housing rental assistance and housing case management to members exiting substance use treatment programs in Maricopa County. Providers work to identify members who qualify for the program, and who are entering into recovery housing. Providers continue to outreach clients and connect those individuals to the best housing solution that meets their needs. Providers also collaborate with local community agencies to ensure awareness of these funds are available. Screenings such as the Brief Assessment of Recovery Capital (BARC-10) will be administered quarterly with the members in PHH to identify any trends with recovery support once member is in recovery housing. The ACC-RBHA worked internally with the Office of Business Informatics to create a cost of care analysis report to help track cost of care pre/post recovery housing intervention. They developed a data spreadsheet that each provider completes quarterly to review members outcomes such as: income type, amount of income, and connection to supports. The ACC -RBHA continues to meet with the providers individually and review progress, barriers, or updates throughout grant period. In the Central GSA to date there have been 43 individuals who received served through PHH and some type of SUD recovery housing. Twenty four (24) active members are engaged in the PHH program currently. Thirteen (13) individuals are connected to some type of SUD treatment service. All but 3 individual active PHH members through one provider are currently employed. The 3 individuals who are unemployed are actively seeking employment. Six (6) individuals have completed the PHH program or left for another housing opportunity. One provider reports 77% of PHH members have been connected to wrap around services and 76% of active members are also currently employed. As of October 2024, there was a post-intervention utilization decrease of about $1,795.67 per member per month, and the average claim cost wet down by about 17%. In the Southern GSA through PHH, 9 individuals were served through SUD recovery housing and connected to outpatient SUD treatment and recovery services and wrap around services. Three (3) individuals increased income through connection to benefits (I.e. SSI, SSDI, TANF etc.). In the Northern GSA, although the PHH program is still ramping up, 8 individuals were outreached for the program. As PHH continues through September 30, 2025 with funding from SUBG ARPA, AHCCCS will seek to work with ACC-RBHAs and providers to continue upon the progress built through PHH in supporting recovery through connection to housing and wraparound services.

Priority #: 5

Priority Area: Reduction in Suicide Rate

Priority Type: SUP, SUT, SUR, MHS, ESMI, BHCS

Population(s): SMI, SED, PWWDC, PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 18.7% per 100,000

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

Second-year target/outcome measurement: 18.0% per 100,000

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Information on death by suicide is compiled from the original documents filed with the ADHS, Bureau of Vital Records and from transcripts of original death certificates filed in other states but affecting Arizona residents. Rate is calculated by dividing the count of suicide deaths by the population for the given time period and multiplying by 100,000.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 6

Priority Area: Crisis Services in Rural Communities

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

AHCCCS will support development of additional crisis stabilization facilities in Northern Arizona including financial resources, technical assistance, consultation, and collaboration with the ACC-RBHA and providers in the Northern GSA.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: Current count is 29

First-year target/outcome measurement: 29

Second-year target/outcome measurement: 59

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

Data Source:

RBHA in Northern Arizona, AHCCCS Crisis Utilization data

New Data Source*(if needed)*:

Description of Data:

Number of licensed Crisis Observation facilities including capacity report.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Increase number is dependent upon the completion of planned and/or contracted projects by targeted end date.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 7

Priority Area: Crisis Utilization

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Arizona will increase statewide utilization of crisis services by 300% by the end of 2025.

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

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

Second-year target/outcome measurement: Statewide utilization of crisis services will increase and additional 100% between 2024 to 2025.

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

Data Source:

AHCCCS contractors, including ACC-RBHA contractors providing crisis services.

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 8

Priority Area: SMI Unsheltered Homeless

Priority Type: MHS

Population(s): SMI

Goal of the priority area:

Arizona will reduce the incidence of unsheltered homeless individuals with an SMI designation by 2% by the end of calendar year 2024 and an additional 3% the following year for a total reduction of 5% by the end of calendar year 2025.

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

Second-year target/outcome measurement: Statewide occurrence will be reduced to 15% in the second year.

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

AHCCCS utilizes HMIS and additional measures to track the unsheltered homeless population statewide, including those with an SMI designation, on a monthly basis. The Arizona Department of Economic Security also releases a State of Homelessness report annually,

including Point-in-Time counts in three service areas referred to as Continuums of Care: Maricopa, Tuscon/Pima, and a balance of state.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None identified at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 9

Priority Area: Primary Prevention - Family Services

Priority Type: SUP

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

parent message is being distributed throughout Arizona, through a diverse array of channels: education and curricula, media mix of radio, TV, billboards, social media, and more. Additionally, several community-based coalitions implement family-based programming that will aim to increase parent-child communication. Examples include but are not limited to: the Phoenix Indian Center/Urban Indian Coalition of Arizona implements Parenting in Two Worlds, MATFORCE implements a family/parenting skill development -program which aims to increase the percentage of caregivers who talk to their children on the risks and harms of drugs, Parker Area Alliance for Community Empowerment (PAACE) implements several strategies related to increasing parent-child communications and parent education and parent attitudes toward drug use. GOYFF released a request for grant applications (RFGA) in July 2023 to renew prevention contracts, with a focus on trauma-informed prevention programming. The programs implemented under this RFGA are likely to include family-based and parent education programming that would also impact this objective to increase parent-child communication as a protective factor for substance use.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 50.2%

First-year target/outcome measurement: 52.71%

Second-year target/outcome measurement: 55.34%

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

Data Source:

AZ SUBG Prevention Data Portal / Adult PPP Survey

New Data Source*(if needed)*:

Description of Data:

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
For SFY2024, 80 parents completed the Pre Survey and 42 parents completed the post survey. Pre Mean = 2.09, Post Mean = 3.19. % change = 52.6%. Target of 5% increase in parent-child communication was exceeded; however, the results should be interpreted with caution due to the difference between the pre and post survey sample sizes (80 vs 41 respectively). Furthermore, AHCCCS is noting that the sample size for this indicator is very small. We understand that an indicator representative of the state would be better. This will be reviewed and addressed in a future plan/report. AHCCCS contracts with a diverse array of subrecipients to carry out statewide SUBG prevention activities. Relevant to this goal/objective, this includes the Trauma-Informed Substance Abuse Prevention Program (TISAPP) implemented through the Governor's Office of Youth, Faith, and Family (GOYFF), carried out by 28 subrecipients, 5 additional (19 total but 5 unduplicated from GOYFF) community-based coalitions, 3 TRBHAs, Department of Liquor Licenses and Control (DLLC), PAXIS, and Prevent Child Abuse Arizona. The Substance Awareness Coalition Leaders of Arizona (SACLAz) also implemented a media campaign including billboards, social media, movie theater ads, TV, radio and an in-person educational toolkit for school-based education on alcohol, marijuana, and vaping. This media campaign supplements the One Pill Can Kill messaging that SACLAz has implemented for fentanyl education under another fund source, raising community awareness and encouraging parents to talk to their kids about substances. See the SALCAz toolkit at https://saclaz.org/toolkit/. The SACLAz media efforts (radio, TV, and other forms like billboards) have generated significant impressions, totaling over 122 million impressions to date. Social media efforts have reached 20 million impressions. Over 1.2 million substance use prevention materials were distributed. Additionally, the campaign has reached over 26,000 individuals through training and events. School-based education on opioid and stimulant misuse has engaged over 12,500 students. In SFY24, the TISAPP program under the GOYFF reaching over 8.3 million participants. Three grantees focused on measuring parent-child communication about substance use, with results showing that youth increased their communication with parents or other adults by an average of 38.4%. While the target for increasing parents' intent to talk about substance use with their children was not fully met, 85.3% of adults in

another set of programs reported an increased intention to engage in these important conversations. PYTs community-based initiatives outlined a strong commitment to supporting family structures and preventing substance abuse, particularly among youth aged 6-12. Key family-focused events such as the Mother-Daughter Tea and Father and Son BBQ promote positive relationships, offering platforms for parents and children to bond while reinforcing the importance of healthy family dynamics. These events are instrumental in preventing family stressors that can lead to substance abuse. Youth-focused prevention activities, including the Warrior Camp and Fall Break Program, engage children in culturally grounded prevention education, teaching them about substance abuse and mental health. These programs are integral to early intervention, equipping youth with the tools to resist harmful behaviors and build healthy lifestyles. During this report period (SFY24), DLLC addressed substance use through community engagement and targeted programming. Prevention specialists participated in 93 community events, reaching over 6,300 individuals. These efforts included presentations on the risks of underage and irresponsible drinking, as well as encouraging parents and caregivers to discuss these topics with their children. Brochures, stickers, and talking points were provided, and parents gave positive feedback, sharing their own strategies for continuing the conversations at home. Since 2019, The PAXIS Institute, in partnership with AHCCCS, has been implementing evidence-based strategies in Arizona to enhance self-regulation and collaboration among both young people and adults. These strategies, including the PAX Good Behavior Game® (GBG) and PAX Tools®, have reached over 10,000 Arizona professionals since this initiative began. As part of this work, PAXIS provides PAX Tools workshops for parents, grandparents, ad foster and kindship caregivers, reaching 320 caregivers between September 1, 2023 to July 1, 2024. Although PAXIS programs overall are not specifically targeting parent-child communication, this particular strategy contributes to caregivers' skills to support their children, which may include conversations about substance, and certainly results in improvements in child behavior and family dynamics. AHCCCS also contracts with Prevent Child Abuse Arizona to implement the Tiple P Positive Parenting Program (Triple P). Activities in FY24 focused on increasing access to evidence-based parenting support for at-risk families in Arizona. These efforts included coordinating Triple P training for providers, ensuring they received the appropriate training to meet the specific needs of their communities, and offering stipends to help implement Triple P with uninsured or underinsured families. Additionally, funding was provided for parent resource materials to support providers in delivering Triple P to families. Arizona's continued investment in Triple P was reinforced by maintaining a community of practice and offering ongoing implementation support for the more than 500 Triple P practitioners in the state. Throughout the year, key activities included the hosting of four quarterly Triple P Community Advisors meetings to increase awareness and expand the program's reach, as well as 12 monthly Community of Practice meetings for all trained practitioners, supervisors, and organizational leads. The Positive Parenting AZ website served as a vital resource, with 1,627 new users visiting the site to access available courses and providers. The training efforts in FY24 reached 55 new Arizona providers, expanding the program's ability to serve an estimated 3,020 families annually. Furthermore, 91 stipend-supported Triple P courses were delivered to 522 parents, helping them address behavioral challenges and family issues more effectively. The distribution of 61 orders for parent resource materials ensured that providers had the necessary tools to support their clients, with materials such as workbooks, booklets, and tip sheets distributed throughout the year. The impact of these efforts is evident in the continued growth and success of Triple P in Arizona, as demonstrated by the positive feedback from partner organizations such as Family Service Aides, which have benefitted from the comprehensive support provided under the AHCCCS SUBG funding. In October 2022, AHCCCS reinstated the allocation of SUBG prevention funds to the White Mountain Apache TRBHA. WMAT implements prevention activities for the community, youth, families, and adults. Programs and strategies implemented among youth, families, and adults all contribute to this objective as it starts the conversation for them as individuals as well as families and communities. The Youth Prevention Program made significant impacts, engaging youth and adults in substance misuse education, stress management, and healthy coping strategies. In addition to reaching over 1,000 individuals through community outreach, the program held numerous presentations at local schools and events, including a Red Ribbon Week initiative, reaching 794 students, and a series of health education sessions, including substance abuse prevention and stress management workshops. The program also implemented a variety of activities like beading workshops and mindfulness exercises to foster culturally relevant and positive coping skills among youth. The WMAT also implemented parenting curricula, including stress management and substance use presentations to parents and students, and events to build and strengthen family connections. Their women's wellness program has addressed relationships between mothers and daughters, paint nights, basket weaving, and crocheting. Finally, WMAT implements activities that address the intersection health issues that contribute to substance use in families such as child abuse prevention, teen dating violence prevention (healthy relationships), and domestic violence prevention and support. Another TRBHA reported a total of 18 cycles of Active Parenting curriculum this report period. This program was implemented for Active Parenting generally plus for ages 0-5 and teens specifically. A total of 57 parents participated. Although a small amount of evaluation surveys were recorded (26), they indicated positive impacts for the Gila River Indian Community: 100% indicated that the program was valuable to them, 92.31% indicated they learned new skills about how to parent, 88.46% of parents increased their knowledge about the harms and consequences of youth substance use, 100% of parents indicated that the sessions helped them understand how they can influence their child's decisions about drug and alcohol abuse. Community-based coalitions also implemented programs that educate either parents or children on substance use and/or support parent-child communication about substance use as follows: Too Good for Drugs, Thrive, Toward No Drugs, Keep a Clear Mind, Botvin's Life Skills, Family Passages, Prevention Plus Wellness, Project ALERT, Stand With Me Be Drug Free, Operation Prevention, Keeping it Real, Lion's Quest, Gathering of Native Americans, Parenting in Two Worlds, Rx360, and Positive Parenting. Finally, AHCCCS also had contracted a professional media vendor for the Talk Heals media campaign that ran November 2022 through Sept 1, 2023 that was focused on mental health factors relating to substance use, which included Spanish and English messaging. Campaign objectives included: 1) encourage young people to confidently seek support and utilize mental health resources to cope with lifes challenges instead of turning to substances to cope, and 2) encourage parents and mentors to confidently pose a as resource for their children/youth that may be struggling with mental health issues, providing them with protective factors against substance use. In the final months of the campaign, it reached 40,162 youth users and 47,614 youth page views, 36,999 parent users, and 42,556 parent page views in the final quarter of the campaign. Total social media campaign metrics from November 2022 to September 2023 include 190,000 total engagements, 57 million total impressions, and 1.7 million total video views.

Priority #: 10

Priority Area: Primary Prevention - Elementary-age Children

Priority Type: SUP

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 20,198

First-year target/outcome measurement: 21,208

Second-year target/outcome measurement: 22,268

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

Data Source:

AZ SUBG prevention data portal

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Although there is a data caveat as noted above, AHCCCS SUBG prevention coalition providers met the goal for year 1, reporting 20,816 elementary-aged children (2,090 direct, 24,977 indirect) in SFY24. During the 2023-2024 grant year, SUBG subrecipients implemented comprehensive prevention strategies targeting elementary-aged youth, focusing on building awareness around healthy decision-making and preventing substance misuse. Although we did not meet our goal using coalition only numbers, other types of providers are implementing services for this population that are not accounted for in the measure outlined in the objective. For all subrecipients in calendar year 2022, a total of 82,895 children aged 12 and younger were served with direct (13,145) and indirect (69,750) services. DLLC's approach included engaging youth through community events, school presentations, and interactive activities. DLLC participates in tabling events throughout the state, and implement strategies that captivate younger children and provide education on the effects of alcohol. Prevention specialists facilitated discussions around these experiences, connecting them to the broader educational messages. Throughout the year, DLLC reached approximately 600 youth aged 0-11 at various community events. In addition to these activities, DLLC conducted school-based prevention efforts, including class presentations and distribution of prevention materials. At Seven Mile

Elementary School, DLLC presented to 351 students, while 224 students at Cradleboard Elementary and 213 students at Whiteriver Elementary were also engaged in prevention messaging. DLLC also reached 16 children through summer programs at a local daycare center, where they discussed making smart choices and staying away from drugs and alcohol. Additionally, DLLC provided the Keep a Clear Mind curriculum book for students to implement with their parents during the April-June 2024 period. DLLC has worked closely with early childhood development professionals to refine their approach and ensure that the information is presented in a way that resonates with younger audiences. GOYFF, through SUBG funding, reported that 40,757 young children, aged 11 and under, were directly and indirectly reached by prevention programs during 2023-2024. The total number of youth impacted was 46,106, representing a 13% increase, which exceeded the 5% target for the year. Gila River TRBHA's prevention team also provided a range of interventions for elementary-aged youth. One of the primary interventions was the Botvin's Life Skills program, which was delivered in seven cycles to 75 youth at locations including Blackwater Community School, Residential Programs for Youth, and District Service Centers. The program covered key topics such as advertising, assertiveness, communication skills, decision-making, stress management, self-esteem, and social skills. Survey results from 65 youth participants showed strong outcomes: 89% of students understood how to transform negative thoughts into positive ones, 92% learned strategies for lowering stress levels, and 90% gained improved communication skills. Additionally, the Gila River team hosted three positive social events at the Boys and Girls Club, attended by 44 youth. These events, which included alternative pro-social activities paired with prevention education such as bracelet-making, movie nights, and discussions on mental health and stress management, provided safe spaces for youth to engage in healthy activities and share their thoughts. PYT held family and youth focused events like Spooktacular and the Community Christmas Party further expand outreach by creating safe spaces for children and promoting wellness messages. Partnerships with organizations such as the Maricopa County Health-Tobacco Unit and Native American Programs enhance prevention efforts, offering educational sessions on vaping, fentanyl, and substance misuse, which are critical in addressing early substance exposure. Community collaborations with partners like Sonoran Prevention Works and the Guadalupe Family Resources Center broaden the scope of prevention efforts, offering resources like AIDS testing, needle exchange, and Narcan, while the We Are Guadalupe Youth Focus Group empowers families to voice concerns and guide future programming. The Guadalupe Community Partnership and its active coalition members, along with the creation of an electronic newsletter, ensure that the community stays informed and connected to vital resources. PAXIS focuses on promoting positive mental health and preventing substance abuse through PAX GBG training to school personnel. This game is designed for students in elementary schools, fostering cooperation, self-regulation, and prosocial behaviors in a classroom setting. By enhancing social-emotional learning, PAXIS aims to improve academic performance and reduce problematic behaviors. Using SUBG prevention funds in FY24, the PAX GBG continues to expand in Arizona schools to create a supportive environment that benefits both students and educators, with a focus on long-term positive outcomes in child development and school climate. Together, these efforts highlight a coordinated approach to preventing substance misuse and promoting healthy life skills among elementary-aged youth. By leveraging community events, school-based programming, and interactive activities, Arizona prevention providers have made significant strides in educating and empowering young children to make positive choices. Finally, in an effort to better capture this work, AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work.

Priority #: 11

Priority Area: Primary Prevention - Community-based Process

Priority Type: SUP

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Coalitions that are directly-contracted with AHCCCS through the 2021 request for proposals (RFP) are expected to conduct at least nine (9) formal coalition meetings per year, monitor and evaluate coalition participation on an ongoing basis, ensuring representation of all required sectors at all formal coalition meetings. Monthly formal coalition meetings shall be attended by at least eight (8) sector representatives at least nine (9) months of the calendar year from the mandated sectors, and sector representation at each meeting should be tracked by meeting notes and sign in sheets. The administration and reporting of the Wilder Collaboration Factors Inventory tool by the coalitions to measure coalition effectiveness and functioning is required as of July 1, 2021. For July 1, 2022 - June 30, 2023, 196 coalition members completed the pre-survey, and 103 completed the post-survey (a 47% attrition). For the post-survey, this represents about 5 coalition members per coalition completing the post-survey. AHCCCS will work with the contracted evaluator and the coalitions to increase the administration of the tool both at the pre-survey administration as well as post-survey administration in order to better measure the coalitions' effectiveness and functioning as reported by its members. With more robust data, AHCCCS, the prevention evaluator, and coalitions will be better able to identify areas of improvement for each coalition and strategies on how to increase their effectiveness and functioning and therefore their scores on the tool. Arizona coalitions will implement strategies to improve their scores on the specific factors in the tool/survey that are the highest areas of improvement for their local coalition, while also being able to identify their coalition strengths and celebrate those successes. AHCCCS also actively seeks to support strengthening of the community-based process with coalitions by connecting the various

stakeholder individuals and organizations across the state and provide opportunities for them to share ideas, resources, and connect to support each other. During this fiscal year, the highest scored (4.3 / 5) items by the coalition members on the Wilder Collaboration Factors Inventory are: mutual respect, understanding and trust, members see collaboration as being in their self-interest, flexibility, open and frequent communication, concrete, attainable goals and objectives, and skilled leadership (4.4). Most of the measures trended upward in their post-survey means. The lowest scored item at post-survey was sufficient funds, staff materials and time (3.7 / 5), appropriate pace of development (3.9), multiple layers of participation (3.9 / 5), and appropriate cross section of members (3.9 / 5). AHCCCS would like to work with the coalitions on increasing membership, and sector representation, and would like to hear from specific coalitions about their desired improvements and support them in that. Strategies that coalitions may implement to improve Wilder scores will be specific to their identified needs and the local conditions in their community. However, AHCCCS staff, coalition staff, and hired vendors will collaborate to strategize the best options for each coalitions. This may involve continued or enhanced efforts to gain community member involvement in coalition efforts through increasing community events, meeting attendance, expanding networking efforts, engaging key community stakeholders to collaborate substance use primary prevention initiatives, develop formal structures, establish policies, procedures, and/or coalition bylaws, and other strategies to build capacity and strengthen community coalitions. Many coalitions are in need of representatives from the following sectors: youth, businesses, media, medical and faith communities. Implementing more effective and functional coalitions would ensure the capacity to implement more community-based and community-supported primary prevention efforts.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 196

First-year target/outcome measurement: 215

Second-year target/outcome measurement: 236

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

Data Source:

AZ SUBG Prevention Data Portal

New Data Source*(if needed)*:

Description of Data:

Wilder Collaboration Factors Inventory

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
Efforts, progress, successes towards the goal/objective AHCCCS did not reach the goal for Wilder pre-surveys, recording only 175 pre-surveys for SFY24. During SFY24 AHCCCS ramped up its efforts to engage coalitions in completing the Wilder Collaboration Factors Inventory surveys (Wilder survey), a key component of their data collection and assessment process that allows providers (and the state) to measure coalition functioning. To encourage participation, AHCCCS implemented several strategies. During the Statewide Prevention Meetings, AHCCCS made concerted efforts to remind coalition members about the requirement of and importance of completing the Wilder survey to assess coalition effectiveness. AHCCCS ensured that the survey stayed top of mind for coalition members and gave an opportunity for them to ask questions and discuss any concerns. Additionally, AHCCCS collaborated with Wellington Consulting group to send out the digital copies of the survey to be printed off, as well as a survey link directly to coalition members. This direct distribution method made it easier for participants to access the survey, streamlining the process and ensuring more timely responses. Barriers and challenges Despite AHCCCS and Wellington efforts to remind coalitions of this requirement and the promotion of it during subrecipient meetings, 60% of the coalitions did not administer and/or submit the Wilder Survey during SFY24. Although it is possible that some of these coalitions administered and reported the survey just before or just after the SFY timeframe and therefore not captured here, AHCCCS is also aware that coalition capacity is low at times, especially in rural areas. Some coalitions have reported limited number of coalition members attending meetings, and/or low coalition member rosters, etc. Another barrier reported is that Coalition Coordinators have struggled to get the surveys back timely or at all from coalition members, leading to low response rates. Coalitions have reported that they survey can be difficult to administer due to the length of the survey discouraging coalition members in completing it. Future efforts towards the goals or to address barriers Since Matforce has taken over the contracts with the coalitions as of 7/1/2024, AHCCCS

will work with Matforce to ensure they are holding coalitions accountable for the missing Wilder Survey requirement moving forward. Additionally, at the start of SFY25, a report from the AHCCCS-contracted evaluator was updated to add the Wilder report completion status for ease of monitoring coalition compliance with this requirement. It is anticipated that this strategy will help improve the administration and submission of the Wilder survey in SFY25. AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work.

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

Indicator #: 2

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

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

First-year target/outcome measurement: 113

Second-year target/outcome measurement: 124

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

Data Source:

AZ SUBG Prevention Data Portal

New Data Source*(if needed)*:

Description of Data:

Wilder Collaboration Factors Inventory

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

Efforts, progress, successes towards the goal/objective In SFY24 AHCCCS did not meet the goal of increasing the number of Wilder post-surveys reported by coalitions, recording only 50 post-surveys for. However, the data collected in Wilder surveys in SFY24 shows several areas of improvement in coalition functioning from pre-test to post-test for the state. Coalitions had a positive percent change, indicating an improvement, in 21 of the 22 factors (95.5%) included on the Wilder survey. Factor scores are separated into three levels: "Concern" (a score of 2.9 or lower) indicating an area that should be addressed with a plan to remedy the problem, "Borderline" (3.0 to 3.9) which is an area that the coalition determines if it needs attention, and "Strengths" (4.0 and higher) which are areas where the coalition is strong and does not need to focus attention. In SFY24, seven (7) of the 22 factors (31.8%) increased from a borderline score to a strength. Coalitions showed improvement in areas such as: 1) being seen as a legitimate leader in the community, 2) members' ability to compromise to meet shared goals, 3) developing clear roles and policy guidelines, 4) incorporating evaluation and continuous learning into decision making, 5) establishing informal relationships and communication links, 6) having a unique purpose, and 7) having engaged stakeholders. The evaluation team set a target of a 5% increase from the baseline score to the SFY24 post score in the 22 factor scores was set for SFY24. Four of the five coalitions (80%) who submitted post surveys achieved the 5% target in at least five (5) of the 22 factors. On average, the coalitions reported at 5% increase in 11.6 of 22 factors. The 22 factors included in the Wilder Collaborative Factors Inventory have been shown to strongly influence the success of a collaboration. These increases indicate the coalitions are becoming strong at working together to achieve their goals. Barriers and challenges Despite AHCCCS and Wellington efforts to remind coalitions of this requirement and the promotion of it during subrecipient meetings, 60% of the coalitions did not administer and/or submit the Wilder Survey during SFY24. Although it is possible that some of these coalitions administered and reported the survey just before or just after the SFY timeframe and therefore not captured here, AHCCCS is also aware that coalition capacity is low at times, especially in rural areas. Some coalitions have reported limited number of coalition members attending meetings, and/or low coalition member rosters, etc. Another barrier reported is that Coalition Coordinators have struggled to get the surveys back timely or at all from coalition members, leading to low response rates. Coalitions have reported that they survey can be difficult to administer due to the length of the survey discouraging coalition members in completing it. Future efforts towards the goals or to address barriers Effective 7/1/2024, AHCCCS contracted with Matforce and they subcontract with various coalitions throughout out the State. Matforce will continue to work the coalitions on the missing Wilder Survey requirements. Additionally, at the start of SFY25, a report from the AHCCCS-contracted evaluator was updated to add the Wilder report completion status for ease of monitoring coalition compliance with this requirement. It is anticipated that this strategy will help improve the administration and submission of the Wilder survey in SFY25. AHCCCS will review and assess the goals, objectives, and indicators to ensure they are not only aligned with the state and local efforts but also effectively measure successes of this work.

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

Priority #: 12

Priority Area: Primary Prevention - College Services

Priority Type: SUP

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 808,650 (7/1/2022 – 6/30/2023)

First-year target/outcome measurement: 846,471

Second-year target/outcome measurement: 888,794

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

Data Source:

AZ SUBG Prevention Data Portal

New Data Source*(if needed)*:

Description of Data:

808,650 (direct and indirect) Direct 2,487 Indirect = 806,163

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

AHCCCS used SUBG supplemental funds to support four institutes of higher education (IHEs)—Arizona State University (ASU), Northern Arizona University (NAU), the University of Arizona (U Arizona), and Yavapai College (YCC)—to support and enhance prevention efforts across the state and to support the substance use prevention and related needs among the young adult college population. This funding initiative reflects AHCCCS's commitment to addressing public health challenges through collaborative partnerships with educational institutions. By providing these universities and colleges with the necessary resources, AHCCCS enables them to implement comprehensive prevention programs like BEV Initiative, C3 Peer Motivation Interviewing ScreenU, SHADE Alcohol and Marijuana prevention edition as well as Wellness Summits. These programs are aimed at improving the health and well-being of students and local communities. These programs focus on a wide range of issues, including mental health, substance abuse, and healthy lifestyle promotion, with the goal of reducing risks and promoting positive outcomes for the student population. Positive outcomes from a Wellness Summit Hosted by NAU were that students learned stress relief techniques and 70% of participants reported that they intend to integrate stress relief techniques. TheScreenU and Wellness Summit programs resulted in a 4% increase in the perception of risk or harm related to alcohol. They also report goals to increase community mobilization and social connectedness. These core programs are focused on improving stress management, increasing the perception of alcohol risk, fostering community engagement, and enhancing social connections among participants. The IHEs engage students in prevention education, conduct research, and develop community outreach strategies that can make a lasting impact. AHCCCS's partnership with IHEs fosters a proactive approach to public health, emphasizing early intervention and prevention as essential tools for improving the overall health of Arizonans, particularly the young adult population.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Center for Substance Abuse Treatment

Division of State and Community Systems

State Systems Partnership Branch

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

Report Expenditure Period: October 1, 2023 - September 30, 2024

Report Submission Due Date: Tuesday, December 31, 2024

Name of SUBG Grantee: Arizona
Name of State, DC, Territory, Associated State, or Tribe

Submitted By: Emma Hefton, SUBG Grant Administrator
Name and Title of Individual Submitting Report

Date Submitted: 12/24/2024

Total FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding Amount Awarded to This Grantee in August, 2021: $ 1,392,949

Instructions: For the FFY 2024, ending on 9/30/24, please complete this FY 24 Annual Report form for the FY 2024 expenditures from the FY 2021 SABG ARP COVID Testing and Mitigation Supplemental Funding. Please upload as a Word or PDF document in Table 1 of the 2025 SUPTRS BG Report that was submitted on or before 12/2/24. Please report on the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding activities and expenditures by Tuesday, December 31, 2024. The period of performance for this report is October 1, 2023 through September 30, 2024. For further information , please feel free to contact your CSAT SPO, Theresa Mitchell Hampton.

Details for SUPTRS BG Grantees: After completing the table above, grantees are requested to upload this report document through a regular WebBGAS Revision Request that will be created by your CSAT SPO, as an Attachment to Table 1 Priority Area and Annual Performance Indicators – Progress Report, of the 2025 SUPTRS BG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, December 31, 2024.

For the expenditure period of October 1, 2023 through September 30, 2024, please include a complete listing of the expenditure of FY 2021 SABG ARP COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete, and upload this report document indicating **"Not Applicable"**. Please feel free to address any questions or concerns to your CSAT SPO, Theresa Mitchell Hampton. Thank you.

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report Table

#	FY 24 Date of Expenditure*	FY 24 Item/Activity Description for Expenditure Period of 10/01/23 through 09/30/24	FY 24 Amount of Expenditure
1	10/2023	Personnel & ERE (3 staff), other (phone), indirect	$227.64
2	11/2023	Personnel & ERE (3 staff), other (phone), indirect	$227.77
3	12/2023	Personnel & ERE (9 staff), other (phone), indirect	$601.73
4	1/2024	Personnel & ERE (3 staff), other (phone), indirect	$527.49
5	2/2024	Personnel, ERE (4 staff), other (phone), indirect	$958.53
6	3/2024	Personnel, ERE (3 staff), other (phone, iPad service plan, vehicle use, COVID-19 mitigation supplies), indirect	$3,018.00
7	4/2024	Personnel, ERE (5 staff), other (phone, iPad service plan, vehicle usage), indirect	$1,376.94
8	5/2024	Personnel, ERE (5 staff), other (phone, iPad service plan), indirect	$771.67
9	6/2024	Personnel, ERE (3 staff), other (phone, iPad service plan, COVID-19 mitigation supplies), indirect	$1,015.52
10	7/2024	Personnel, ERE (2 staff), other (phone, iPad service plan), indirect	$505.48
11	8/2024	Personnel, ERE (2 staff), other (phone, iPad service plan, vehicle use, COVID-19 mitigation supplies), indirect	$3,923.42
12	9/2024	Personnel, ERE (2 staff), other (phone, iPad service plan), indirect	$625.41
		Total	**$13,779.60**

*Footnote: Consistent with previous year's reporting, AHCCCS is reporting activities and expenditures for dates of service between 10/1/2023 - 9/30/2024. Payment dates may vary.

Narrative

Arizona Health Care Cost Containment System (AHCCCS) combined Mental Health Block

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

Spectrum Healthcare Group leveraged a team of Anywhere Care Specialists to outreach congregate care settings to offer free personal protective equipment (PPE) and assistance in developing and implementing COVID-19 mitigation strategies. A brief needs assessment and telephone script was developed to facilitate outreach and service provision. Dependent upon assessed needs, examples of potential activities Spectrum offers include: coordination and partnership with state and local health departments/agencies on how to align provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnership; develop strategies and/or support existing community partnerships to prevent infectious disease transmissions; develop onsite testing confidentiality policies and implementation of program practices; policy and procedure development relevant to the individualized needs of the setting; maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate); increase access to testing supplies and PPE for staff and consumers; procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks; provide training and technical assistance to implement rapid onsite COVID-19 testing; mobilize COVID-19 testing units to geographic locations, such as rural and tribal regions with high need, limited resources, and/or other identified barriers to care for SMI, SED and/or SUD populations; facilitate access to behavioral health services for people with SMI, SUD, and SED who are at high risk for COVID-19; engage in activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities; conduct contact tracing - the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 that includes, but is not limited to: providing information about the virus, discussing symptom history and other relevant health information, and provide instructions for self-quarantine and self-monitoring for symptoms; expand local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system, education, rehabilitation, prevention, treatment, and support services for symptoms occurring

after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living; promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated); behavioral health services to staff working as contact tracers and other members of the COVID-related workforce; and maintain health operations for staff, including building measures to cope with employee stress and burnout.

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

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

Background and Description of Funding: On August 10, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The total overall expenditure period performance period for this funding is September 1, 2021 – September 30, 2025, though the expenditure period for the report above is for FY 2024 only, from 10/01/23 through 09/30/24.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, US Territories, Freely Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the 2025 Substance Use Block Grant Report filed on or before 12/02/24. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/04/2024: SUBG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 2024 SABG ARP COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 2024 expenditure period of October 1, 2023 through September 30, 2024. Using the FY 2024 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2025 SUPTRS Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, December 31, 2024. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2023 and September 30, 2024. If no activities were completed, please complete, and upload the report document indicating **"Not Applicable"**.

Summary of the August 10, 2021 Guidance Letter:
Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

"People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest $100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state, and local correctional facilities–some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 01, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates $50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states. States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

- Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.

- Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.

- Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.

- Behavioral Health Services for those in short-term housing for people who are at high risk for COVID-19.

- Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease

transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.

- Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

- Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most under-served, under-resourced, and marginalized communities in need.

- Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

- Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.

- Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.

- Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.

- Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.

- Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.

- Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).

- Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).

- Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.

- Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:

- Discuss test result or diagnosis with consumers;
- Assess patient symptom history and health status;
- Provide instructions and support for self-isolation and symptom monitoring; and
- Identify people (contacts) who may have been exposed to COVID-19.

• Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:

- Provide information about the virus;
- Discuss their symptom history and other relevant health information; and
- Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

• Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
• Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
• Construction projects.
• Support of lobbying/advocacy efforts.
• Facility or land purchases.
• COVID-19 mitigation activities conducted prior to 09/01/2021.
• Financial assistance to an entity other than a public or nonprofit private entity.

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

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

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19[1]	I. ARP[2]
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery[3]	$33,804,605.71		$86,767,587.30	$36,220,525.94	$5,822,155.26	$72,550.00	$0.00	$14,059,829.98	$2,009,905.12
a. Pregnant Women and Women with Dependent Children	$3,500,777.00		$0.00	$0.00	$0.00	$0.00	$0.00	$2,490,112.01	$432,283.11
b. Recovery Support Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
c. All Other	$30,303,828.71		$86,767,587.30	$36,220,525.94	$5,822,155.26	$72,550.00	$0.00	$11,569,717.97	$1,577,622.01
2. Substance Use Disorder Primary Prevention	$9,691,134.31		$0.00	$0.00	$0.00	$0.00	$0.00	$2,427,651.95	$2,942,150.84
3. Tuberculosis Services	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[4]	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	$1,848,110.04		$0.00	$1,177,026.92	$0.00	$0.00	$0.00	$126,463.07	$78,852.60
11. Total	**$45,343,850.06**	**$0.00**	**$86,767,587.30**	**$37,397,552.86**	**$5,822,155.26**	**$72,550.00**	**$0.00**	**$16,613,945.00**	**$5,030,908.56**

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2]The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

[3]Prevention other than primary prevention

[4]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 FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

(•) Actual ( ) Estimated

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Footnotes:

Expenditure Period listed in the WebBGAS table is incorrect. The correct expenditure period starts on 7/1/2023 and ends on 6/30/2024.

Column A represents SUBG expenditures incurred during SFY24 but does not include SABG Technical assistance expenditures. Row C, "all other" includes $28,702,024.77 in SUBG General Services and $1,601,803.94 in SUBG HIV for a total of $30,303,828.71.

Column H and I represent CRRSAA and ARPA expenditures during SFY24 (07/01/23-06/30/2024 to be in line with the table dates/period)- derived from our Accounting system (AZ360) but does not represent actual service/treatment expenditures.

All expenditures reported are actual costs not estimates.

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

Expenditure Start Date: 10/01/2021 Expenditure End Date: 09/30/2023

				SSP Expenditures		
SSP Agency Name	**SSP Main Address**	**SUD Treatment Provider (Yes or No)**	**# Of locations (Include any mobile locations)**	**SUPTRS BG Funds**	**COVID-19[1] Funds**	**ARP[2] Funds**
No Data Available						

[1] The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2] The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

Table 3a is denoted as not required, therefore AZ is not reporting this table for this report year.

III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 10/1/2021 Expenditure End Date: 9/30/2023

SUPTRS

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

COVID-19[1]

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

ARP[2]

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

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2] The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

Table 3b is denoted as not required, therefore AZ is not completing this table for this report year.

III: Expenditure Reports

Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdoese Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19[1] Funds	ARP[2] Funds
No Data Available										

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025, for most states.

[2]The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.

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Footnotes:

Table 3c is denoted as not required, therefore AZ is not completing this table for this report year.

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

This table is for the reporting of expenditures by category for the SUPTRS BG FY 2022 Award. States should complete this table and demonstrate compliance with SUPTRS BG statute and regulations during the two-year expenditure period for which the state was awarded. These include a minimum expenditure of no less than 20 percent for primary prevention, a capitation of 5 percent in SSA administration of the SUPTRS BG, and a required 5 percent for EIS/HIV in designated states during the award period. For detailed instructions, refer to those in WebBGAS.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Expenditure Category	FY 2022 SA Block Grant Award
1. Substance Use Prevention[1], Treatment, and Recovery	$31,197,818.96
2. Substance Use Primary Prevention	$8,693,382.00
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV)[2]	$1,531,803.17
4. Tuberculosis Services	$0.00
5. Administration (excluding program/provider level)	$2,043,900.50
Total	**$43,466,904.63**

[1]Prevention other than Primary Prevention

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

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

AHCCCS expenditures for FFY2022 grant is $43,466,904.63 (matches AHCCCS' accounting system) - previous FFR submitted reflected $43,466,912.00. the Difference of $7.37 was due to credits processed after FFR submission. AHCCCS intends to revise and resubmit FFR. Also, the current PMS balance reflects $43,466,910.95 but does not include some credits that are in process to be returned to SAMHSA

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

This table is for the reporting of expenditures on primary prevention activities and must demonstrate the state's compliance with the statutory minimum set-aside of no less than 20 percent of the SUPTRS BG 2022 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Table 5a. The total reported on this table should be equal to that found in Table 4, Row 2 unless the state also reports expenditures in Table 6, Column B. In which case, the sum of Table 5a + Table 6, Column B should be equal to that reported on Table 4, Row 2. Expenditures within the six strategies should be directly associated with the cost of completing the activity or task. If a state used strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other."

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	$0.00				
Information Dissemination	Indicated	$0.00				
Information Dissemination	Universal	$2,175,906.07				
Information Dissemination	Unspecified	$7,645.28				
Information Dissemination	**Total**	**$2,183,551.35**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Education	Selective	$352,150.40				
Education	Indicated	$203,480.43				
Education	Universal	$3,236,156.92				
Education	Unspecified	$0.00				
Education	**Total**	**$3,791,787.75**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Alternatives	Selective	$43,716.06				
Alternatives	Indicated	$18,123.40				
Alternatives	Universal	$281,734.08				
Alternatives	Unspecified	$0.00				
Alternatives	**Total**	**$343,573.54**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Problem Identification and Referral	Selective	$37,983.02				
Problem Identification and Referral	Indicated	$6,817.59				
Problem Identification and Referral	Universal	$45,864.33				
Problem Identification and Referral	Unspecified	$342.33				

Problem Identification and Referral	**Total**	**$91,007.27**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Community-Based Process	Selective	$189,413.38				
Community-Based Process	Indicated	$3,575.70				
Community-Based Process	Universal	$1,205,816.13				
Community-Based Process	Unspecified	$2,966.82				
Community-Based Process	**Total**	**$1,401,772.03**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Environmental	Selective	$0.00				
Environmental	Indicated	$0.00				
Environmental	Universal	$58,513.24				
Environmental	Unspecified	$0.00				
Environmental	**Total**	**$58,513.24**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Section 1926 (Synar)-Tobacco	Selective	$0.00				
Section 1926 (Synar)-Tobacco	Indicated	$0.00				
Section 1926 (Synar)-Tobacco	Universal	$0.00				
Section 1926 (Synar)-Tobacco	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Other	Universal Direct	$0.00				
Other	Universal Indirect	$0.00				
Other	Selective	$0.00				
Other	Indicated	$0.00				
Other	**Total**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
	Grand Total	**$7,870,205.18**				

Section 1926 (Synar)-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 SUPTRS BG 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-SUPTRS BG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

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

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Footnotes:

AHCCCS included all Primary Prevention expenditure level for Wellington and coalitions in 5a . Due to a subset of the providers reported in 5a include indirect costs in the amount of $152,478.34. Table 6 has been amended to allow 5a +6 to = 4 and AHCCCS will revise in the future

if requested by SAMHSA.

Table 5a $8,057,224.28 + Table 6 $788,636.06 (see note above) does not equal the total Primary prevention table 4 = $8,693,382 due to item above. For future reporting or revision request - AHCCCS will be modifying table 5a and 6 to equal = $8,693,382.00

4/4 - updated Tables 5a and 6 to reflect the total of $8,693,382. Previous submissions included a formula error. This has since been corrected.

III: Expenditure Reports

Table 5b - SUPTRS BG Primary Prevention Targeted Priorities (Required)

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 2022 SUPTRS BG 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: 10/1/2021 Expenditure Period End Date: 9/30/2023

	SUPTRS BG Award
Prioritized Substances	
Alcohol	☑
Tobacco	☑
Marijuana	☑
Prescription Drugs	☑
Cocaine	☑
Heroin	☑
Inhalants	☑
Methamphetamine	☑
Synthetic Drugs (i.e. Bath salts, Spice, K2)	☑
Fentanyl	☑
Prioritized Populations	
Students in College	☑
Military Families	☑
LGBTQ+	☑
American Indians/Alaska Natives	☑
African American	☑
Hispanic	☑
Homeless	☑
Native Hawaiian/Other Pacific Islanders	☑
Asian	☑

Rural	☑
Other Underserved Racial and Ethnic Minorities	☑

Footnotes:

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated[1]
1. Information Systems	$502,842.20	$120,639.52	$0.00
2. Infrastructure Support	$274,579.32	$90,163.63	$0.00
3. Partnerships, Community Outreach, and Needs Assessment	$432,303.69	$218,596.40	$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$535,607.76	$125,392.07	$0.00
6. Research and Evaluation	$300,567.44	$83,192.95	$0.00
7. Training and Education	$770,969.03	$185,192.25	$0.00
8. Total	**$2,816,869.44**	**$823,176.82**	**$0.00**

[1]Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.
0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

AHCCCS included all Primary Prevention expenditure level for Wellington and coalitions in 5a . Due to a subset of the providers reported in 5a include indirect costs in the amount of $152,478.34. Table 6 has been amended to allow 5a +6 to = 4 and AHCCCS will revise in the future if requested by SAMHSA.

Table 5a $8,057,224.28 + Table 6 $788,636.06(see note above) does not equal the total Primary prevention table 4 = $8,693,382 due to item above. For future reporting or revision request - AHCCCS will be modifying table 5a and 6 to equal = $8,693,382.00

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SUPTRS BG 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 system development/non-direct service expenditures.

Expenditure Period Start Date: 10/01/2021 Expenditure Period End Date: 09/30/2023

										Source of Funds Substance Use 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 SUPTRS BG 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	G[1]. Opioid Treatment Programs (OTPs)	H. Office-based opioid treatment (OBOTs)
*	1428	AZ105497	✖	Navajo	ChangePoint Integrated Health	1500 S White Mountain Rd #300	Show Low	AZ	85901	$10,904.00	$0.00	$936.00	$0.00	$0.00	$0.00	$0.00	$9,968.00
*	331673	AZ103152	✖	Pima	CODAC Health Recovery and Wellness	380 E Fort Lowell Rd	Tucson	AZ	85705	$694,922.00	$35,144.00	$107,491.00	$0.00	$0.00	$0.00	$552,287.00	$0.00
*	213286	AZ104216	✖	Maricopa	Community Bridges, Inc.	2770 E. Van Buren St.	Phoenix	AZ	85008	$163,917.00	$35,013.00	$128,904.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	532113	AZ104009	✖	Mohave	Community Medical Services	1115 Stockton Hill Suite 102, 103, 104	Kingman	AZ	86401	$1,678.00	$0.00	$252.00	$0.00	$0.00	$0.00	$1,426.00	$0.00
*	296965	AZ103426	✖	Pima	Community Medical Services LLC	2001 W Orange Grove Rd Ste 202	Tucson	AZ	85704	$44,299.00	$0.00	$11,716.00	$0.00	$0.00	$0.00	$32,583.00	$0.00
*	997106	AZ104456	✖	Pima	Community Medical Services LLC	3720 S Park Avenue Ste 601	Tucson	AZ	85713	$13,915.00	$0.00	$3,713.00	$0.00	$0.00	$0.00	$10,202.00	$0.00
*	89249	AZ104793	✖	Pima	Community Medical Services LLC	6626 E Carondelet Drive	Tucson	AZ	85710	$2,499.00	$0.00	$376.00	$0.00	$0.00	$0.00	$2,123.00	$0.00
*	31601	AZ105524	✖	Pima	COPE Community Services Inc	5401 E 5th Street	Tucson	AZ	85711	$139,388.00	$0.00	$20,492.00	$0.00	$0.00	$0.00	$118,896.00	$0.00
*	112684	AZ103243	✖	Pima	COPE Community Services Inc	5840 N La Cholla	Tucson	AZ	85741	$21,294.00	$0.00	$4,583.00	$0.00	$0.00	$0.00	$16,711.00	$0.00
*	845604	AZ100878	✖	Pinal	Ebony House, Inc	8646 S. 14th St.	Phoenix	AZ	85042	$283,505.00	$41,843.00	$241,661.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	617183	AZ102825	✖	Maricopa	Lifewell Behavioral Wellness - LWC Beryl	2505 W. Beryl Ave.	Phoenix	AZ	85021	$90,053.00	$37,365.00	$52,687.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	617175	AZ101866	✖	Maricopa	Lifewell Behavioral Wellness - LWC Mitchell	40 E. Mitchell Dr.	Phoenix	AZ	85012	$456,604.00	$189,459.00	$267,145.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	762746	AZ100232	✖	Maricopa	Lifewell Behavioral Wellness - LWC Power	6915 E. Main St.	Mesa	AZ	85201	$432,135.00	$179,306.00	$252,829.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	617167	AZ100239	✖	Maricopa	Lifewell Behavioral Wellness - LWC University	262 E. University Dr.	Mesa	AZ	85201	$256,313.00	$106,352.00	$149,961.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	56962	AZ102764	✖	Maricopa	Lifewell Behavioral Wellness - Site 1	3301 E. Pinchot Ave	Phoenix	AZ	85018	$510,219.00	$211,705.00	$298,514.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	590001	AZ750535	✖	Maricopa	NCADD	4201 n. 16th street suite 140	Phoenix	AZ	85016	$903,961.00	$64,264.00	$839,697.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	263067	AZ105529	✖	Mohave	Southwest Behavioral Health Services, Inc	1301 W Beale Street	Kingman	AZ	86401	$24,650.00	$1,623.00	$3,378.00	$0.00	$0.00	$0.00	$19,649.00	$0.00
*	172632	AZ100678	✖	Mohave	Southwest Behavioral Health Services, Inc	809 Hancock Road #1	Bullhead City	AZ	86442	$58,236.00	$0.00	$8,904.00	$0.00	$0.00	$0.00	$49,332.00	$0.00

*	83489	AZ101180	X	Yavapai	Southwest Behavioral Health Services, Inc	7600 E Florentine Road Suite 201	Prescott Valley	AZ	86314	$13,013.00	$0.00	$1,479.00	$0.00	$0.00	$0.00	$11,534.00	$0.00
*	10422	AZ103012	X	So.AZ Counties	Arizona Complete Health-Complete Care Plan	333 E Wetmore, Ste 600	Tucson	AZ	85705	$1,051,662.00	$796,893.00	$82,738.00	$0.00	$0.00	$0.00	$156,096.00	$15,936.00
*	10254	AZ105950	X	Northern AZ Counties	Care1st Health Plan Arizona, Inc	1850 W Rio Salado Parkway	Tempe	AZ	85281	$263,206.00	$231,066.00	$14,305.00	$0.00	$0.00	$0.00	$12,896.00	$4,939.00
*	426191	AZ300158	X	Winslow	Change Point Integrated Health	1015 East 2nd Street	Winslow	AZ	86047	$461.00	$389.00	$72.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	318067	AZ105631	X	Show Low	Change Point Integrated Health	2500 Show Low Lake Rd	Show Low	AZ	85901	$4,295.00	$3,755.00	$539.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	991977	AZ105631	X	Lakeside	Change Point Integrated Health	1920 W Commerce	Lakeside	AZ	85929	$293.00	$248.00	$46.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	393718	AZ104591	X	Holbrook	Change Point Integrated Health	103 N 1st Ave	Holbrook	AZ	86025	$730.00	$616.00	$114.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	514765	AZ100960	X	Snowflake	Change Point Integrated Health	423 S Main St.	Snowflake	AZ	85937	$2,307.00	$1,947.00	$361.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	318067	AZ101317	X	Navajo	ChangePoint Integrated Health	2500 E Show Low Lake Road	Show Low	AZ	85901	$9,282.00	$8,020.00	$1,262.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	991997	AZ105631	X	Navajo	ChangePoint Integrated Health	1920 W Commerce Drive	Lakeside	AZ	85929	$24,674.00	$21,358.00	$3,316.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	3450	AZ300158	X	Navajo	ChangePoint Integrated Health	103 N First Ave	Holbrook	AZ	86025	$1,194.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,194.00
*	185821	AZ101114	X	Pima	CODAC Health Recovery and Wellness	1075 E Fort Lowell Rd	Tucson	AZ	85719	$17,632.00	$17,202.00	$0.00	$0.00	$0.00	$0.00	$0.00	$430.00
*	488183	AZ101695	X	Yuma	Community Bridges Inc	3250 E 40th Street	Yuma	AZ	85365	$223,706.00	$5,342.00	$0.00	$0.00	$0.00	$0.00	$218,364.00	$0.00
*	93075	AZ100512	X	Cochise	Community Bridges Inc	470 S Ocotillo Avenue Ste 2	Benson	AZ	85602	$106,707.00	$100,319.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6,388.00
*	434281	AZ104206	X	Pima	Community Bridges Inc	250 S Toole Avenue	Tucson	AZ	85701	$180,126.00	$145,130.00	$12,243.00	$0.00	$0.00	$0.00	$0.00	$22,753.00
*	237236	AZ104210	X	Cochise, Coconino	Community Bridges, Inc	240 O'Hara Avenue	Bisbee	AZ	85603	$12,873.00	$9,543.00	$3,330.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	154320	AZ102753	X	Coconino	Community Bridges, Inc	463 South Lake Powell Boulevard	Page	AZ	86040	$85,440.00	$76,429.00	$9,011.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	149405	AZ102754	X	Coconino	Community Bridges, Inc	170 North Main Street	Fredonia	AZ	86022	$18,620.00	$16,513.00	$2,107.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	163671	AZ104937	X	Coconino	Community Bridges, Inc	50 West Township Avenue	Colorado City	AZ	86021	$5,398.00	$4,624.00	$774.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	333246	AZ101832	X	Navajo	Community Bridges, Inc	110 E 2nd Street	Winslow	AZ	86047	$147,892.00	$138,086.00	$9,806.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	163724	AZ101869	X	Coconino	Community Bridges, Inc	4103 East Fleet Suite 100	Littlefield	AZ	86432	$3,527.00	$2,702.00	$825.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	156147	AZ101097	X	Pima	Community Intervention Associates Inc	1773 W St Mary Rd Ste 105	Tucson	AZ	85745	$27,800.00	$23,750.00	$4,050.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	499739	AZ100593	X	Cochise	Community Intervention Associates Inc	1701 N Doulgas Ave	Douglas	AZ	85607	$646.00	$621.00	$25.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	838391	AZ100594	X	Yuma	Community Intervention Associates Inc	2851 S Avenue B Bldg 4	Yuma	AZ	85364	$272,569.00	$231,234.00	$41,335.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	124946	AZ105050	X	Yavapai	Community Medical Services	3155 Windsong Drive Unit A & B	Prescott Valley	AZ	86314	$7,569.00	$6,280.00	$1,289.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	560149	AZ104443	X	Navajo	Community Medical Services	1500 East Woolford Road Suite 101	Show Low	AZ	85901	$174.00	$0.00	$0.00	$0.00	$0.00	$0.00	$174.00	$0.00

*	506278	AZ103868		Mohave	Community Medical Services	329 S Lake Havasu Ave	Lake Havasu City	AZ	86403	$460.00	$0.00	$0.00	$0.00	$0.00	$0.00	$460.00	$0.00
*	423879	AZ103649		Pima	Community Medical Services LLC	6802 E Broadway Blvd	Tucson	AZ	85710	$175,417.00	$77,053.00	$33,637.00	$0.00	$0.00	$0.00	$64,727.00	$0.00
*	478012	AZ103683		Cochise	Community Medical Services LLC	302 S El Camino Real, Bldg 10, Suite C	Sierra Vista	AZ	85635	$512.00	$0.00	$0.00	$0.00	$0.00	$0.00	$512.00	$0.00
*	102372	AZ103477		Graham	Community Medical Services LLC	102 E Main Street	Safford	AZ	85546	$218.00	$0.00	$0.00	$0.00	$0.00	$0.00	$218.00	$0.00
*	560277	AZ104255		Yuma	Community Medical Services LLC	501 W 8th Street	Yuma	AZ	85364	$17,630.00	$0.00	$0.00	$0.00	$0.00	$0.00	$17,630.00	$0.00
*	231825	AZ102870		Pima	Community Partners Integrated Healthcare	3939 S Park Avenue Ste 150	Tucson	AZ	85714	$23,431.00	$18,761.00	$4,497.00	$0.00	$0.00	$0.00	$0.00	$173.00
*	554498	AZ103273		Pima	Community Partners Integrated Healthcare	1021 E Palmdale Ste 130	Tucson	AZ	85714	$51,345.00	$0.00	$0.00	$0.00	$0.00	$0.00	$51,345.00	$0.00
*	231924	AZ102728		Cochise	Community Partners Integrated Healthcare	2039 E Wilcox Dr Ste A & B	Sierra Vista	AZ	85635	$51,524.00	$40,799.00	$10,725.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	347216	AZ101836		Pima	COPE Community Services Inc	1501 W Commerce Court	Tucson	AZ	85746	$406,442.00	$403,532.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,910.00
*	918854	AZ100740		Pima	COPE Community Services Inc	8050 E Lakeside Pkwy	Tucson	AZ	85730	$11,148.00	$8,951.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,197.00
*	927130	AZ100912		Pima	COPE Community Services Inc	620 N Craycroft Rd	Tucson	AZ	85711	$11,576.00	$9,806.00	$1,770.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	921819	AZ103239		Pima	COPE Community Services Inc	2435 N Castro Avenue	Tucson	AZ	85705	$4,236.00	$4,202.00	$0.00	$0.00	$0.00	$0.00	$0.00	$34.00
*	298346	AZ103241		Pima	COPE Community Services Inc	924 N Alvernon	Tucson	AZ	85712	$81,060.00	$22,406.00	$0.00	$0.00	$0.00	$0.00	$0.00	$58,654.00
*	408949	AZ104660		Pima	COPE Community Services Inc	535 E Drachman	Tucson	AZ	85705	$13,930.00	$10,971.00	$2,959.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	556649	AZ104662		Pima	COPE Community Services Inc	3332 N Los Altos	Tucson	AZ	85705	$35,873.00	$31,406.00	$4,467.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	612433	AZ103164		Yuma	Crossroads Mission	944 S Arizona Ave	Yuma	AZ	85364	$121,391.00	$108,949.00	$12,442.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	128821	AZ102753		Page	Encompass Health Services	463 S. Lake Powell Blvd.	Page	AZ	86040	$173,104.00	$170,083.00	$3,022.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	737330	AZ102754		Page	Encompass Health Services	32 N. 10th Ave Ste 5	Page	AZ	86040	$6,484.00	$6,367.00	$116.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	433954	AZ102754		Fredonia	Encompass Health Services	170 N Main	Fredonia	AZ	86022	$6,181.00	$6,070.00	$111.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	675748	AZ101869		Littlefield	Encompass Health Services	4103 E Fleet	Littlefield	AZ	86432	$10,281.00	$10,097.00	$184.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	346214	AZ101722		Pinal County	Gila River Health Care BHS	483 W Seed Farm Rd	Sacaton	AZ	85147	$303,664.00	$122,024.00	$2,558.00	$179,082.00	$0.00	$0.00	$0.00	$0.00
*	467033	Pending		Maricopa County	Gila River Health Care RTH	3042 W Queen Creek Road	Chandler	AZ	85286	$15,392.00	$13,274.00	$2,118.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	6579	AZ101080		99	Health Choice Arizona- RBHA Administration	1300 South Yale St	Flagstaff	AZ	86001	$125,563.00	$115,126.00	$10,438.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	6579	AZ101080		99	Health Choice Arizona-RBHA Profit	1300 South Yale St	Flagstaff	AZ	86001	$57,759.00	$54,725.00	$3,034.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	68233	AZ100921		Pima	La Frontera Center Inc	4891 E Grant Rd	Tucson	AZ	85712	$137,562.00	$85,380.00	$25,222.00	$0.00	$0.00	$0.00	$0.00	$26,960.00
*	603898	AZ100152		Pima	La Frontera Center Inc	260 S Scott Avenue	Tucson	AZ	85701	$94,743.00	$0.00	$0.00	$0.00	$0.00	$0.00	$94,743.00	$0.00
*	57837	AZ103099		Pima	La Frontera Center Inc	1900 W Speedway	Tucson	AZ	85745	$394,821.00	$343,514.00	$51,307.00	$0.00	$0.00	$0.00	$0.00	$0.00

*	7519	AZ100665	X	Apache	Little Colorado Behavioral Health	50 N Hopi Drive	Springerville	AZ	85938	$12,060.00	$10,468.00	$1,592.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	007519	AZ100665	X	Springerville	Little Colorado Behavioral Health Center	50 N. Hopi	Springerville	AZ	85938	$2,051.00	$1,455.00	$595.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	003442	AZ300133	X	Saint Johns	Little Colorado Behavioral Health Center	470 West Cleveland Street	Saint Johns	AZ	85936	$6,728.00	$4,775.00	$1,953.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	X	X	X	99	Mercy Care - RBHA Administration	4500 E. Cotton Center Blvd.	Phoenix	AZ	85040	$1,566,929.00	$1,364,809.00	$202,119.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	X	X	X	99	Mercy Care - RBHA Profit	4500 E. Cotton Center Blvd.	Phoenix	AZ	85040	$720,787.00	$627,812.00	$92,975.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	117136	AZ300174	X	Kingman	Mohave Mental Health Clinic	3505 Western Ave.	Kingman	AZ	86409	$37,741.00	$32,761.00	$4,979.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	117136	AZ300174	X	Mohave	Mohave Mental Health Clinic	3505 Western Ave	Kingman	AZ	86409	$39,599.00	$32,470.00	$4,654.00	$0.00	$0.00	$0.00	$0.00	$2,475.00
*	515719	AZ100619	X	Bullhead City	Mohave Mental Health Clinic	2580 Hwy 95 Ste. 208, 209, 210	Bullhead City	AZ	86442	$1,279.00	$1,110.00	$169.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	147125	AZ100491	X	Lake Havasu City	Mohave Mental Health Clinic	2187 Swanson Avenue	Lake Havasu City	AZ	86403	$32,837.00	$28,504.00	$4,332.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	147125	AZ100491	X	Mohave	Mohave Mental Health Clinic	2187 Swanson Ave	Lake Havasu City	AZ	86403	$20,277.00	$17,201.00	$2,891.00	$0.00	$0.00	$0.00	$0.00	$185.00
*	589848	AZ100944	X	Kingman	Mohave Mental Health Clinic	1741 Sycamore Avenue	Kingman	AZ	86409	$25,367.00	$22,020.00	$3,347.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	589848	AZ100944	X	Mohave	Mohave Mental Health Clinic	1741 Sycamore Ave	Kingman	AZ	86409	$64,737.00	$62,925.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,812.00
*	690405	AZ100945	X	Kingman	Mohave Mental Health Clinic	915 Airway Ave	Kingman	AZ	86409	$1,096.00	$951.00	$145.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	116667	AZ101040	X	Bullhead City	Mohave Mental Health Clinic	1145 Marina Boulevard	Bullhead City	AZ	86442	$22,891.00	$19,871.00	$3,020.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	116667	AZ101040	X	Mohave	Mohave Mental Health Clinic	1145 Marina Boulevard	Bullhead City	AZ	86442	$41,436.00	$34,478.00	$5,017.00	$0.00	$0.00	$0.00	$0.00	$1,941.00
*	213385	AZ101295	X	Lake Havasu City	Mohave Mental Health Clinic	151 Riviera Ste B	Lake Havasu City	AZ	86403	$2,981.00	$2,588.00	$393.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	213385	AZ101295	X	Mohave	Mohave Mental Health Clinic	151 Riviera Suite B	Lake Havasu City	AZ	86403	$5,853.00	$4,858.00	$995.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	559042	AZ100848	X	Cochise	Southeastern Arizona Behavioral Health Services	611 W Union St	Benson	AZ	85602	$17,774.00	$17,487.00	$287.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	172632	AZ100678	X	Bullhead City	Southwest Behavioral Health Services	809 Hancock Rd Ste 1	Bullhead City	AZ	86442	$29,192.00	$28,354.00	$838.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	216898	AZ100993	X	Flagstaff	Southwest Behavioral Health Services	1515 E. Cedar Ave. Ste B2	Flagstaff	AZ	86004	$34,416.00	$33,429.00	$988.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	435457	AZ100994	X	Bullhead City	Southwest Behavioral Health Services	2580 HWY 95 Ste 119-125	Bullhead City	AZ	86442	$12,667.00	$12,304.00	$364.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	237443	AZ100668	X	Kingman	Southwest Behavioral Health Services	2215 Hualapai Mountain Rd. Ste. H&I	Kingman	AZ	86401	$20,298.00	$19,716.00	$583.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	253753	AZ100679	X	Lake Havasu City	Southwest Behavioral Health Services	1845 McColloch Blvd Ste B1	Lake Havasu City	AZ	86403	$30,423.00	$29,550.00	$873.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	560020	AZ101979	X	Payson	Southwest Behavioral Health Services	8985 W Stageline Rd	Payson	AZ	85541	$132.00	$129.00	$4.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	263067	AZ104697	X	Kingman	Southwest Behavioral Health Services	1301 W Beal St	Kingman	AZ	86401	$10,726.00	$10,418.00	$308.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	950683	AZ104698	X	Bullhead City	Southwest Behavioral Health Services	401 Emery St	Bullhead City	AZ	86442	$28,356.00	$27,543.00	$814.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	083489	AZ102777	X	Prescott Valley	Southwest Behavioral Health Services	7600 E Florentine Rd	Prescott Valley	AZ	86314	$20,860.00	$20,261.00	$599.00	$0.00	$0.00	$0.00	$0.00	$0.00

*	348874	AZ102777	X	Prescott Valley	Southwest Behavioral Health Services	7600 E. Florentine Ave Ste. 101	Prescott Valley	AZ	86314	$56,269.00	$54,655.00	$1,615.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	348874	AZ102777	X	Yavapai	Southwest Behavioral Health Services, Inc	7600 E Florentine Road Suite 101	Prescott Valley	AZ	86314	$70,996.00	$53,865.00	$9,089.00	$0.00	$0.00	$0.00	$8,042.00	$0.00
*	216898	AZ103648	X	Coconino	Southwest Behavioral Health Services, Inc	1515 E Cedar Ave Suite B-4, E2	Flagstaff	AZ	86004	$142,743.00	$67,484.00	$17,567.00	$0.00	$0.00	$0.00	$57,692.00	$0.00
*	237443	AZ100668	X	Mohave	Southwest Behavioral Health Services, Inc	2215 Hualapai Mountain Road	Kingman	AZ	86401	$40,161.00	$39,576.00	$585.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	435457	AZ100994	X	Mohave	Southwest Behavioral Health Services, Inc	2580 Highway 95, #119-125	Bullhead City	AZ	86442	$11,174.00	$9,405.00	$1,769.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	438745	AZ100886	X	Cottonwood	Spectrum Healthcare Group	8 E. Cottonwood St. Bldg C	Cottonwood	AZ	86326	$9,889.00	$8,904.00	$985.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	184460	AZ100931	X	Cottonwood	Spectrum Healthcare Group	8 E. Cottonwood St.	Cottonwood	AZ	86326	$12,170.00	$10,958.00	$1,213.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	057952	AZ100384	X	Cottonwood	Spectrum Healthcare Group	8 E. Cottonwood St.	Cottonwood	AZ	86326	$103,473.00	$96,791.00	$6,682.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	153499	AZ101170	X	Cottonwood	Spectrum Healthcare Group	651 West Mingus Ace	Cottonwood	AZ	86326	$1,102.00	$992.00	$110.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	290679	AZ101170	X	Camp Verde	Spectrum Healthcare Group	452 Finnie Flats Rd	Camp Verde	AZ	86322	$3,903.00	$3,514.00	$389.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	144577	AZ104857	X	Sedona	Spectrum Healthcare Group	2880 Hopi Dr	Sedona	AZ	86336	$21.00	$19.00	$2.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	2683	AZ104572	X	Yavapai	Spectrum Healthcare Group, Inc	990 Willow Creek Road	Prescott	AZ	86301	$146,445.00	$120,976.00	$17,642.00	$0.00	$0.00	$0.00	$0.00	$7,827.00
*	438745	AZ100384	X	Yavapai	Spectrum Healthcare Group, Inc	8 E Cottonwood Street	Cottonwood	AZ	86326	$12,149.00	$6,689.00	$2,183.00	$0.00	$0.00	$0.00	$0.00	$3,277.00
*	106944	AZ100434	X	Flagstaff	The Guidance Center	2188 N. Vickey Street	Flagstaff	AZ	86004	$102,601.00	$94,291.00	$8,310.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	154902	AZ100434	X	Flagstaff	The Guidance Center	2187 N. Vickey Street	Flagstaff	AZ	86004	$14,486.00	$13,313.00	$1,173.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	116807	AZ101006	X	Williams	The Guidance Center	220 W. Grant Street	Williams	AZ	86046	$1,769.00	$1,625.00	$143.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	158133	AZ101007	X	Flagstaff	The Guidance Center	2695 E. Industrial Dr	Flagstaff	AZ	86004	$15,560.00	$14,300.00	$1,260.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	969884	AZ101008	X	Flagstaff	The Guidance Center	2697 E. Industrial Dr	Flagstaff	AZ	86004	$27,018.00	$24,830.00	$2,188.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	158133	AZ101007	X	Coconino	The Guidance Center, Inc	2695 E Industrial Drive	Flagstaff	AZ	86004	$12,240.00	$11,264.00	$976.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	78528	AZ100434	X	Coconino	The Guidance Center, Inc	2187 N Vickey Street	Flagstaff	AZ	86004	$143,653.00	$116,263.00	$10,188.00	$0.00	$0.00	$0.00	$0.00	$17,202.00
*	592867	AZ750311	X	Pima	The Haven	1107 E Adelaide Dr	Tucson	AZ	85719	$680,627.00	$440,661.00	$239,966.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	77397	AZ103170	X	Pima	The Haven	2601 N Campbell Ave #105	Tucson	AZ	85719	$102,154.00	$69,825.00	$32,329.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	290802	AZ103176	X	Prescott Valley	West Yavapai Guidance Center	8655 E. Eastridge Rd	Prescott Valley	AZ	86314	$6,381.00	$6,088.00	$293.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	347207	AZ103176	X	Prescott Valley	West Yavapai Guidance Center	8655 E. Eastridge Rd	Prescott Valley	AZ	86314	$37,595.00	$35,869.00	$1,726.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	003434	AZ300117	X	Prescott	West Yavapai Guidance Center	505 S Cortez	Prescott	AZ	86303	$5,832.00	$5,564.00	$268.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	159727	AZ000221	X	Prescott Valley	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	$14,115.00	$13,467.00	$648.00	$0.00	$0.00	$0.00	$0.00	$0.00
*	116790	AZ101309	X	Prescott	West Yavapai Guidance Center	642 Dameron Drive	Prescott	AZ	86301	$71,755.00	$68,462.00	$3,294.00	$0.00	$0.00	$0.00	$0.00	$0.00

*	***904511***	***AZ101278***	☒	***Chino Valley***	***West Yavapai Guidance Center***	***555 W Road 3 North***	***Chino Valley***	***AZ***	***86323***	***$10,605.00***	***$10,118.00***	***$487.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***
*	***366233***	***AZ101842***	☒	***Prescott Valley***	***West Yavapai Guidance Center***	***3345 N. Windsong Drive***	***Prescott Valley***	***AZ***	***86314***	***$67,562.00***	***$64,461.00***	***$3,101.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***
*	***591562***	***AZ100689***	☒	***Prescott***	***West Yavapai Guidance Center***	***642 Dameron Dr***	***Prescott***	***AZ***	***86301***	***$135,304.00***	***$129,093.00***	***$6,210.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***
*	***366233***	***AZ101842***	☒	***Yavapai***	***West Yavapai Guidance Clinic (Polara)***	***3347 N Windsong Drive***	***Prescott Valley***	***AZ***	***86314***	***$52,738.00***	***$45,176.00***	***$7,562.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***
*	***366289***	***AZ101842***	☒	***Yavapai***	***West Yavapai Guidance Clinic (Polara)***	***181 Whipple Street***	***Prescott***	***AZ***	***86301***	***$820.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$820.00***
*	***591562***	***AZ101309***	☒	***Yavapai***	***West Yavapai Guidance Clinic (Polara)***	***642 Dameron Drive***	***Prescott***	***AZ***	***86301***	***$274,428.00***	***$248,671.00***	***$25,757.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***
*	***159727***	***AZ000221***	☒	***Yavapai***	***West Yavapai Guidance Clinic (Polara)***	***3345 N Windsong Drive***	***Prescott Valley***	***AZ***	***86314***	***$18,708.00***	***$9,140.00***	***$2,188.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$7,380.00***
*	***290802***	***AZ103176***	☒	***Yavapai***	***West Yavapai Guidance Clinic (Polara)***	***8655 E Eastridge Road Suite A***	***Prescott Valley***	***AZ***	***86314***	***$56,594.00***	***$46,701.00***	***$7,173.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$2,720.00***
	X	X	☒	Tucson	Amistades	5501 N. Oracle Road, Suite 125	Tucson, Cochise County	AZ	85074	$143,692.00	$0.00	$0.00	$143,692.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Maricopa County	Area Agency on Aging, Region One - MEBHAC Coalition	1366 East Thomas Rd, Suite 108	Phoenix	AZ	85014	$83,520.00	$0.00	$0.00	$83,520.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	99	Arizona Department of Health Services	150 N 18th Avenue, Suite 310	Phoenix	AZ	85007	$69,959.00	$69,959.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Statewide	Arizona Dept. of Liquor	800 W. Washington St Unit 5	Phoenix	AZ	85007	$444,192.00	$0.00	$0.00	$444,192.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	99	Arizona State University	2700 N. Central Avenue, Suite 400	Phoenix	AZ	85004	$177,201.00	$0.00	$0.00	$177,201.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Tucson	Arizona Youth Partnership	7575 W. Twin Peaks Road, Suite 165	Tucson, Pima County, Sahurita	AZ	85743	$88,199.00	$0.00	$0.00	$88,199.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Pima	Arizona Youth Partnership - SAPE Coalition	401 W Vananda	Ajo	AZ	85321	$91,226.00	$0.00	$0.00	$91,226.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Tucson	Arizonans for Prevention	7658 S. Bosworth Field Way	Tuscon	AZ	85746	$91,760.00	$0.00	$0.00	$91,760.00	$0.00	$0.00	$0.00	$0.00
	79958	AZ104742	☒	Maricopa	Axiom Care - AJ	150 N Ocotillo Dr Bldg 1	Apache Junction	AZ	85120	$184,959.00	$184,959.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	9732	AZ104734	☒	Maricopa	Axiom Care - Outpatient	1422 N 44th St	Phoenix	AZ	85008	$33,693.00	$33,693.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	433868	AZ104734	☒	Maricopa	Axiom Care - Whitton	1106 E Whitton Ave	Phoenix	AZ	85014	$26,450.00	$26,450.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	319460	AZ101530	☒	Maricopa	BAART Behavioral Health Services	908 A West Chandler Blvd.	Chandler	AZ	85225	$92,272.00	$92,272.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	South Yuma County	Campesinos Sin Fronteras - South County Anti-Drug Coalition	663 E Main St. Suite A	Somerton	AZ	85350	$117,942.00	$0.00	$0.00	$117,942.00	$0.00	$0.00	$0.00	$0.00
	366918	AZ901153	☒	Maricopa	Center for Behavioral Health Phoenix, Inc.	1501 East Washington Stree	Phoenix	AZ	85034	$84,239.00	$84,239.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	339855	AZ100871	☒	Maricopa	Center for Behavioral Health, Inc.	2123 East Southern Avene	Tempe	AZ	85282	$278,434.00	$278,434.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	925422	AZ102144	☒	85283	Centered Spirit Maricopa	9405 S. Avenida Del Yaqui	Guadalupe	AZ	85283	$199,691.00	$0.00	$0.00	$199,691.00	$0.00	$0.00	$0.00	$0.00
	145929	AZ101325	☒	Navajo	ChangePoint Integrated Health	2550 E Show Low Lake Road	Show Low	AZ	85901	$344.00	$344.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

	426191	AZ101523	X	Navajo	ChangePoint Integrated Health	1015 E Second Street	Winslow	AZ	86047	$197.00	$197.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	AZ101093	AZ101093	X	Maricopa	Chicanos Por La Causa - Corazon	3639 W Lincoln	Phoenix	AZ	85009	$130,459.00	$130,459.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	West Phoenix	Chicanos Por La Causa - CPLC West Phoenix Amanecer	3216 W. Van Buren St.	Phoenix	AZ	85009	$81,846.00	$0.00	$0.00	$81,846.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	Tucson	Child & Family Resources	2800 E. Broadway Blvd	Tucson, Oro Valley, Green Valley	AZ	85716	$183,007.00	$0.00	$0.00	$183,007.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	South Tucson, Arizona	Child and Family Resources - Liberty Partnership Kino Neighborhoods Council	2800 E. Broadway Blvd.	Tucson	AZ	85716	$89,910.00	$0.00	$0.00	$89,910.00	$0.00	$0.00	$0.00	$0.00
	445266	AZ104700	X	Flagstaff	Children & Family Support Services	3100 N West St.	Flagstaff	AZ	86004	$530.00	$530.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	Cochise County	Cochise Harm Reduction	PO Box 920	Bisbee	AZ	85603	$4,000.00	$0.00	$0.00	$0.00	$0.00	$4,000.00	$0.00	$0.00
	35468	AZ103168	X	Pima	CODAC Health Recovery and Wellness	1600 N Country Club Rd	Tucson	AZ	85716	$842.00	$842.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	159722	AZ100837	X	Pima	CODAC Health Recovery and Wellness	4585 E Speedway Blvd	Tucson	AZ	85712	$9,689.00	$9,689.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	90406	AZ100684	X	Pinal , Yuma	Colorado River Behavioral Health System LLC	117 E 2nd Street	Casa Grande	AZ	85122	$39,803.00	$39,803.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	90458	AZ102793	X	Yuma	Colorado River Behavioral Health System LLC	1340 S 4th Avenue	Yuma	AZ	85364	$182,547.00	$182,547.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	Mesa	Community Bridges - Mesa Prevention Alliance	1855 W. Basline Rd.	Mesa	AZ	85201	$122,656.00	$0.00	$0.00	$122,656.00	$0.00	$0.00	$0.00	$0.00
	235872	AZ103200	X	Pima	Community Bridges Inc	250 S Toole Avenue Ste B	Tucson	AZ	85701	$616,842.00	$616,842.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	242445	AZ103202	X	Pima	Community Bridges Inc	250 S Toole Avenue Ste A	Tucson	AZ	85701	$128,168.00	$128,168.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	238225	AZ103204	X	Pima	Community Bridges Inc	250 S Toole Avenue Ste C	Tucson	AZ	85701	$267,872.00	$267,872.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	237236	AZ104210	X	Chochise	Community Bridges Inc	240 O'Hara Avenue	Bisbee	AZ	85603	$3,978.00	$3,978.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	657478	AZ100514	X	Cochise	Community Bridges Inc	470 Ocotillo Avenue Ste 1	Benson	AZ	85602	$17,120.00	$17,120.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	164588	AZ102120	X	Pima	Community Bridges Inc	2950 N Dodge Blvd	Tucson	AZ	85716	$386,051.00	$386,051.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	206501	AZ101834	X	Yuma	Community Bridges Inc	3250 E 40th Street Ste C	Yuma	AZ	85365	$115,338.00	$115,338.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	422788	AZ101833	X	Navajo	Community Bridges, Inc	105 N Cottonwood Avenue	Winslow	AZ	86047	$7,584.00	$7,584.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	378626	AZ101827	X	Gila, Apache	Community Bridges, Inc	5734 Hope Lane	Globe	AZ	85501	$22,464.00	$22,464.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	252714	AZ101829	X	Gila, Apache	Community Bridges, Inc	803 W Main Street Suite C	Payson	AZ	85541	$23,665.00	$23,665.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	23659	AZ104214	X	Navajo	Community Bridges, Inc	993 Hermosa Drive Area B	Holbrook	AZ	86025	$19,051.00	$19,051.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	Phoenix	Community Bridges, Inc	1855 W. Baseline Road, Ste 101	Phoenix	AZ	85202	$122,098.00	$0.00	$0.00	$122,098.00	$0.00	$0.00	$0.00	$0.00
	419223	AZ104199	X	Maricopa	Community Bridges, Inc.	675 E. Cottonwood Ln	Phoenix	AZ	85048	$6,964.00	$6,964.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	221736	AZ104217	X	Maricopa	Community Bridges, Inc.	358 E. Javelina Ave.	Mesa	AZ	85210	$50,491.00	$50,491.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

	210945	AZ104229	X	Maricopa	Community Bridges, Inc.	824 N. 99th Ave.	Avondale	AZ	85323	$37,325.00	$37,325.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	407986	AZ103687	X	Maricopa	Community Bridges, Inc.	1520 E. Pima St.	Phoenix	AZ	85034	$11,676.00	$11,676.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	385867	AZ105409	X	Maricopa	Community Bridges, Inc.	560 S. Bellview	Mesa	AZ	85204	$6,439.00	$6,439.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	453702	AZ105417	X	Maricopa	Community Bridges, Inc.	560 S. Bellview	Mesa	AZ	85204	$13,526.00	$13,526.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	325351	AZ101831	X	Maricopa	Community Bridges, Inc.	824 N. 99th Ave.	Avondale	AZ	85323	$8,663.00	$8,663.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	210945	AZ101831	X	Avondale	Community Bridges, Inc.	824 N. 99th Ave	Avondale	AZ	85323	$187.00	$187.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	438223	AZ101828	X	Globe	Community Bridges, Inc.	5734 E Hope Lane	Globe	AZ	85501	$15,116.00	$15,116.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	252714	AZ101829	X	Payson	Community Bridges, Inc.	803C W. Main St	Payson	AZ	85541	$15,494.00	$15,494.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	422788	AZ101833	X	Winslow	Community Bridges, Inc.	105 N Cottonwood Ave	Winslow	AZ	86047	$10,024.00	$10,024.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	333246	AZ101832	X	Winslow	Community Bridges, Inc.	110 E. 2nd St	Winslow	AZ	86047	$35,386.00	$35,386.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	206501	AZ101834	X	Yuma	Community Bridges, Inc.	3250 E 40th Street	Yuma	AZ	85365	$55.00	$55.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	488183	AZ101834	X	Yuma	Community Bridges, Inc.	3250 B East 40th St.	Yuma	AZ	85365	$279.00	$279.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	378626	AZ101827	X	Globe	Community Bridges, Inc.	5737 E Hope Lane	Globe	AZ	85501	$8,211.00	$8,211.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	023659	AZ100518	X	Holbrook	Community Bridges, Inc.	993 Hermosa Dr, Area B	Holbrook	AZ	86025	$56,460.00	$56,460.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	451901	AZ100519	X	Maricopa	Community Bridges, Inc.	1125 W. Jackson St.	Phoenix	AZ	85007	$3,088.00	$3,088.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	210846	AZ100513	X	Maricopa	Community Bridges, Inc.	1012 S. Stapley Dr. Bldg. 5	Mesa	AZ	85204	$326.00	$326.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	382935	AZ100796	X	Maricopa	Community Bridges, Inc.	2770 E. Van Buren St.	Phoenix	AZ	85008	$10,851.00	$10,851.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	382935	AZ100796	X	Phoenix	Community Bridges, Inc.	2770 E Van Buren	Phoenix	AZ	85008	$95.00	$95.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	210909	AZ100973	X	Maricopa	Community Bridges, Inc.	554 S. Bellview	Mesa	AZ	85204	$3,559.00	$3,559.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	533574	AZ105146	X	Pinal	Community Health Associates	1667 N Trekell Rd Ste 101 & 102	Casa Grande	AZ	85122	$27,840.00	$27,840.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	389308	AZ104283	X	Yuma	Community Intervention Associates Inc	410 S Maiden Lane	Yuma	AZ	85364	$35,461.00	$35,461.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	533574	AZ104285	X	Pinal , Yuma	Community Intervention Associates Inc	1667 N Trekell Rd Ste 101-102	Casa Grande	AZ	85122	$14,015.00	$14,015.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	620609	AZ102876	X	Cochise	Community Intervention Associates Inc	1326 Hwy 92 Ste J	Bisbee	AZ	85603	$1,536.00	$1,536.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	849541	AZ102878	X	La Paz	Community Intervention Associates Inc	1516 Ocotillo Ave	Parker	AZ	85344	$1,450.00	$1,450.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	339881	AZ102244	X	Pima	Community Intervention Associates Inc	32 Blvd Del Ray David	Nogales	AZ	85621	$3,031.00	$3,031.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	590019	AZ101028	X	Maricopa	Community Medical Services	2301 W. Northern Ave.	Phoenix	AZ	85021	$2,316,603.00	$2,316,603.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	507294	AZ103876	X	Santa Cruz	Community Medical Services LLC	274 W View Point Drive	Nogales	AZ	85621	$200.00	$200.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	104270	AZ103434	X	Pinal , Yuma	Community Medical Services LLC	440 N Camino Mercado Ste 2	Casa Grande	AZ	85122	$1,303.00	$1,303.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	271381	AZ102871	X	Pima	Community Partners Integrated Healthcare	2502 N Dodge Blvd Ste 130	Tucson	AZ	85716	$3,665.00	$3,665.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	4780	AZ102872	X	Pima	Community Partners Integrated Healthcare	5055 E Broadway Blvd Ste A200	Tucson	AZ	85711	$11,838.00	$11,838.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

	325286	AZ103261	☒	Cochise	Community Partners Integrated Healthcare	2273 E Wilcox Dr	Sierra Vista	AZ	85635	$1,840.00	$1,840.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	231888	AZ103261	☒	Maricopa	Community Partners Integrated Healthcare	1515 E Osborn Rd	Phoenix	AZ	85014	$32,016.00	$32,016.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	232459	AZ102730	☒	Graham	Community Partners Integrated Healthcare	301 E 4th St Ste A & B	Safford	AZ	85546	$9,276.00	$9,276.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	232002	AZ102733	☒	Cochise	Community Partners Integrated Healthcare	500 S Highway 80 Ste A	Benson	AZ	85602	$13,060.00	$13,060.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	231843	AZ101843	☒	Yuma	Community Partners Integrated Healthcare	2545 S Arizona Avenue Bldg A-D	Yuma	AZ	85364	$4,643.00	$4,643.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Nogales	Constructing Circles of Peace	155 N. Morley Avenue	Nogales, Santa Cruz County	AZ	85621	$143,259.00	$0.00	$0.00	$143,259.00	$0.00	$0.00	$0.00	$0.00
	108742	AZ101837	☒	Pima	COPE Community Services Inc	1660 W Commerce Point Place	Green Valley	AZ	85614	$15,904.00	$15,904.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	122243	AZ105070	☒	Pima	COPE Community Services Inc	3138 E Prince Rd	Tucson	AZ	85716	$3,713.00	$3,713.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	716251	AZ102108	☒	Pinal	Corazon INC	900 E Florence Blvd Ste G	Casa Grande	AZ	85122	$42,595.00	$42,595.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Cottonwood	Cottonwood Oak-Creek School District	1 North Willard Street	Cottonwood Oak-Creek	AZ	85326	$187,874.00	$0.00	$0.00	$187,874.00	$0.00	$0.00	$0.00	$0.00
	112219	AZ103000, AZ301719	☒	Maricopa	CPLC: CENTRO DE LA FAMILIA	6850 W. Indian School RD	Phoenix	AZ	85033	$195,688.00	$195,688.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	704719	AZ103151	☒	Yuma	Crossroads Mission	945 S Arizona Ave	Yuma	AZ	85364	$109,626.00	$109,626.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	1255851994	AZ103906	☒	Maricopa	Crossroads, Inc.	1700 E. Thomas Rd	Phoenix	AZ	85016	$4,892,469.00	$4,892,469.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	274629	AZ103994	☒	Maricopa	Ebony House, Inc	6218 S. 13th St.	Phoenix	AZ	85042	$68,271.00	$68,271.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	274629	AZ103994	☒	Pinal	Ebony House, Inc	6222 S. 13th St. Building y	Phoenix	AZ	85042	$68,271.00	$68,271.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	319790	AZ750154	☒	Maricopa	Ebony House, Inc	6222 S. 13th St.	Phoenix	AZ	85042	$41,843.00	$41,843.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Eloy	Eloy, Coolidge	Pinal Hispanic Council	107 E. 4th Street	AZ	85131	$112,291.00	$0.00	$0.00	$112,291.00	$0.00	$0.00	$0.00	$0.00
	756486	AZ100540	☒	Maricopa	EMPACT - Suicide Prevention Center	618 S Madison Dr	Tempe	AZ	85281	$91,085.00	$91,085.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Phoenix	Family Involvement Center	5333 N. 7th Street. Suite A100	Phoenix	AZ	85014	$108,487.00	$0.00	$0.00	$108,487.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Pinetop	Friends of Navajo County Anti-Drug Coalition	P.O. Box 1596	Navajo County, Apache County	AZ	85935	$90,324.00	$0.00	$0.00	$90,324.00	$0.00	$0.00	$0.00	$0.00
	334582	AZ100964	☒	Pinal County	Gila River Health Care Family Planning	PO BOX 2175	Sacaton	AZ	85147	$18,688.00	$18,688.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	589093	AZ101809	☒	Maricopa County	Gila River Health Care Thwajik Ki RTC	3850 N. 16th Street	Laveen	AZ	85339	$94,338.00	$94,338.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Greenlee County	Gila Valley - Graham County Substance Abuse Coalition	640 W 1st St.	Safford	AZ	85546	$104,219.00	$0.00	$0.00	$104,219.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	99	Governor's Office of Youth, Faith and Family	1700 W. Washington Street	Phoenix	AZ	85007	$300,802.00	$0.00	$0.00	$300,802.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Safford	Graham County Substance Abuse Coalition	7749 US Highway 191	Graham County	AZ	85546	$145,969.00	$0.00	$0.00	$145,969.00	$0.00	$0.00	$0.00	$0.00

	49454	AZ101861	X	Pinal	Helping Associates	1901 N Trekell Rd	Casa Grande	AZ	85122	$61,248.00	$61,248.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	526559	AZ101224	X	Pinal	Hope INC	877 South Alvernon Road	Tucson	AZ	85711	$18,947.00	$18,947.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	756638	AZ100839	X	Pima	HOPE Inc	1200 N Country Club Rd	Tucson	AZ	85716	$2,783.00	$2,783.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	3240	AZ104597	X	Nogales	HOPE Inc	1891 N Mastick Way Ste A	Nogales	AZ	85621	$7,948.00	$7,948.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	3234	AZ104599	X	Sierra Vista	HOPE Inc	1201 E Fry Blvd	Sierra Vista	AZ	85635	$2,000.00	$2,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	6758	AZ103086	X	Yuma	HOPE Inc	791 S 4th Ave Ste A and B	Yuma	AZ	85364	$478.00	$478.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	X	X	X	Kykotsmovi	Hopi Foundation	P.O. Box 301	Hopi Reservation Citizens	AZ	86039	$88,899.00	$0.00	$0.00	$88,899.00	$0.00	$0.00	$0.00	$0.00	
	401711	AZ103350	X	Globe	Horizon Health & Wellness	478 Hagen Road	Globe	AZ	85501	$702.00	$702.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	34269	AZ103351	X	Yuma	Horizon Health and Wellness	3180 E 40th Street	Yuma	AZ	85365	$46,639.00	$46,639.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	772758	AZ103357	X	Pinal , Yuma	Horizon Health and Wellness	2269 S Peart Road D (Peart 3)	Casa Grande	AZ	85222	$16,533.00	$16,533.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	431556	AZ103344	X	Yuma	Horizon Health and Wellness	1185 S Redondo Center Dr	Yuma	AZ	85364	$15,592.00	$15,592.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	517724	AZ901971	X	Pinal , Yuma	Horizon Health and Wellness	2271 S Peart Road (Peart 4)	Casa Grande	AZ	85222	$21,628.00	$21,628.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	898413	AZ104665	X	Pinal , Yuma	Horizon Health and Wellness	210 E Cottonwood Lane	Casa Grande	AZ	85222	$12,656.00	$12,656.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	964443	AZ102128	X	Pinal , Yuma	Horizon Health and Wellness	625 N Plaza Dr	Apache Junction	AZ	85120	$2,541.00	$2,541.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	593908	AZ102128	X	Maricopa	Horizon Health and Wellness INC	625 N. Plaze Drive	Apache Junction	AZ	85120	$112,752.00	$112,752.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	83408	AZ104677	X	Maricopa	Hushabye Nursery	3003 E McDowell Rd	Phoenix	AZ	85008	$20,880.00	$20,880.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	X	X	X	Gilbert	Hushabye Nursery	2473 S. Higley Road, Suite 104, PMB 240	Phoenix	AZ	85295	$111,601.00	$0.00	$0.00	$111,601.00	$0.00	$0.00	$0.00	$0.00	
	1508942723	AZ101044	X	Maricopa	Intensive Treatment Systems Main	651 W Coolidge Street	Phoenix	AZ	85013	$230,852.00	$230,852.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	1811073059	AZ101490	X	Maricopa	Intensive Treatment Systems North	19401 N Cave Creek Rd #18	Phoenix	AZ	85024	$461,705.00	$461,705.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	1184701906	AZ101030	X	Maricopa	Intensive Treatment Systems West	4136 N 75th Ave Ste 116	Phoenix	AZ	85033	$461,705.00	$461,705.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	451145	AZ100880	X	Pima	Intermountain Centers for Human Development Inc	994 S Harrison Rd	Tucson	AZ	85748	$2,932.00	$2,932.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	24906	AZ104819	X	Pima	Intermountain Centers for Human Development Inc	2200 S Avenida Los Reyes	Tucson	AZ	85748	$9,572.00	$9,572.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	199176	AZ104671	X	Pima	Intermountain Centers for Human Development Inc	3626 E Lee Street Bldg 1	Tucson	AZ	85716	$963.00	$963.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	508246	AZ105451	X	Pima	Intermountain Centers for Human Development Inc	BIA State Route 19 Ste 403-409	Sells	AZ	85634	$1,871.00	$1,871.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
	333689	AZ105445	X	Pima	Intermountain Health Centers	272 W Viewpoint Drive	Nogales	AZ	85621	$603.00	$603.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
						5055 E												

	198509	AZ103129	☒	Pima	Intermountain Health Centers	Broadway Blvd Ste C104	Tucson	AZ	85711	$10,036.00	$10,036.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	584965	AZ100507	☒	Maricopa	Jewish Family & Children's Service	1840 N. 99th Ave. Ste 146	Phoenix	AZ	85037	$1,545.00	$1,545.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	810095	AZ100374	☒	Maricopa	Jewish Family & Children's Service	1255 W. Baseline Rd. Ste B258	Mesa	AZ	85202	$2,167.00	$2,167.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	7486	AZ100726	☒	Maricopa	Jewish Family & Children's Service	5701 W. Talavi Blvd. Ste. 180	Glendale	AZ	85306	$3,292.00	$3,292.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	810459	AZ101534	☒	Maricopa	Jewish Family & Children's Service	3001 N. 33rd Ave.	Phoenix	AZ	85017	$2,769.00	$2,769.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	AZ101037	☒	Maricopa County	Kathleen Stanton, Consultant	5342 N 3rd Ave	Phoenix	AZ	85013	$11,250.00	$0.00	$0.00	$11,250.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Pima County	La Frontera - Refugee and Immigrant Services Provider Network	504 W. 29th Street	Tucson	AZ	85713	$129,707.00	$0.00	$0.00	$129,707.00	$0.00	$0.00	$0.00	$0.00
	603843	AZ750550	☒	Pima	La Frontera Center Inc	502 W 29th Street	Tucson	AZ	85713	$155,752.00	$155,752.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	57464	AZ102194	☒	Pima	La Frontera Center Inc	10841 N Thornydale Rd	Tucson	AZ	85742	$23,492.00	$23,492.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	AZ102010	☒	Cochise County	La Frontera SEABHS - Douglas Coalition	4755 Campus Dr.	Sierra Vista	AZ	85635	$131,974.00	$0.00	$0.00	$131,974.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Phoenix	Maggie's Place	4001 North 30th Street	Phoenix	AZ	85016	$181,189.00	$0.00	$0.00	$181,189.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Maricopa	Maricopa CAASA dba BE Awesome, Inc	18150 North Alterra Parkway	Maricopa	AZ	85139	$70,267.00	$0.00	$0.00	$70,267.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Pinal	Maricopa Community Alliance Against Substance Abuse - Be Awesome Inc.	18150 N. Altera Parkway	Maricopa	AZ	85139	$160,854.00	$0.00	$0.00	$160,854.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Prescott Valley	MATFORCE	8056 East Valley Road, Suite B	Yavapai County	AZ	86314	$66,741.00	$0.00	$0.00	$66,741.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Yavapai County	MATFORCE - MATFORCE	8056 E. Valley Rd., Suite B	Prescott	AZ	86314	$125,000.00	$0.00	$0.00	$125,000.00	$0.00	$0.00	$0.00	$0.00
	690405	AZ100945	☒	Mohave	Mohave Mental Health Clinic	915 Airway Ave Suite A	Kingman	AZ	86409	$1,205.00	$1,205.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	515719	AZ100619	☒	Mohave	Mohave Mental Health Clinic	2580 Hwy 95 Suite 208, 209, 210	Bullhead City	AZ	86442	$887.00	$887.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	AZ104435	☒	GuVo Distritct, Tohono O'odham Nation	Native American Advancement Foundation - Healthy People Coalition	Hwy 86, Federal Route 1 Mile Post 19	GuVo, Sells	AZ	85634	$107,201.00	$0.00	$0.00	$107,201.00	$0.00	$0.00	$0.00	$0.00
	151346	AZ750162	☒	Maricopa	Native American Connections	4520 N . Central Ave - Suite 100	Phoenix	AZ	85012	$120,028.00	$120,028.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	424472	AZ750162	☒	Maricopa	Native American Connections	4520 N . Central Ave , Suite 120	Phoenix	AZ	85012	$18,507.00	$18,507.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	347143	AZ102050	☒	Prescott	NAZCARE	599 White Spar Rd	Prescott	AZ	86303	$4,557.00	$4,557.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Phoenix	Neighborhood Ministries	1918 W. Van Buren Street	Phoenix	AZ	85009	$137,062.00	$0.00	$0.00	$137,062.00	$0.00	$0.00	$0.00	$0.00
	893554	AZ101283	☒	Maricopa	New Hope Behavioral Health Centers	215 S Power Rd Suite 114	Mesa	AZ	85208	$425,506.00	$425,506.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	539184	AZ101041	☒	Flagstaff	North Country Health Care	2920 N. 4th Street	Flagstaff	AZ	86004	$17,538.00	$17,538.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	907998	AZ101041	☒	Coconino	North Country HealthCare	2920 N Fourth Street	Flagstaff	AZ	86004	$88,640.00	$88,640.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Scottsdale	notMYkid, Inc.	5230 E. Shea Blvd, Suite	Scottsdale, Chandler,	AZ	85254	$156,799.00	$0.00	$0.00	$156,799.00	$0.00	$0.00	$0.00	$0.00

						100	Tempe										
	349127	AZ101835		Maricopa	Open Hearts	4414 N. 19th Ave	Phoenix	AZ	85015	$51,856.00	$51,856.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	MD102562	MD102562		Pima	Oxford House Inc	1010 Wayne Avenue Ste 300	Silver Spring	AZ	20910	$266,517.00	$266,517.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	MD102652	MD102652		Coconino	Oxford House, Inc	1010 Wayne Ave Suite 300	Silver Spring	AZ	20910	$222,603.00	$222,603.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X		La Paz County	Parker Area Alliance for Community Empowerment - PAACE Coalition	1309 9th Street	Parker	AZ	85344	$145,806.00	$0.00	$0.00	$145,806.00	$0.00	$0.00	$0.00	$0.00
	218075	AZ101774		85757	Pascua Yaqui Tribe-Pima	7490 S. Camino de Oeste	Tucson	AZ	85746	$123,752.00	$123,752.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X		99	PAXIS Institute	4980 North Sabino Canyon Road	Tucson	AZ	85085	$593,381.00	$0.00	$0.00	$593,381.00	$0.00	$0.00	$0.00	$0.00
	X	AZ104237		Maricopa County	Phoenix Indian Center - Urban Indian Coalition of Arizona	4520 N. Central Ave., # 250	Phoenix	AZ	85012	$231,180.00	$0.00	$0.00	$231,180.00	$0.00	$0.00	$0.00	$0.00
	X	X		Tucson	Pima Prevention Partnership	1477 W. Commerce Court	Tucson, Pima County	AZ	85746	$121,948.00	$0.00	$0.00	$121,948.00	$0.00	$0.00	$0.00	$0.00
	140216	AZ105615		Pinal	Pinal Hispanic	1667 N Trekell Rd Ste 101	Casa Grande	AZ	85122	$34,800.00	$34,800.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	688903	AZ105615		Santa Cruz	Pinal Hispanic Council	107 E 4th Street	Eloy	AZ	85131	$201.00	$201.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	598482	AZ105455		Santa Cruz	Pinal Hispanic Council	1940 11th Street	Douglas	AZ	85607	$16,955.00	$16,955.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	915838	AZ105457		Santa Cruz	Pinal Hispanic Council	1930 11th Street	Douglas	AZ	85607	$2,133.00	$2,133.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X		Eloy	Pinal Hispanic Council - Eloy Governor's Alliance Against Drug Coalition	107 E 4TH ST	ELOY	AZ	85131	$138,959.00	$0.00	$0.00	$138,959.00	$0.00	$0.00	$0.00	$0.00
	X	X		Tucson	Portable Practical Educational Preparation	802 East 46th Street	Ajo	AZ	85713	$156,979.00	$0.00	$0.00	$156,979.00	$0.00	$0.00	$0.00	$0.00
	X	X		99	Riester Sonoran LLC	3344 East Camelback Road	Phoenix	AZ	85018	$712,165.00	$0.00	$0.00	$712,165.00	$0.00	$0.00	$0.00	$0.00
	X	X		Scottsdale	Scottsdale Unified School District	7575 E. Main Street	Scottsdale	AZ	85251	$147,970.00	$0.00	$0.00	$147,970.00	$0.00	$0.00	$0.00	$0.00
	407398	AZ103544		99	Sonoran Prevention Works	2211 S 48th St	Tempe	AZ	85282	$831,039.00	$831,039.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	277449	AZ103249		Cochise	Southeastern Arizona Behavioral Health Services	936 F Avenue Ste B	Douglas	AZ	85607	$1,779.00	$1,779.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	336159	AZ104881		Cochise	Southeastern Arizona Behavioral Health Services	4755 Campus Dr	Sierra Vista	AZ	85635	$39,347.00	$39,347.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	140626	AZ105638		Cochise	Southeastern Arizona Behavioral Health Services	4721 Campus Dr	Sierra Vista	AZ	85635	$1,391.00	$1,391.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	895659	AZ901070		Graham	Southeastern Arizona Behavioral Health Services	1615 S 1st Ave	Safford	AZ	85546	$8,009.00	$8,009.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	82893	AZ102011		Cochise	Southeastern Arizona Behavioral Health Services	404 W Rex Allen Dr	Willcox	AZ	85643	$2,150.00	$2,150.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	AZ100992	X		Pima County	Southern Arizona AIDS Foundation	375 S Euclid Ave	Tucson	AZ	85719	$36,640.00	$0.00	$0.00	$0.00	$0.00	$36,640.00	$0.00	$0.00

	X	X	☒	Pinal	Southern Arizona Aids Foundation	375 S Euclid Ave	Tucson	AZ	85719	$39,361.00	$39,361.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	AZ100992	☒	Pima County	Southern Arizona AIDS Foundation - Youth Empowerment and LGBTQ Leadership	526 N. 4th Ave.	Tucson	AZ	85705	$109,012.00	$0.00	$0.00	$109,012.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Phoenix	Southwest Behavioral and Health Services	3450 N. 3rd Street	Phoenix	AZ	85012	$169,994.00	$0.00	$0.00	$169,994.00	$0.00	$0.00	$0.00	$0.00
	389892	AZ104584	☒	Maricopa	Southwest Behavioral Health Services, Inc	1424 S. 7th Ave	Phoenix	AZ	85007	$609,744.00	$609,744.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Phoenix	Southwest Recovery Alliance	1645 E Thomas Rd #3117	Phoenix	AZ	85016	$19,680.00	$0.00	$0.00	$0.00	$0.00	$19,680.00	$0.00	$0.00
	83301	AZ105613	☒	Yavapai	Spectrum Healthcare Group, Inc	636 N Main Street	Cottonwood	AZ	86326	$19,733.00	$19,733.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	290679	AZ101170	☒	Yavapai	Spectrum Healthcare Group, Inc	452 W Finne Flat Road	Camp Verde	AZ	86322	$422.00	$422.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	South /Central Phoenix	Tanner Community Development Corporation - Help Enrich African American Lives	700 E. Jefferson Street	Phoenix	AZ	85034	$299,162.00	$0.00	$0.00	$299,162.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Tempe	Tempe Community Council - Tempe Coaltion	34 E. 7th St. Building A	Tempe	AZ	85281	$83,961.00	$0.00	$0.00	$83,961.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Tempe	Tempe Union High School District	500 W. Guadalupe Road	Tempe	AZ	85283	$116,919.00	$0.00	$0.00	$116,919.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Phoenix	TERROS, Inc	3003 N. Central, Suite 400	Phoenix	AZ	85012	$94,676.00	$0.00	$0.00	$94,676.00	$0.00	$0.00	$0.00	$0.00
	56996	AZ301404	☒	Maricopa	Terros, Inc	4909 E. McDowell Rd	Phoenix	AZ	85008 -7735	$115,637.00	$115,637.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	906404	AZ103582	☒	Maricopa	Terros, Inc	5801 N. 51st Avenue	Glendale	AZ	85301	$96,735.00	$96,735.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	810053	AZ104113	☒	Maricopa	Terros, Inc	3864 N. 27th Avenue	Phoenix	AZ	85017 -4703	$87,033.00	$87,033.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	950925	AZ101378	☒	Maricopa	Terros, Inc	2400 W Dunlap Ave. Ste 300	Phoenix	AZ	85021	$4,017.00	$4,017.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	16658	AZ101379	☒	Maricopa	Terros, Inc	3302 N. 35th Ave, Ste 8	Phoenix	AZ	85017	$9,607.00	$9,607.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	907972	AZ100766	☒	Maricopa	Terros, Inc	4425 W. Olive Ave #200 & #140	Glendale	AZ	85302 -3843	$63,468.00	$63,468.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	11432	AZ100001	☒	Maricopa	Terros, Inc	6153 W. Olive Ave	Glendale	AZ	85302 -4564	$61,177.00	$61,177.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	980961	AZ100003	☒	Maricopa	Terros, Inc	1111 S. Stapley Dr.	Mesa	AZ	85204	$110,180.00	$110,180.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	37862	AZ100968	☒	Maricopa	Terros, Inc - 23rd Ave	8836 N 23rd Ave. Ste B-1	Phoenix	AZ	85021	$6,751.00	$6,751.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	232932	AZ101383	☒	Maricopa	Terros, Inc - 51st Ave	4616 N 51st Ave	Phoenix	AZ	85031	$4,883.00	$4,883.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	223657	AZ101384	☒	Maricopa	Terros, Inc - Priest Dr	1642 S. Priest Dr.	Phoenix	AZ	85281	$801,286.00	$801,286.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	Flagstaff	The County of Coconino ESA	219 E. Cherry Avenue	Flagstaff	AZ	86001	$112,730.00	$0.00	$0.00	$112,730.00	$0.00	$0.00	$0.00	$0.00
	969884	AZ101008	☒	Coconino	The Guidance Center, Inc	2697 E Industrial Drive	Flagstaff	AZ	86004	$21,141.00	$21,141.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	☒	99	The Wellington Consulting Group	10030 N 118th Street	Scottsdale	AZ	85259	$209,187.00	$0.00	$0.00	$209,187.00	$0.00	$0.00	$0.00	$0.00
	151359	AZ105845	☒	Pima	Touchstone Behavioral Health	1430 E Fort Lowell Rd Ste 100	Tucson	AZ	85719	$30,650.00	$30,650.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
					Touchstone	3602 East											

	378853	AZ100737	X	Maricopa	Behavioral Health, Inc	Greenway, Suite 102	Phoenix	AZ	85032	$12,972.00	$12,972.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	357279	AZ101943	X	Maricopa	Touchstone Behavioral Health, Inc	15648 North 35th Avenue	Phoenix	AZ	85053	$8,648.00	$8,648.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	90406	AZ100684	X	Pinal	Transitional Living Center	117 E 2nd St	Casa Grande	AZ	85122	$20,880.00	$20,880.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	90410	AZ102795	X	Yuma	Turtle Bay Café of Yuma LLC	1360 S 4th Avenue	Yuma	AZ	85364	$9,691.00	$9,691.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	7667	AZ103627	X	Maricopa	Unhooked	215 S Power Rd STE 1251	Mesa	AZ	85206	$203,423.00	$203,423.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	258528	AZ103631	X	Maricopa	Unhooked	5801 E Main St.	Mesa	AZ	85205	$542,462.00	$542,462.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	University of Arizona Campus	University of Arizona	1224 E Lowell St	Tucson	AZ	85721	$74,845.00	$0.00	$0.00	$74,845.00	$0.00	$0.00	$0.00	$0.00
	801237	AZ233308	X	Maricopa	Valle Del Sol	8410 W Thomas Road Suite 116	Phoenix	AZ	85037	$29,365.00	$29,365.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	53059	AZ102228	X	Maricopa	Valle Del Sol	1209 S 1st Avenue	Phoenix	AZ	85003	$360,195.00	$360,195.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	493467	AZ102229	X	Maricopa	Valle Del Sol	10320 W McDowell Road Ste. G	Avondale	AZ	85392	$6,317.00	$6,317.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	580100	AZ102230	X	Maricopa	Valle Del Sol	4135 S Power Road Ste. 108	Mesa	AZ	85212	$9,044.00	$9,044.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	186074	AZ405618	X	Maricopa	Valle Del Sol	502 N 27th Avenue	Phoenix	AZ	85009	$177,002.00	$177,002.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	388606	AZ405524	X	Maricopa	Valle Del Sol	3807 N 7th Street	Phoenix	AZ	85014	$33,344.00	$33,344.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	692229	AZ101276	X	Yavapai	West Yavapai Guidance Clinic (Polara)	711 Hillside Ave	Prescott	AZ	86301	$164.00	$164.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	904511	AZ101278	X	Yavapai	West Yavapai Guidance Clinic (Polara)	555 W Road 3 North	Chino Valley	AZ	86323	$7,332.00	$7,332.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	3434	AZ300117	X	Yavapai	West Yavapai Guidance Clinic (Polara)	505 S Cortez	Prescott	AZ	86305	$2,136.00	$2,136.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	X	AZ103571	X	White Mountain Apache Reservation	White Mountain Apache TRBHA	249 W. Ponderosa PO Box 1089	Whiteriver	AZ	85941	$144,006.00	$0.00	$0.00	$144,006.00	$0.00	$0.00	$0.00	$0.00
	X	X	X	Glendale	Youth4Youth	5405 North 99th Avenue	Buckeye, Glendale	AZ	85305	$142,715.00	$0.00	$0.00	$142,715.00	$0.00	$0.00	$0.00	$0.00
Total										$41,423,008.00	$27,472,710.00	$3,500,778.00	$8,693,386.00	$0.00	$60,320.00	$1,497,642.00	$198,175.00

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

Note: [1]42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
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Footnotes:

11/29/2024 AHCCCS will request a revision to this table so the WebBGAS Help Desk may upload our Table 7 Excel spreadsheet.
1/10/2025 Table 7 upload via WebBGAS Help Desk completed and AHCCCS updated completion status in WebGBAS form.
1/17/2025 Table revision completed to upload rows as manual entry for the ones that did not pass the WebBGAS Help Desk data validation.
3/21/2025 Table revision to correct rounding issue and one provider line
4/11/2025 Added footnotes and confirmed correct expenditure dates per Dr. Mitchell's request.

III: Expenditure Reports

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

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services 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: 07/01/2023 Expenditure Period End Date: 06/30/2024

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period **(A)**	**Expenditures** **(B)**	**B1(2022) + B2(2023)** **2** **(C)**
SFY 2022 (1)	$124,889,711.96	
SFY 2023 (2)	$271,963,365.26	$198,426,539
SFY 2024 (3)	$92,662,292.56	

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

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

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

Yes No X

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

If yes, SFY:

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

Yes No

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

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

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the SABG. The methodology is based on the requirements of 42 U.S.C. §300x-30(a). The methodology utilizes generally accepted accounting principles and is applied consistently each year. The calculation includes expenditures from the State General Fund (GF),the Substance

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Footnotes:

4/1/2025 AHCCCS is reporting actual expenditure. As previously noted in the SUBG SFY 2023 MOE submission, the State is aware of suspected fraudulent billing activities associated with the American Indian Health Program. During 2023, the Agency suspended a large number of providers for credible allegations of fraud. Currently, AHCCCS and the appropriate law enforcement agencies are still investigating the impact. Ultimately, this may require a restatement of the SFY 2023 expenditures previously reported.5/5/2025 - AHCCCS reopened table to revise previous footnote to reflect reporting of actual expenditures with the caveat that AHCCCS may request a restatement in future.

2024 Maintenance of Effort (MOE) SABG & MHBG Block Grant Instructions

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

Part I: Medicaid Behavioral Health Expenditures

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

2. AHCCCS Division of Business and Finance (DBF) Healthcare Finance reports fee-for-service (FFS) expenditures in these categories
    a. For SFY 2024 paid claims, the clinical criteria are applied to all expenditures
    b. Resulting classification of expenses is provided to Division of Business and Finance (DBF)

3. AHCCCS DBF actuaries report managed care organization (MCO) rate components in these categories
    a. Review encounter data for CYE 2022 dates of service (DOS) and apply clinical criteria
        i. Compute relative PH%, MH%, and SA% of each MCO capitation rate
        ii. Separately report BH inpatient (IP) expenditures in own category to be excluded
    b. Utilize encounter data from two years prior to effective rate – CYE 2022 used to develop CYE 2024 rate break-out
        i. Most complete encounter data available
        ii. Same underlying encounter data used to develop the new rate
    c. Resulting classification of rate components provided to DBF Budget for all lines of business (LOB) and risk groups
    d. Rate components are expressed as percentages (%s) of a total paid rate

4. AHCCCS DBF Budget receives FFS and MCO expenditure data by category from DBF Healthcare Finance and computes corresponding state match amounts
    a. Applies DBF Healthcare Finance and Actuary data to paid financial data from actuals as reported in the most recent budget submission to capture all expenses
    b. Applies effective Federal Medical Assistance Percentage (FMAP) rate to all expenditures to calculate state match component
    c. Summarizes state match expenditures by BH subcategories for MH and SA

Part II: Non-Medicaid Behavioral Health Expenditures

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

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

III: Expenditure Reports

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

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

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 2022		$ 3,501,567.00	
SFY 2023		$ 3,500,777.00	
SFY 2024		$ 3,500,777.00	(•) Actual ( ) Estimated
Enter the amount the State plans to expend in SFY 2025 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)): $ 3,500,777.00;			

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).
See attached documentation

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Footnotes:

For consistency purposes, AHCCCS attempted to update the table dates to 10/01/2021-09/30/23 - but the table would not save the data..
Thus the dates listed represent the State Fiscal year 2024

SABG Description of Calculations for SFY2023, Reporting Due 12/2/2024

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 Accounting System that tracks all disbursements for Pregnant Women and Women with Dependent Children from the SABG Block Grant. The amount reported in the 2019 reporting period reflects the total amount of federal block grant expenditures from the FFY2017 SABG Block Grant to ensure consistency in reporting with prior years.

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

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

2009		$3,500,777	FFY2007
2010		$3,500,777	FFY2008
2011		$3,500,777	FFY2009
2012		$3,515,680	FFY2010
2013		$3,860,921	FFY2011
2014		$3,500,777	FFY2012
2015		$3,496,101	FFY2013
2016		$4,274,549	FFY2014
2017		$3,500,777	FFY2015
2018		$3,500,777	FFY2016
2019		$3,500,777	FFY2017
2020		$3,500,778	FFY2018
2021		$3,500,777	FFY2019
2022		$3,501,567	FFY2020
2023		$3,500,777	FFY2021
2024		$3,500,777	FFY2022

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.§ 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Mental health problems	**1. Information Dissemination**	
	1. Clearinghouse/information resources centers	
	2. Resources directories	
	3. Media campaigns	
	4. Brochures	
	5. Radio and TV public service announcements	
	6. Speaking engagements	
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	
	8. Information lines/Hot lines	
	2. Education	
	1. Parenting and family management	
	2. Ongoing classroom and/or small group sessions	
	3. Peer leader/helper programs	
	4. Education programs for youth groups	
	5. Mentors	
	7. Fentanyl Training to School Bus Drivers, Rx360 Presentation for Challenger with Principal and Parents, Instruction at law enforcement academies	
	3. Alternatives	
	1. Drug free dances and parties	
	2. Youth/adult leadership activities	
	3. Community drop-in centers	
	4. Community service activities	
	6. Recreation activities	
	4. Problem Identification and Referral	
	1. Employee Assistance Programs	
	2. Student Assistance Programs	

	3. Driving while under the influence/driving while intoxicated education programs	
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	
	2. Systematic planning	
	3. Multi-agency coordination and collaboration/coalition	
	4. Community team-building	
	5. Accessing services and funding	
	6. Community Meetings	
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	
	3. Modifying alcohol and tobacco advertising practices	

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Footnotes:

Mental health problems as Column A (risks) was selected erroneously. The reported strategies are independent from any specific risk type.

IV: Population and Services Reports

Table 10a – 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: 7/1/2023

Expenditure Period End Date: 6/30/2024

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served[1]		ARP Number of Admissions > Number of Persons Served[2]		SUPTRS BG Service Costs			COVID-19 Costs[1]			ARP Costs[2]		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
DETOXIFICATION (24-HOUR CARE)															
1. Hospital Inpatient	2,215	4,810					4,225.93	4,398.03	2,402.83						
2. Free-Standing Residential	11,671	12,069					2,114.66	1,402.14	2,259.95						
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient	16,979	22,189					6,224.00	5,118.72	6,047.90						
4. Short-term (up to 30 days)	23,800	21,230					898.20	261.67	1,833.08						
5. Long-term (over 30 days)	1,449	1,430					25.18	19.93	23.42						
AMBULATORY (OUTPATIENT)															
6. Outpatient	609,252	259,874					116.90	46.22	488.29						
7. Intensive Outpatient	4,715	4,108					100.17	107.90	75.09						
8. Detoxification	0	0						0.00	0.00						
OUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification	28,112	23,101					10.37	12.29	11.06						
10. MOUD Medication-Assisted Treatment Outpatient	148,856	87,000					100.74	73.55	132.56						

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)
The logic/methodology used for admissions may be the reason admissions are lower than the number served.
Our data team has to construct an admission, which is done by looking for the member's first record in the reporting period and if there are no services/records within 30 days before, then it is identified as an admission.
This means that the categories that have less admissions than served, are members with service gaps less than 30 days, i.e. receiving continuous care/services.

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

[3] 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 SUPTRS BG 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 SUPTRS BG Reports, the LOC is "MOUD & Medication Assisted Treatment" and the Types of Treatment Service/Setting will include "MOUD Medication-Assisted Treatment Detoxification," Row 9 and "MOUD & Medication Assisted Treatment Outpatient," Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Footnotes:

1) Annual Funds
*Members all identified with SUD Diagnoses during State Fiscal Year 2024
**Mean, Median, and Standard Deviation of Cost are calculated per unique claim number.
***AZ does not provide for Outpatient Detoxification (8) services.
****Not all claims and encounters from SFY24 have been adjudicated.
*****Although the instructions indicate to report this table for services paid by SUPTRS only, AHCCCS reported treatment utilization from all fund sources in alignment with previous reporting. AHCCCS is not able to report to the SUBG level at this date and time but is working to build a report to do so.
2) COVID-19/ARPA funds - These funds were primarily planned and/or used for non-encounterable services. For the limited proportion of the funds that were used for encounterable treatment services, AHCCCS is not able to report at this level at this time.

IV: Population and Services Reports

Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity. For detailed instructions, see those in WebBGAS.

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

	Age 0-5[1]							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	8	10	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	9	8	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	27	27	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	38	24	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	26	28	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	80	61	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	95	72	0	0	0	0	0

[1]Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	288	265	0	0	0	0	0	392	459	0	0	0	0	0
Peer-Led Support Group	188	158	0	0	0	0	0	136	174	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	809	694	0	0	0	0	0	469	499	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	4	11	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	526	599	0	0	0	0	0	720	649	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	383	388	0	0	0	0	0	72	67	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	2,362	1,942	0	0	0	0	0	1,680	1,757	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	2,771	2,424	0	0	0	0	0	2,098	2,158	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	853	1,308	0	0	0	0	0	8,384	13,052	0	0	0	0	0
Peer-Led Support Group	304	442	0	0	0	0	0	2,742	3,938	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	813	1,010	0	0	0	0	0	7,502	10,654	0	0	0	0	0
Recovery Housing	20	45	0	0	0	0	0	228	616	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	1,361	1,608	0	0	0	0	0	14,061	18,334	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	1	1	0	0	0	0	0	8	8	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	2,958	3,691	0	0	0	0	0	25,808	35,596	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	3,759	4,433	0	0	0	0	0	32,093	42,274	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	4,667	6,690	0	0	0	0	0	606	721	0	0	0	0	0
Peer-Led Support Group	1,425	1,982	0	0	0	0	0	183	205	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	4,444	5,881	0	0	0	0	0	577	621	0	0	0	0	0
Recovery Housing	165	300	0	0	0	0	0	11	26	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	12,334	14,704	0	0	0	0	0	2,612	2,818	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	4	7	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	14,675	18,377	0	0	0	0	0	1,918	2,012	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	18,324	22,206	0	0	0	0	0	2,434	2,545	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	51	61	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	8	15	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	46	42	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	1	3	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	5,620	480	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	205	193	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	252	237	0	0	0	0	0	0	0	0	0	0	0	0

	Total						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
Peer-to-Peer Support Individual	**15,249**	**22,566**	**0**	**0**	**0**	**0**	**0**
Peer-Led Support Group	**4,995**	**6,922**	**0**	**0**	**0**	**0**	**0**
Peer-Led Training or Peer Certification Activity	**14,687**	**19,428**	**0**	**0**	**0**	**0**	**0**
Recovery Housing	**429**	**1,001**	**0**	**0**	**0**	**0**	**0**
Recovery Support Service Childcare Fee or Family Caregiver Fee	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Recovery Support Service Transportation	**37,272**	**39,216**	**0**	**0**	**0**	**0**	**0**
Secondary School, High School, or Collegiate Recovery Program Service or Activity	**494**	**500**	**0**	**0**	**0**	**0**	**0**

Recovery Social Support or Social Inclusion Activity	**49,686**	**63,629**	**0**	**0**	**0**	**0**	**0**
Other SAMHSA Approved Recovery Support Event or Activity	**61,826**	**76,349**	**0**	**0**	**0**	**0**	**0**
Comments on Data (Age):	**2	**Age category 0-5 years in not applicable					
Comments on Data (Gender):	***AZ only collects Male/Female for Gender Identity						
Comments on Data (Overall):	An individual member may receive services in more than one of these catagories. AHCCCS internal report shows the total unduplcated member counts for all service categories, by age and sex but not by service category rather than service category. For the FY2024 report, AHCCCS used RBHA/TRBHA data. For the SFY2025 report, AHCCCS opted to use AHCCCS data.						

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Footnotes:

*Although the instructions indicate to report this table for services paid by SUPTRS only, AHCCCS reported treatment utilization from all fund sources in alignment with previous reporting. AHCCCS is not able to report to the SUBG level at this date and time but is working to build a report to do so.

**An individual member may receive services in more than one of these catagories.

***For the FY2024 report, AHCCCS used RBHA/TRBHA data. For the SFY2025 report, AHCCCS opted to use AHCCCS data.

For these reasons, the FY2025 report demonstrates large increases in members served.

IV: Population and Services Reports

Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2023 Expenditure Period End Date: 06/30/2024

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total of Race								American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0	0	0	0	0	0	0
6-12 years	**137**	**153**	**0**	**0**	**0**	**0**	**0**	**290**	33	38	0	0	0	0	0
13-17 years	**3,759**	**3,550**	**0**	**0**	**0**	**0**	**0**	**7,309**	594	553	0	0	0	0	0
18-20 years	**4,045**	**4,092**	**0**	**0**	**0**	**0**	**0**	**8,137**	591	578	0	0	0	0	0
21-24 years	**7,660**	**8,140**	**0**	**0**	**0**	**0**	**0**	**15,800**	1,098	1,119	0	0	0	0	0
25-44 years	**57,169**	**71,570**	**0**	**0**	**0**	**0**	**0**	**128,739**	8,468	10,225	0	0	0	0	0
45-64 years	**39,373**	**49,880**	**0**	**0**	**0**	**0**	**0**	**89,253**	3,528	5,257	0	0	0	0	0
65-74 years	**7,512**	**8,674**	**0**	**0**	**0**	**0**	**0**	**16,186**	330	532	0	0	0	0	0
75+ years	**1,973**	**1,696**	**0**	**0**	**0**	**0**	**0**	**3,669**	96	139	0	0	0	0	0
Not Available	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	0	0	0	0	0	0	0
Total	**121,628**	**147,755**	**0**	**0**	**0**	**0**	**0**	**269,383**	**14,738**	**18,441**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**17,951**								3,369						

Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	158741
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	11483

Are the values reported in this table generated from a client-based system with unique identifiers?

(•) Yes ( ) No

Comments on Data (Race)	*AZ collects Race and Ethnicity in one category/field.
Comments on Data (Gender)	***AZ only collects Male/Female for Gender Identity
Comments on Data (Overall)	

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	0	1	0	0	0	0	0	12	15	0	0	0	0	0
13-17 years	25	16	0	0	0	0	0	291	266	0	0	0	0	0
18-20 years	31	30	0	0	0	0	0	396	342	0	0	0	0	0
21-24 years	69	64	0	0	0	0	0	818	748	0	0	0	0	0
25-44 years	474	599	0	0	0	0	0	5,292	6,402	0	0	0	0	0
45-64 years	244	518	0	0	0	0	0	2,588	3,564	0	0	0	0	0
65-74 years	38	89	0	0	0	0	0	470	595	0	0	0	0	0
75+ years	18	33	0	0	0	0	0	94	72	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**899**	**1,350**	**0**	**0**	**0**	**0**	**0**	**9,961**	**12,004**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	151							1,935						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**	**Female**	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	1	0	0	0	0	0	43	62	0	0	0	0	0
13-17 years	11	3	0	0	0	0	0	1,485	1,401	0	0	0	0	0
18-20 years	15	7	0	0	0	0	0	1,743	1,624	0	0	0	0	0
21-24 years	16	18	0	0	0	0	0	3,504	3,313	0	0	0	0	0
25-44 years	147	164	0	0	0	0	0	30,442	33,402	0	0	0	0	0
45-64 years	76	92	0	0	0	0	0	22,763	25,632	0	0	0	0	0
65-74 years	6	4	0	0	0	0	0	4,228	4,274	0	0	0	0	0
75+ years	0	5	0	0	0	0	0	1,080	775	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**271**	**294**	**0**	**0**	**0**	**0**	**0**	**65,288**	**70,483**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	43							8,386						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**	**Female**	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	37	51	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	30	50	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	61	124	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	365	882	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	247	431	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	77	112	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	13	16	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**830**	**1,667**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	0							17						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**	**Female**	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	49	35	0	0	0	0	0	156	134	0	0	0	0	0
13-17 years	1,316	1,260	0	0	0	0	0	3,759	3,550	0	0	0	0	0
18-20 years	1,239	1,461	0	0	0	0	0	4,045	4,092	0	0	0	0	0
21-24 years	2,094	2,754	0	0	0	0	0	7,660	8,140	0	0	0	0	0
25-44 years	11,981	19,896	0	0	0	0	0	57,169	71,570	0	0	0	0	0
45-64 years	9,927	14,386	0	0	0	0	0	39,373	49,880	0	0	0	0	0
65-74 years	2,363	3,068	0	0	0	0	0	7,512	8,674	0	0	0	0	0
75+ years	672	656	0	0	0	0	0	1,973	1,696	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**29,641**	**43,516**	**0**	**0**	**0**	**0**	**0**	**121,647**	**147,736**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	4,050							17,951						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**	**Female**	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	21	19	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	13	20	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	14	66	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	276	597	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	697	518	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	202	151	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	57	54	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**1,280**	**1,425**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	51							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Total of Ethnicity							
	Female	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**	**Total**

0-5 years[1]	0	0	0	0	0	0	0	0
6-12 years	156	134	0	0	0	0	0	0
13-17 years	3,780	3,569	0	0	0	0	0	0
18-20 years	4,058	4,112	0	0	0	0	0	0
21-24 years	7,674	8,206	0	0	0	0	0	0
25-44 years	57,445	72,167	0	0	0	0	0	0
45-64 years	40,070	50,398	0	0	0	0	0	0
65-74 years	7,714	8,825	0	0	0	0	0	0
75+ years	2,030	1,750	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0
Total	122,927	149,161	0	0	0	0	0	0
Pregnant Women	18,002							

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use[1]

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

	Total of Race								American Indian or Alaska Native							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[2]	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0								0						

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

[2]Age category 0-5 years is not applicable.

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

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	0							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	0							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	0							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	0							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available
0-5 years[1]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	0							0						

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Total of Ethnicity							
	Female	**Male**	**Transgender (Trans Woman)**	**Transgender (Trans Man)**	**Gender Non-Conforming**	**Other**	**Not Available**	**Total**
0-5 years[1]	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
6-12 years	**156**	**134**	**0**	**0**	**0**	**0**	**0**	**0**
13-17 years	**3,780**	**3,569**	**0**	**0**	**0**	**0**	**0**	**0**
18-20 years	**4,058**	**4,112**	**0**	**0**	**0**	**0**	**0**	**0**
21-24 years	**7,674**	**8,206**	**0**	**0**	**0**	**0**	**0**	**0**
25-44 years	**57,445**	**72,167**	**0**	**0**	**0**	**0**	**0**	**0**
45-64 years	**40,070**	**50,398**	**0**	**0**	**0**	**0**	**0**	**0**
65-74 years	**7,714**	**8,825**	**0**	**0**	**0**	**0**	**0**	**0**
75+ years	**2,030**	**1,750**	**0**	**0**	**0**	**0**	**0**	**0**
Not Available	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**122,927**	**149,161**	**0**	**0**	**0**	**0**	**0**	**0**
Pregnant Women	**0**							

[1]Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

	Sexual Orientation								
A. Age	**B. Straight or Heterosexual**	**C. Homosexual (Gay or Lesbian)**	**D. Bisexual**	**E. Queer**	**F. Pansexual**	**G. Questioning**	**H. Asexual**	**I. Other**	**J. Not Available**
0-5 years[1]	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

[1]Age category 0-5 years is not applicable.

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Footnotes:

*Table 11a

1) Although the instructions indicate to report members served by SUPTRS only, AHCCCS reported on count of persons served from all fund sources in alignment with previous reporting. AHCCCS is not able to report to the SUBG level at this date and time but is working to build a report to do so.

2) Number of pregnant women reported is reportedly due to an increase in the number of diangoiss codes used to identify member pregnancy.

**Table 11b - The majority of SUBG COVID-19 Supplemental funds were planned/used for non-encounterable services such as infrastructure. For the small proportion of funds that were used for encounterable services, AHCCCS is not able to report at this level at this time.

***Table 11c - AHCCCS is not able to complete. AZ only collects Male/Female for Gender Identity and does not collect Sexual Orientation.

IV: Population and Services Reports

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

Expenditure Period Start Date: 7/1/2023

Expenditure Period End Date: 6/30/2024

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide:	Rural:
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV 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		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

AZ is not a designated state and therefore did not complete this table.

IV: Population and Services Reports

Table 13 - Charitable Choice – Required

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 use disorder 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: 7/1/2023 Expenditure Period End Date: 6/30/2024

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:

- [ ] State has developed specific referral system for this requirement.
- [x] State has incorporated this requirement into existing referral system(s).
- [x] SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- [ ] 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 use disorder 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.

ACC-RBHAs provided training and technical assistance to contracted providers on the requirements of Charitable Choice through various ways. During the annual site visit for the block grants, one ACC-RBHA requests providers to submit evidence of alignment with charitable choice provisions (AHCCCS AMPM 320-T1_Attachment A). ACC-RBHAs review provider policies annually and requires providers to describe their process for charitable choice therein. ACC-RBHAs also use an Annual Substance Abuse and Mental Health Block Grants Relias Training to convey the contract requirements of Charitable Choice. One ACC-RBHA also offers language in the Provider Manual around Charitable Choice provisions: "Choice of Substance Use Providers Members 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. Behavioral health subcontractors providing substance use services under the SABG must notify members of this right using the AHCCCS Medical Policy Manual, Policy 320-T1 Block Grants and Discretionary Grants, Attachment A. Members must document that the member has received notice in the member's comprehensive clinical record. If a member objects to the religious character of a behavioral health provider, the provider must refer the member to an alternative provider within 7 days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify Mercy Care of the referral and ensure that the member contacts the alternative provider."

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Footnotes:

AHCCCS AMPM 320-T1_Attachment A is attached.

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, shall not discriminate against you on the basis of religion or the organization's religious character or affiliation, 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 Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	530	388
Total number of clients with non-missing values on employment/student status [denominator]	1,673	1,673
Percent of clients employed or student (full-time and part-time)	31.7%	23.2%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	4,673
Number of CY 2023 discharges submitted:	5,496
Number of CY 2023 discharges linked to an admission:	5,391
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,342
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	1,673

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	22,713	20,459
Total number of clients with non-missing values on employment/student status [denominator]	60,999	60,999
Percent of clients employed or student (full-time and part-time)	37.2%	33.5%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		171,449
Number of CY 2023 discharges submitted:		177,059
Number of CY 2023 discharges linked to an admission:		176,156
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		167,618
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		60,999

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	103	77
Total number of clients with non-missing values on employment/student status [denominator]	318	318
Percent of clients employed or student (full-time and part-time)	32.4%	24.2%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		558
Number of CY 2023 discharges submitted:		964
Number of CY 2023 discharges linked to an admission:		964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		952

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	318

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	4,673
Number of CY 2023 discharges submitted:	5,496
Number of CY 2023 discharges linked to an admission:	5,391
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,342
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	171,449
Number of CY 2023 discharges submitted:	177,059
Number of CY 2023 discharges linked to an admission:	176,156
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	167,618
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	558
Number of CY 2023 discharges submitted:	964
Number of CY 2023 discharges linked to an admission:	964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	952
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,318	1,309
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,746	1,746
Percent of clients without arrests	75.5%	75.0%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	4,673
Number of CY 2023 discharges submitted:	5,496
Number of CY 2023 discharges linked to an admission:	5,391
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,346
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	1,746

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	49,667	50,241
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	63,094	63,094
Percent of clients without arrests	78.7%	79.6%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	171,449
Number of CY 2023 discharges submitted:	177,059
Number of CY 2023 discharges linked to an admission:	176,156
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	168,777
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	63,094

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

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

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	246	237
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	331	331
Percent of clients without arrests	74.3%	71.6%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	558
Number of CY 2023 discharges submitted:	964
Number of CY 2023 discharges linked to an admission:	964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	954

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	331

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	1,379	1,381
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,723	1,723
Percent of clients abstinent from alcohol	80.0%	80.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		104
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	344	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		30.2%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		1,277
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,379	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.6%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	4,673
Number of CY 2023 discharges submitted:	5,496
Number of CY 2023 discharges linked to an admission:	5,391
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,346
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	1,723

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

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

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

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

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

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

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

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

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	54,329	54,444
All clients with non-missing values on at least one substance/frequency of use [denominator]	62,389	62,389
Percent of clients abstinent from alcohol	87.1%	87.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		3,021
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8,060	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		37.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		51,423
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	54,329	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.7%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	171,449
Number of CY 2023 discharges submitted:	177,059
Number of CY 2023 discharges linked to an admission:	176,156
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	168,777
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	62,389

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	266	268
All clients with non-missing values on at least one substance/frequency of use [denominator]	325	325
Percent of clients abstinent from alcohol	81.8%	82.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		25
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	59	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		42.4%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		243
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	266	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		91.4%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	558
Number of CY 2023 discharges submitted:	964
Number of CY 2023 discharges linked to an admission:	964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	954
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	325

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

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

Short-term Residential(SR)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,186	1,168
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,723	1,723
Percent of clients abstinent from drugs	68.8%	67.8%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		180
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	537	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		33.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		988
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,186	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		83.3%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	4,673
Number of CY 2023 discharges submitted:	5,496
Number of CY 2023 discharges linked to an admission:	5,391
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,346
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	1,723

Long-term Residential(LR)

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

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

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

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

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

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

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

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

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

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	0
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	46,847	47,602
All clients with non-missing values on at least one substance/frequency of use [denominator]	62,389	62,389
Percent of clients abstinent from drugs	75.1%	76.3%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		5,984
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	15,542	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		38.5%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		41,618
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	46,847	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.8%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	171,449
Number of CY 2023 discharges submitted:	177,059
Number of CY 2023 discharges linked to an admission:	176,156
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	168,777
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	62,389

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	224	236
All clients with non-missing values on at least one substance/frequency of use [denominator]	325	325
Percent of clients abstinent from drugs	68.9%	72.6%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		38
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	101	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		37.6%

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

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

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		198
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	224	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.4%

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	558
Number of CY 2023 discharges submitted:	964
Number of CY 2023 discharges linked to an admission:	964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	954
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	325

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

Table 19 – State Description of Social Support of Recovery Data Collection

Short-term Residential(SR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	273	333
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,257	1,257
Percent of clients participating in self-help groups	21.7%	26.5%
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]	4.8%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	4,673	
Number of CY 2023 discharges submitted:	5,496	
Number of CY 2023 discharges linked to an admission:	5,391	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	5,346	
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	1,257	

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Long-term Residential(LR)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0%	0.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	0	
Number of CY 2023 discharges submitted:	0	

Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Outpatient (OP)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	8,505	10,504
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	45,444	45,444
Percent of clients participating in self-help groups	18.7%	23.1%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	4.4%	

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	171,449
Number of CY 2023 discharges submitted:	177,059
Number of CY 2023 discharges linked to an admission:	176,156
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	168,777
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	45,444

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

Intensive Outpatient (IO)

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

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	56	69
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	249	249
Percent of clients participating in self-help groups	22.5%	27.7%
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]	5.2%	

Notes (for this level of care):	
Number of CY 2023 admissions submitted:	558

Number of CY 2023 discharges submitted:	964
Number of CY 2023 discharges linked to an admission:	964
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	954
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	249

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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Footnotes:

V: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25th Percentile	50th Percentile (Median)	75th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	19	4	6	9
2. Free-Standing Residential	19	3	5	8
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	18	4	6	10
4. Short-term (up to 30 days)	71	16	35	82
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	50	1	9	56
7. Intensive Outpatient	63	1	31	89
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification[1]	200	64	110	239
10. OUD Medication-Assisted Treatment Outpatient[2]	261	45	131	365

Level of Care	2023 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	1729	1703
2. Free-Standing Residential	5027	4838
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	668	662
4. Short-term (up to 30 days)	5496	5391

5. Long-term (over 30 days)	0	0
AMBULATORY (OUTPATIENT)		
6. Outpatient	177059	168855
7. Intensive Outpatient	964	964
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification[1]		122
10. OUD Medication-Assisted Treatment Outpatient[2]		7301

Source: SAMHSA/CBHSQ TEDS CY 2023 admissions file and CY 2023 linked discharge file
[Records received through 3/27/2025]

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

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

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Footnotes:

V: Performance Data and Outcomes

Table 21 – Substance Use Disorder Primary 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 2021 - 2022		
	Age 21+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
5. 30-day Use of Illicit 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 illicit drug]?[2]" **Outcome Reported:** Percent who reported having used illicit 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 2021 - 2022		

	Age 18+ - CY 2021 - 2022		

[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 illicit drug. The number provided combines responses to all questions about illicit drugs other than marijuana or hashish.

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Footnotes:

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V: Performance Data and Outcomes

Table 22 – Substance Use Disorder Primary 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 2021 - 2022		
	Age 21+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

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V: Performance Data and Outcomes

Table 23 – Substance Use Disorder Primary 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 2021 - 2022		
	Age 21+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

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

Table 24 – Substance Use Disorder Primary 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 2021 - 2022		
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 2021 - 2022		
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 2021 - 2022		
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 2021 - 2022		
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 2021 - 2022		

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V: Performance Data and Outcomes

Table 25 – Substance Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use
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 2021 - 2022		
	Age 18+ - CY 2021 - 2022		

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V: Performance Data and Outcomes

Table 26 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use 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 2021		

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Footnotes:

V: Performance Data and Outcomes

Table 27 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related 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 2021		

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V: Performance Data and Outcomes

Table 28 – Substance Use Disorder Primary 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 2021		

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Footnotes:

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V: Performance Data and Outcomes

Table 29 – Substance Use Disorder Primary 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 2021 - 2022		
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 2021 - 2022		

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

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V: Performance Data and Outcomes

Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, 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 2021 - 2022		

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

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V: Performance Data and Outcomes

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

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

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

	Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1.	Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
2.	Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
3.	Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2022	12/31/2022
4.	Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2022	12/31/2022
5.	Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2021	9/30/2023

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).

Data for tables 31, 32, 34, and 35 are collected through collection and aggregation of subrecipient data in a manner consistent with their unique contracts and platforms. For AHCCCS-contracted and GOYFF-contract coalition data as well as IHE subrecipients, online webportals are used and subrecipients are required to regularly enter required and optional data on prevention participant numbers and demographics, evidence-based status of activities implemented, and dollars associated with speciifc prevention strategies, programs, and initiatives. A contracted professional evaluator assists with training and technical assistance to subreicpients, as well as data quality checks and aggregate reporting to AHCCCS. For subrecipients who do not enter into the SUBG prevention webportals, AHCCCS utilizes Excel and Word templates that mirror the SUPTRS Block Grant Report forms to collect and aggregate data for the state.

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.

The AHCCCS-contracted evaluator provides tools to the coalition subrecipients for required data collection including demographic informaiton for participants served by individual-based services. Subrecipients report program data to AHCCCS or GOYFF into the SUBG web-based portal(s). During program implementation, individual-based program participants self-identify their demographic information either on surveys or on participant sign-in sheets. The options for other race and more than one race are among the options available for selection. Other providers may develop their own tools to collect demographic data, or AHCCCS is able to provide appropriate forms as well. For population-based services, AHCCCS and its contracted providers may use various sources to report demographics (e.g. social media reports, professional vendor reports, count of brochures distributed, estimates of attendees of a large one-time presentation, etc.) AHCCCS does not manipulate data submitted by providers, except to ensure numbers served align correctly across reporting categories. For example, if there is variance in numbers served across the demographics, AHCCCS will make each demographic whole by adding to the "unknown" category.

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Footnotes:

V: Performance Data and Outcomes

Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

The reporting period for Tables 31 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	**95,689**
0-5	766
6-12	12,379
13-17	30,001
18-20	17,746
21-24	2,782
25-44	4,034
45-64	6,424
65-74	3,196
75 and Over	580
Age Not Known	17,781
B. Gender	**95,689**
Male	33,660
Female	36,802
Trans man	9
Trans woman	7
Gender non-conforming	4
Other	25,207
C. Ethnicity	**95,689**
Hispanic or Latino	25,060
Not Hispanic or Latino	30,005
Ethnicity Unknown	40,624
D. Race	**95,689**
White	34,262
Black or African American	3,973
Native Hawaiian/Other Pacific Islander	484
Asian	1,279
American Indian/Alaska Native	7,311

More Than One Race (not OMB required)	6,767
Race Not Known or Other (not OMB required)	41,613

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Footnotes:

One provider reported all members served individual and population based programs and strategies under table 31, and cannot be corrected due to staff turnover. Therefore table 31 is slightly over represented. AHCCCS is working with the provider to more precisely capture these data.

V: Performance Data and Outcomes

Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

The reporting period for Tables 32 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	**7523522**
0-5	4617
6-12	65133
13-17	77489
18-20	92608
21-24	115118
25-44	140586
45-64	1429316
65-74	1089014
75 and Over	319709
Age Not Known	4189932
B. Gender	**7523522**
Male	1643625
Female	1690232
Trans man	
Trans woman	
Gender non-conforming	
Other	4189665
C. Race	**7523522**
White	1993130
Black or African American	112790
Native Hawaiian/Other Pacific Islander	6597
Asian	30816
American Indian/Alaska Native	931326
More Than One Race (not OMB required)	159649
Race Not Known or Other (not OMB required)	4289214
D. Ethnicity	**7523522**
Hispanic or Latino	570808

Not Hispanic or Latino	2740123
Ethnicity Unknown	4212591

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Footnotes:

AHCCCS used some funds for a statwide media campaign that was not included in this data, as the campaign was funded by multiple SUBG fund sources and not feasible to break out programmatic data by fund source. See attachment “AHCCCS - Talk Heals Recap - Sept 2022 - Feb 2023” for campaign details.

One provider reported all members served individual and population based under table 31, so table 32 is slightly under represented. AHCCCS is working with the provider to more precisely capture these data.

RIESTER

AHCCCS | SUBSTANCE ABUSE AND MISUSE

Sept 2022 - Feb 2023

TalkHeals Campaign Performance Recap

AGENDA

Media Approach

Website Data

Digital Media Recap

Traditional Media Recap

Summary

RIESTER

APPROACH

MEDIA APPROACH

Campaign Objective: Encourage young people to confidently seek support and utilize mental health resources to cope with life's challenges *(instead of turning to substances to cope)*

Media Strategy: Create custom audiences to engage with the target audience with a multi-faceted media plan

Target Audience: Arizona Youth 12-21 years old

Flight Dates: August 15, 2022 - February 28, 2023

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WEBSITE DATA

WEBSITE DATA (Sept 14 – Feb 28th)

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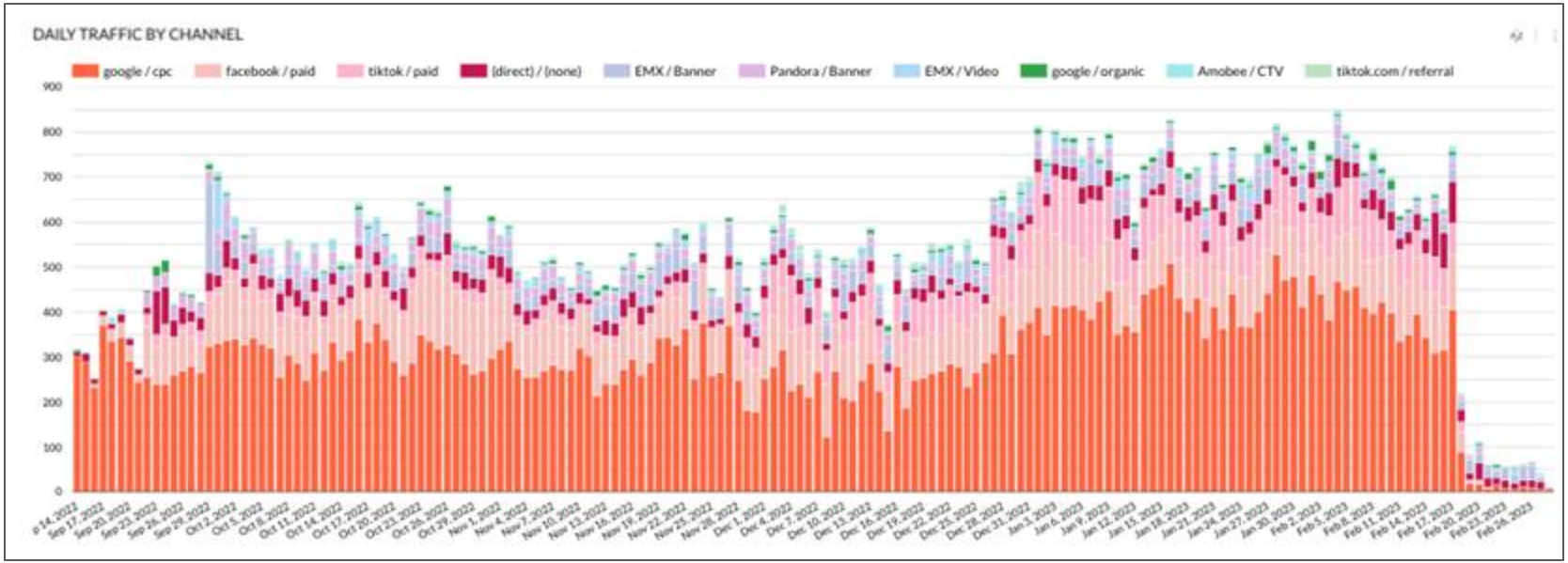


Results:

- **Users:** 76,187
- **Sessions:** 88,076
- **Pageviews:** 98,879

Insights/Takeaways:

- Users spent 4:04 on the landing page on average
- The "Talk/Text" button was clicked 3,011 times during this date range, with the majority of these coming from Google Ads traffic (1,839)
- Users clicked on outbound links 157 times, with the "Be Awesome" site receiving the most clicks (37)

RIESTER

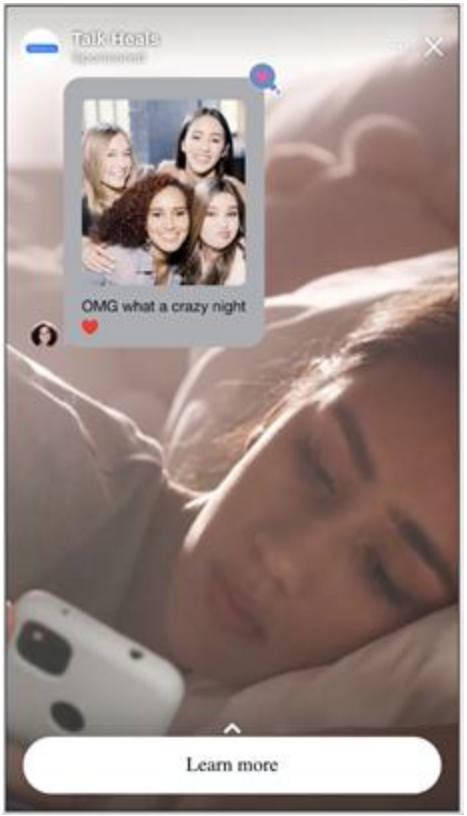
DIGITAL MEDIA RECAP

PAID SOCIAL MEDIA - META

RIESTER

Insights/Takeaways:

- English and Spanish ads ran on both Reels/Stories placements as well as the FB/IG Feed. We saw a bit more impressions being served on the Reels/Stories placements (55% of total). Link-CTRs were much stronger on the Reels/Stories placements (0.17% vs. 0.02%)
- Users coming from Meta spent 3:03 on the landing page on average, resulting in 1,595 on-site CTA clicks and 129 Talk/Text clicks.
- The "Bed" English ad (on Reels/Stories placements) resulted in the most impressions (6,053,549) and link clicks (12,798) as well as the lowest cost-per-link-click ($0.96), though the "Smile" English ad showed the highest rate of engagement (0.24%)

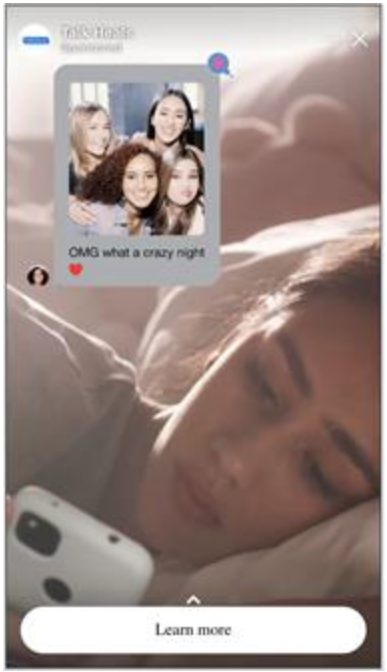


Results:

- **Imp:** 28,529,904
- **Clicks:** 40,892
- **CTR:** 0.14%
- **Spend:** $69,743.02
- **CPC:** $1.71
- **Link Clicks:** 29,725
- **Cost-Per-Link-Click:** $2.35

PAID SOCIAL MEDIA – META – TOP PERFORMING ADS

RIESTER



English: "Bed" (Reels/Stories)

- Link Clicks: 12,798

Spanish "Animoji" (Reels/Stories)

- Link Clicks: 1,059

PAID SOCIAL MEDIA – TIKTOK

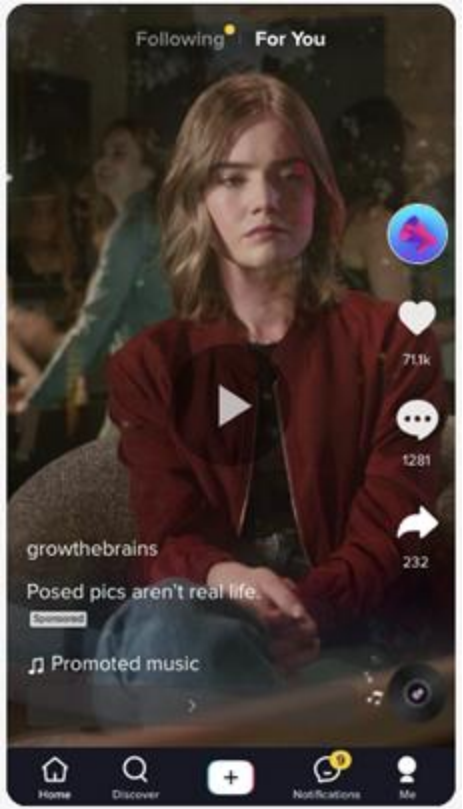
RIESTER

Insights/Takeaways:

- The English ads resulted in 10,864,316 total impressions (77% of total) and 69,319 total clicks (86%), while the Spanish ads resulted in 3,230,615 total impressions and 10,929 total clicks.
- Users coming from TikTok spent 5:27 on the landing page on average, resulting in 1,039 on-site CTA clicks and 102 Talk/Text clicks.
- The "Party" English ad resulted in the most impressions (3,692,432) and clicks (23,195) though the "Animoji" English ad showed the highest rate of engagement (0.66%)

Results:

- **Imp:** 14,094,931
- **Clicks:** 80,248
- **CTR:** 0.57%
- **Spend:** $69,929.82
- **CPC:** $0.86
- **CPM:** $4.89

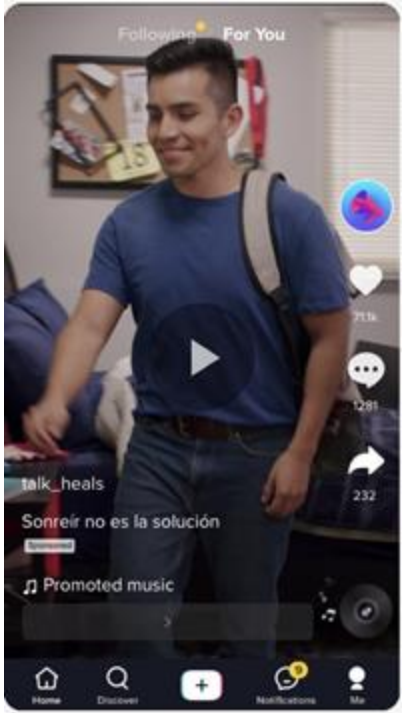


PAID SOCIAL MEDIA – TIKTOK – TOP PERFORMING ADS

RIESTER

English: "Party"

- Clicks: 23,195



Spanish: "Smile"

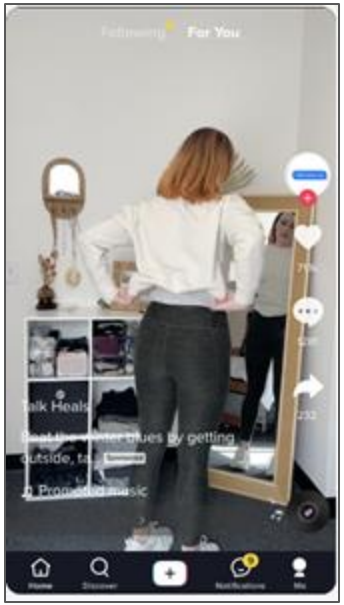
- Clicks: 4,882

PAID SOCIAL MEDIA – SPARK ADS

RIESTER

Insights/Takeaways:

- The Meta Spark Ads were optimizing towards Daily Unique Reach while the TikTok Spark Ads were optimizing towards Follows - for both objectives we saw the "Winter Blues" ad drive the most results.
  - The "Social Anxiety" ad was the second top-performer on Meta, reaching 308,555 unique users
  - The "GCU" ad on TikTok resulted in the second most Follows (1,596)



Results (FB/IG):

- **Imp:** 1,527,953
- **Reach:** 512,986
- **Spend:** $2,500
- **Frequency:** 2.98

Results (TikTok):

- **Imp:** 106,378
- **Spend:** $3,999.66
- **Follows:** 5,637
- **Cost-per-follow:** $0.71

"Winter Blues"

- Reach: 357,976

"Winter Blues"

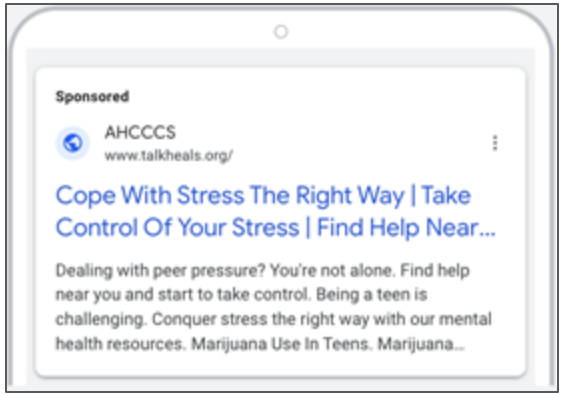
- Follows: 3,256

GOOGLE SEARCH

RIESTER

Insights/Takeaways:

- Approximately 75% of the total ad spend went to the English campaign, resulting in 1,900 clicks (75% of total), and 1,985 conversions (79% of total).
- The Spanish campaign had a similar CPC as the English campaign (0.88% higher), but resulted in a 42% higher CTR (5.81% vs. 4.10%).
- Users coming from Search spent 06:42 on the landing page on average. The most common action taken on the landing page was CTA clicks
- Top keywords:
    - Teen mental health resources
    - High school and mental health
    - Help with depression for teens
    - Como saber si tengo ansiedad



Results:

- **Imp:** 57,511
- **Clicks** 2,548
- **CTR:** 4.43%
- **Cost:** $34,385.71
- **CPC:** $13.50
- **Conversions:** 2,527
- **CPA:** $13.61

*Conversions are On-Site CTA Clicks, Outbound Clicks, and SMS/Call Link Clicks

GOOGLE DISPLAY

RIESTER

Insights/Takeaways:

- For both the English and Spanish campaigns, we targeted a mix of Custom Intent audiences (an audience of users who have searched one of our targeted search keywords or showed interest in those topics) as well as content targeting to reach our target demographic. The Custom Intent audiences resulted in significantly more volume as these audiences are much larger than targeting specific placements.
- The English campaign resulted in 67% of the total ad spend and 67% of the total clicks. The CPA was also much lower for the English campaign ($2.11 vs. $3.67).
- We tested utilizing automated bidding within the English Display campaign from 11/12/22-11/26/22, finding that conversions increased by 116% and the CPA decreased by 54% (in comparison to manual bidding). Based on these results, we transitioned both of the Display campaigns to automated bidding and found that the CPA decreased by 42% PoP after making this change.
- Users coming from Google Display spent 03:05 on the landing page on average. The most common action taken on the landing page was CTA clicks

Results:

- **Imp:** 20,586,661
- **Clicks** 43,406
- **CTR:** 0.21%
- **Cost:** $37,806.83
- **CPC:** $0.89
- **Conversions:** 15,648
- **CPA:** $2.42

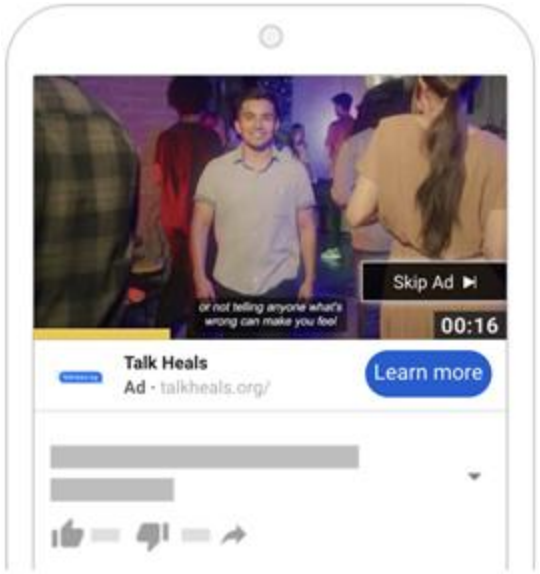
*Conversions are On-Site CTA Clicks, Outbound Clicks, and SMS/Call Link Clicks

YOUTUBE

RIESTER

Insights/Takeaways:

- The English campaign resulted in 7.7M total impressions and 4.5M total views (57.88% VTR), while the Spanish campaign resulted in 3M impressions and 1.9M total views (62.01% VTR). The top performing videos in terms of views were:
  - Smile (ENG) - 2.1M
  - Party (ENG) - 1M
  - Smile (SPA) - 1M
  - Bed (ENG) - 811K
- The audience targeting mirrored what we did for Google Display (Custom Intent audiences and content targeting). The Custom Intent audiences resulted in significantly more impressions and views as these audiences are much larger than targeting specific placements.
- Approximately 93% of the total impressions were served on either mobile devices or TV screens, with the remaining 7% being split between desktop and tablet devices.

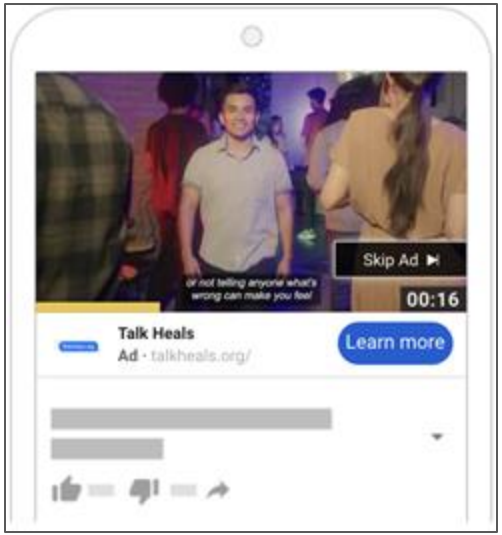


Results:

- **Imp:** 10,763,558
- **Views:** 6,355,558
- **VTR:** 59.05%
- **CPV:** $0.01
- **Cost:** $94,594.16
- **Clicks:** 4,147
- **CPM:** $8.79

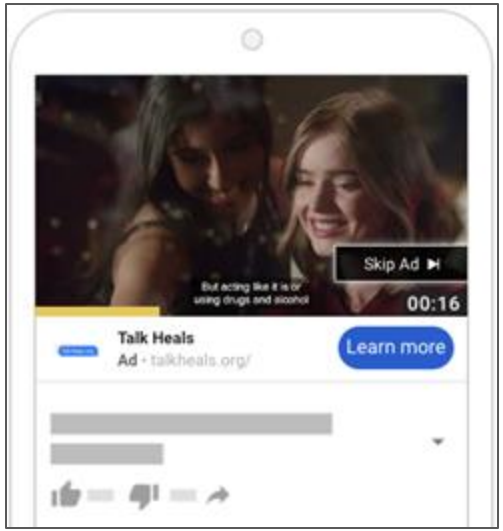
YOUTUBE – TOP PERFORMING ADS

RIESTER



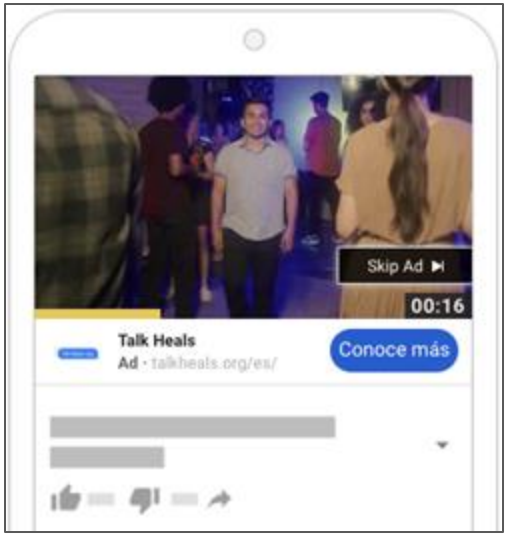
ENG: "Smile" – :15

- Views: 2,104,056
- VTR: 57.33%



ENG: "Party" – :15

- Views: 1,041,598
- VTR: 64.15%



SPA: "Smile – :15

- Views: 1,024,643
- VTR: 63.75%

STREAMING & VIDEO

RIESTER

Insights/Takeaways:

- Approximately 76% of Hulu & Disney impressions were served on OTT devices
  - Though not a strong traffic driver, users coming from Hulu/Disney spend 76 seconds on the landing page on average
- Pandora Audio impressions were split 74% ENG/26% SPA, while the English banner resulted in 3,776 clicks at a 1.26% CTR
  - Pandora resulted in 3,491 pageviews on the site with using spending 4:30 on the landing page on average.
  - Users coming from Pandora also completed 87 on-site goals (16 SMS/Call Clicks, 70 On-Site CTA Clicks, 1 Outbound Link)
- Amobee resulted in an overall VTR of 94% - 3,170,410 total impressions and 2,965,742 video completions
  - Televisions saw the largest volume of impression delivery for this CTV campaign where delivery was optimized to shift delivery towards this screen.
- Engine Video Impressions were split pretty evenly between the different creatives, with the "Party" :15 received the most clicks (681) at the highest CTR (0.14%). For the Banner Ads, CTRs were consistent across creatives (0.09%-0.10%)

Site	Impressions	Clicks	Click Rate
Disney	609,954	259	0.04%
Hulu	2,063,175	250	0.01%
Pandora	3,919,488	3,876	0.10%
EMX Digital	5,106,875	4,938	0.10%
Amobee	3,061,449	659	0.02%

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TRADITIONAL MEDIA RECAP

LEGENDS OOH

RIESTER

Details:

- Flights: 10/19/22 - 2/26/23 ***(bonus ads through 3/26/23)***
- Impressions: 6,276,284
- Rotation: 2 minutes per hour
- Spend: $44,987

Major events during flight: Super Bowl Experience, Phoenix Suns regular season

MALL KIOSKS

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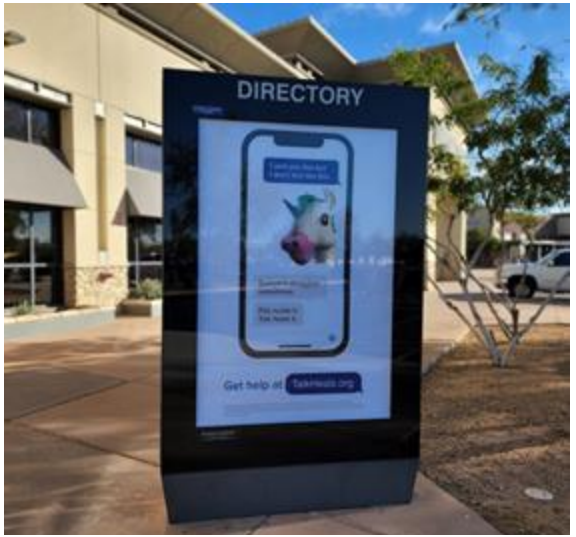
Mall	City/State	County	Proposed Media Package	Creative
Desert Ridge Marketplace	Phoenix, AZ	Maricopa	Large Format Digital	Animoji
Scottsdale Quarter	Scottsdale, AZ	Maricopa	2 Standees	Party Smile
Scottsdale 101 Shopping Center	Scottsdale, AZ	Maricopa	2 Directory Ad Panels	Animoji Bed
Tempe Marketplace	Tempe, AZ	Maricopa	3 Directory Ad Panels	Animoji Bed Smile
Tanger Outlets Glendale	Glendale, AZ	Maricopa	2 Standees	Animoji Party
Happy Valley Town Center	Phoenix, AZ	Maricopa	2 Directory Ad Panels	Party Bed
Christown Spectrum	Phoenix, AZ	Maricopa	2 Directory Ad Panels	Smile Bed
Crossroads Towne Center	Chandler, AZ	Maricopa	2 Directory Ad Panels	Animoji Bed
Gilbert Gateway Towne Center	Mesa, AZ	Maricopa	2 Directory Ad Panels	Party Smile
Chandler Fashion Center	Chandler, AZ	Maricopa	2 Directory Ad Panels	Animoji Party
Desert Sky Mall	Phoenix, AZ	Maricopa	2 Directory Ad Panels	Animoji Bed
Biltmore Fashion Park	Phoenix, AZ	Maricopa	2 Directory Ad Panels	Party Smile
Mall at Sierra Vista	Sierra Vista, AZ	Cochise	2 Directory Ad Panels	Animoji Bed
Tucson Mall	Tucson, AZ	Pima	2 Directory Ad Panels	Smile Party
Park Place	Tucson, AZ	Pima	2 Directory Ad Panels	Smile Bed
				Bed

FLIGHT DATES: 11/7 – 1/22

# of LOCATIONS: 16 malls (32 units)

SPEND: $55,860



SCHOOL CAMPUS KIOSKS

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Location Name	City	Zip	Creative
Douglas High School	Douglas	85607	Bed
Rio Rico High School	Rio Rico	85648	Bed
Eastern Arizona College	Thatcher	85552	Smile & Party
Mohave High School	Bullhead City	86442	Bed
Gila Community College	Payson	85541	Smile & Party
Kingman Intermediate School (high)	Kingman	86409	Animoji
Kingman Intermediate School (middle)	Kingman	86409	Bed
Willcox High School	Willcox	85643	Bed
Show Low High School	Show Low	85901	Bed
Ed Options High School	Nogales	85621	Bed
San Luis Middle School	San Luis	85336	Animoji
Bisbee Senior High School	Bisbee	85603	Bed
Benson High School	Benson	85602	Bed
Rim Country Middle School	Payson	85541	Animoji
Arizona Western Gila San Luis	San Luis	85348	Smile & Party

FLIGHT DATES: 10/24 – 11/20

# of LOCATIONS: 15 schools

SPEND: $22,932

SUMMARY

FLOWCHART 2022

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Media	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	SPEND	% OF MEDIA
Streaming Television								$206,500	25%
Streaming Radio								$82,500	10%
Digital Video & Social Media								$363,550	45%
Paid Search								$37,182	5%
OOH - Downtown PHX								$44,987	6%
OOH - School Campuses								$22,932	3%
OOH - Malls								$55,860	7%

Total Spend: $813,511

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THANK YOU

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APPENDIX

LEGENDS OOH

RIESTER

Details:

- SIGNAGE SPECS: Location 13 – Three (3) 13'x22' main displays and one (1) 4'x90'' halo ring
- ROTATION: Two (2) minutes per hour
- POSTING DATES: 10/19/22 – 3/26/23 TOTAL
- IMPRESSIONS: 4,567,074

LEGENDS OOH

RIESTER

Details:

- SIGNAGE SPECS: Location 24AB – One (1) 15’10” x 54’8”(880 sq ft) digital unit
- ROTATION: Two (2) minutes per hour
- POSTING DATES: 10/19/22 – 3/26/23
- TOTAL IMPRESSIONS: 1,151,108

LEGENDS OOH

RIESTER

Details:

- SIGNAGE SPECS: Location 24C – One (1) 15'10" x 50'8" (816 sq ft) digital unit
- ROTATION: Two (2) minutes per hour
- POSTING DATES: 10/19/22 – 3/26/23
- TOTAL IMPRESSIONS: 1,558,102

V: Performance Data and Outcomes

Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

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

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	**0**	**$0.00**
Number of Persons Served[1]	**95,689**	**7,523,522**

[1]Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

V: Performance Data and Outcomes

Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention

The reporting period for Tables 34 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

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

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

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

AHCCCS requires the use of evidence-based programs and strategies. Specific details of the requirements vary by contract type. For example, coalition provider contracts include a requirement to implement evidence-based program (EBP) or promising practices or program. Innovative practices/program are allowed at a ratio of 1 innovative practice/program per 1 evidence based or promising practice or program. These contracts delineate the definition of an evidence-based program, a promising program, and an innovative program. The definition of an evidence-based program is consistent with SAMHSA's Center for Substance Abuse Prevention (CSAP) and "Selecting Best-fit Programs and Practices" publication. In order to evaluate the allowability of the use of an innovative program, and to help identify if a program would be considered evidence-based (if not already clear) or promising, the contractor submits an Innovative Program Protocol for AHCCCS to review and deem the appropriate category, and the appropriate approval decision. The Governor's Office of Youth Faith and Family (GOYFF), which helps administer SUBG prevention funds, also sets requirements for its SUBG prevention subrecipients. GOYFF used guidance from both SAMHSA and AHCCCS to develop a list of pre-approved EBPs and strategies for sub-grantees to use when reporting service numbers and expenditures. If a program is not on the pre-approved list the funded entities require sub-grantees to receive approval from a Program Administrator well versed in the definition and criteria used in both the SUBG and the Strategic Prevention Framework State Incentive Grant before being able to report service numbers or expenditures categorized as evidence-based. Various EBP online registries are used to vet EBP as needed. Staff also attend trainings prior to providing any EBP curriculum. All community education presentations are developed using current data related to current drug trends. Staff are also trained in presentation techniques to adapt to multiple learning styles. AHCCCS funds a number of tribal entities under SUBG prevention, some of which are funded under the coalition provider contracts mentioned above while others – Tribal Regional Behavioral Health Authorities (TRBHAs) are funded through Intergovernmental Agreements (IGAs). IGAs also delineate that SUBG prevention programs must be evidence-based. AHCCCS provides technical assistance to TRBHA partners to ensure programming is in alignment with SAMHSA guidelines, and also recognizes the “Culture Is Prevention” model as an EBP. Some tribal entities implement EBPs such as Botvin's Life Skills and Active Parenting, while others may make special cultural adaptations to EBPs to best meet the needs of their community, while others may implement traditional tribal cultural-specific activities as a means of evidence-based programming.

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

AHCCCS requires data to be collected and reported anywhere from monthly to annually on SUBG prevention programs and strategies. The source of the data and other details vary by contract type. In 2021-2022, AHCCCS worked with a professional evaluation vendor to develop a web-based portal where most SUBG prevention subrecipients would be required to enter data for SUBG prevention activities. Data may be collected using physical forms or online forms but is ultimately reported in this web-based portal at https://azpreventionsabg.org/. The first training for subrecipients to learn how to enter and manage data in the portal occurred in June 2022. The data source for evidence-based program information is an online form called the Activity List, where they are required to enter the funding source, the CSAP strategy, the activity category, a description, and type of program (innovative, promising, EBP). As of November 2023, the 19 directly contracted prevention coalitions and the 3 institutes of higher education (Arizona State University, Northern Arizona University, and University of Arizona) use the portal to enter and manage their data. Additional contractors may be added to the portal as contracts allow. In FY25 DLLC will begin reporting into the SUBG

prevention portal as well instead of the Speakeasy program. In 2024, AHCCCS has been promoting the use of the portal by TRBHA partners, though is not required in their IGAs. Currently they use processes such as documenting their activities in a process documentation log, including date of activity, type of activity, duration, location, number of participants, and notes about the activity. Another TRBHA consolidates, tracks, and records metadata for all events. Similarly, the GOYFF has maintained an online web-based portal for their subrecipients to report data into. Among other data fields/measures, the subrecipients enter data regarding the type of program being implemented and indicate if the strategy being implemented is evidence-based. The Program Administrator at GOYFF reviews strategy data reports for accuracy. Each strategy report entered by subrecipients is manually calculated to determine the total number of programs/strategies funded and the total number of evidence-based programs/strategies funded.

Table 34 - SUBSTANCE USE DISORDER PRIMARY 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	272	1	273	47	58	378
2. Total number of Programs and Strategies Funded	1236	639	1875	190	186	2251
3. Percent of Evidence-Based Programs and Strategies	22.01%	0.16%	14.56%	24.74%	31.18%	16.79%

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Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies

The reporting period for table 35 is the 24- month expenditure period of the FFY 2022 SUPTRS BG award.

Reporting Period Start Date: 10/01/2021 Reporting Period End Date: 09/30/2023

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 216	$2,985,238.96
Universal Indirect	Total # 141	$45,828.83
Selective	Total # 45	$830,512.36
Indicated	Total # 70	$229,472.28
Unspecified	Total #	
	Total EBPs: 472	Total Dollars Spent: $4,091,052.43

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Footnotes:

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Prevention Attachments

Submission Uploads

FFY 2025 Prevention Attachment Category A:

File	Version	Date Added

FFY 2025 Prevention Attachment Category B:

File	Version	Date Added

FFY 2025 Prevention Attachment Category C:

File	Version	Date Added

FFY 2025 Prevention Attachment Category D:

File	Version	Date Added

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Footnotes: