

Arizona

UNIFORM APPLICATION

FY 2023 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/31/2022 - Expires 03/31/2025
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 805346798

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Grants Administration

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II. Contact Person for the Grantee of the Block Grant

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

From 7/1/2021

To 6/30/2022

IV. Date Submitted

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

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Footnotes:

B. Implementation Report

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

Priority #: 1
Priority Area: Youth Underage Alcohol (Prevention)
Priority Type: SAP
Population(s): PP, Other (LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Decrease the percentage of youth reporting past 30-day alcohol use (more than just a few sips) from the 2020 levels of 9.0% to 7.0% of those in the 8th grade, 17.6% to 15.6% of those in the 10th grade, and 27.3% to 25.3% of those in the 12th grade, as measured by the 2022 Arizona Youth Survey.

Objective:

Increase awareness and use of educational messaging regarding the harms of underage alcohol use and increase use of evidence based prevention practices that address underage alcohol use.

Strategies to attain the goal:

Provide education on available evidence based practices related to addressing underage alcohol use, and provide training on how to choose EBPs based on community need. Increase the use of Evidence Based Programs (EBP) with activities to include:

Enhancing the ability of local community coalitions to more effectively provide prevention services for alcohol including organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.

Provide alternatives for underage drinking for youth including drug free dances and parties, Youth/adult leadership/mentor activities, community drop-in centers and community service activities.

Establish or change written and unwritten community standards and codes and attitudes that factor into underage alcohol use, including promoting the establishment or review of alcohol, tobacco and drug use policies in schools, technical assistance to communities to maximize local enforcement, procedures governing availability and distribution of alcohol, tobacco, and other drug use, modifying alcohol and tobacco advertising practices, and product pricing strategies.

Provide underage alcohol use education and educational opportunities that involve two-way communication and is distinguished from the Information Dissemination by the fact that interaction between the educator/facilitator and the participants is the basis of its activities, including education to affect critical life and social skills, decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Provide awareness and knowledge of the nature and extent of local and state underage alcohol use, abuse and addiction and their effects on individuals, families and communities, and increase awareness of available prevention programs and services through clearinghouse/information resource center(s), resource directories, media campaigns, brochures, radio/TV public service announcements, speaking engagements, and health fairs/health promotion.

Identify those who have indulged in illegal/age-inappropriate use of alcohol in order to assess if their behavior can be reversed through education, including student assistance programs, and driving while under the influence/driving while intoxicated education programs.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Annual Performance Indicators to measure success on a yearly basis
Baseline Measurement:	The percentage of Arizona students reporting past 30 day alcohol use (more than just a few sips) from the 2020 levels of 9.0% to 7.0% of those in the 8th grade, 17.6% to 15.6% of

those in the 10th grade, and 27.3% to 25.3% of those in the 12th grade, as measured by the 2022 Arizona Youth Survey.

First-year target/outcome measurement: Reduce the amount of Arizona students reporting past 30 day alcohol use (more than just a few sips) from the 2020 levels of 9.0% to 8.0% of those in the 8th grade, 17.6% to 16.6% of those in the 10th grade, and 27.3% to 26.3% of those in the 12th grade, as measured by the 2022 Arizona Youth Survey.

Second-year target/outcome measurement: The percentage of Arizona students reporting past 30 day alcohol use (more than just a few sips) from the 2020 levels of 9.0% to 7.0% of those in the 8th grade, 17.6% to 15.6% of those in the 10th grade, and 27.3% to 25.3% of those in the 12th grade, as measured by the 2022 Arizona Youth Survey.

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

Data Source:

Arizona Youth Survey (AYS)

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

AYS is released every two years and has an impact on annual reporting.

<https://www.azcjc.gov/Programs/Statistical-Analysis-Center/Arizona-Youth-Survey>

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Priority #: 2

Priority Area: Youth Underage ATOD (Prevention)

Priority Type: SAP

Population(s): PP, Other (LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disabilities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Reduce the amount of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors) from 32.0% in 2020 to 30.0%, as measured by the 2022 Arizona Youth Survey.

Objective:

Increase the use of prevention strategies that address community, family, school, and peer/individual risk factors through the use of evidence based practices and strategies that address both risk factors and ATOD use.

Strategies to attain the goal:

Provide education to increase awareness of available evidence based practices that address community, family, school, and peer/individual risk factors, and provide training on how to choose EBPs based on community need. Activities to include:

Enhancing the ability of local community coalitions to more effectively provide prevention services for ATOD including organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking

Provide alternatives of ATOD use for youth including drug free dances and parties, Youth/adult leadership/mentor activities, community drop-in centers and community service activities.

Establish or change written and unwritten community standards and codes and attitudes that factor into ATOD use, including promoting the establishment or review of alcohol, tobacco and drug use policies in schools, technical assistance to communities to maximize local enforcement, procedures governing availability and distribution of alcohol, tobacco, and other drug use, modifying alcohol and tobacco advertising practices, and product pricing strategies.

Provide ATOD education and educational opportunities that involve two-way communication and is distinguished from information dissemination by the fact that interaction between the educator/facilitator and the participants is the basis of its activities, including education to affect critical life and social skills, decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Provide awareness and knowledge of the nature and extent of local and state ATOD use, abuse and addiction and their effects on individuals, families and communities, and increase awareness of available prevention programs and services through clearinghouse/information resource center(s), resource directories, media campaigns, brochures, radio/TV public service announcements, speaking engagements, and health fairs/health promotion.

Identify those who have indulged in illegal/age-inappropriate use of ATOD in order to assess if their behavior can be reversed through education, including student assistance programs, and driving while under the influence/driving while intoxicated education programs.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Annual Performance Indicators to measure success on a yearly basis
Baseline Measurement:	The percentage of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors) is 32.0%, according to the 2020 Arizona Youth Survey.
First-year target/outcome measurement:	Reduce the amount of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors) from 32.0% in 2020 to 31.0%, as measured by the 2022 Arizona Youth Survey.
Second-year target/outcome measurement:	Reduce the amount of Arizona students with high risk (defined as the percentage of students who have more than a specified number of risk factors operating in their lives; 8th grade: 8 or more risk factors, 10th & 12th grades: 9 or more risk factors) from 31.0% in 2020 to 30.0%, as measured by the 2022 Arizona Youth Survey.

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

Data Source:

Arizona Youth Survey (AYS)

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

AYS is released every two years and has an impact on annual reporting.

<https://www.azcjc.gov/Programs/Statistical-Analysis-Center/Arizona-Youth-Survey>

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 3

Priority Area: Tuberculosis

Priority Type: SAT

Population(s): TB

Goal of the priority area:

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

Objective:

Increase documentation around screenings for TB and related services.

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:

(*if needed*)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: FY 2020 data on the number of members receiving substance abuse treatment with documentation of TB services documented in their chart. Current baseline for SFY 2020 is 57%.

First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2021), 60%.

Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2022), 65%.

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

Data Source:

Independent Case Review (ICR)

New Data Source(*if needed*):

Description of Data:

A random sample of charts will be pulled and scored based on pre-determined elements that include documented evidence of screenings and referrals for TB services.

New Description of Data:(*if needed*)

Data issues/caveats that affect outcome measures:

None noted.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Priority #: 4
Priority Area: Suicide
Priority Type: MHS
Population(s): SMI, SED, ESMI

Goal of the priority area:

Reduce the Arizona Suicide Rate to 18.0% per 100,000 by the end of calendar year (CY) 2021. The rate is currently 18.7%.

Objective:

Promote suicide prevention awareness through advocacy, education and easy access to best practice, evidence-based training.

Strategies to attain the goal:

HCCCS will continue to work collaboratively with other state agencies and stakeholders to implement suicide prevention strategies for all Arizonans, but specifically to address priority populations including: American Indians, those age 65 and older, the LGBTQI community, veterans, and teens. . Strategies will include but are not limited to community and conference presentations, social media messaging, social marketing/public awareness campaigns, youth leadership programs, gatekeeper trainings, improved data surveillance, and ongoing collaboration with stakeholders for systemic improvement.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Annual Performance Indicators to measure success on a yearly basis
Baseline Measurement: The suicide rate in Arizona for CY2020 was 18.7 per 100,000 population 1419 suicide deaths/population.
First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of CY 2021), 18.0 per 100,000.
Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of CY 2022), 17.8 per 100,000.

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

Data Source:

The Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/nchs/pressroom/states/arizona/az.htm>

New Data Source(*if needed*):

Description of Data:

Each Fall, the Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS) calculates the State's suicide rate by determining the number of death certificates of Arizona residents where "Suicide" was indicated by a medical examiner as the cause of death during the second most recent complete calendar year (i.e. CY 2021 data will be made available in Fall 2022). Aggregated across the general population, this number establishes a suicide rate per 100,000 persons.

New Description of Data(*if needed*):

Data issues/caveats that affect outcome measures:

AHCCCS and ADHS do not have a current data sharing agreement. AHCCCS suicide prevention team members have to wait for ADHS to publish their annual suicide data to understand what is happening statewide.

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:

AHCCCS, the AHCCCS Complete Care Plans with Regional Behavioral Health Agreements (ACC-RHBAs), Tribal Regional Behavioral Health Authorities (TRBHAs) and contracted providers engaged in a variety of suicide prevention/intervention outreach strategies reaching both the general and targeted populations of Arizona. Examples of these efforts include: Suicide Intervention Gatekeeper program, Question, Persuade, and Refer (QPR) attended by community members, peer/families, partners, faith-based groups, first responders, tribal communities, school districts, community colleges, youth/provider agencies, and law enforcement; community-specific educational and resource information distribution in the form of flyers/brochures, door-to-door information, professional and member newsletters, websites, social media platforms, community boards, and digital media boards; increased number of Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) trainings including train-the-trainer sessions. ACC-RHBAs and TRBHAs also supported and attended conferences as well as a variety of suicide education and awareness activities including support walks, community fairs, candlelight vigils, webinars and presentations.

AHCCCS, the ACC-RHBAs and TRBHAs and contractors work collaboratively with their communities including peers/families, stakeholders, faith-based organizations, adult and youth provider agencies and residential facilities, school districts/educational centers, first responders, hospitals/emergency departments/inpatient facilities, crisis response teams, law enforcement, adult and juvenile detention centers, and substance use/abuse treatment entities. Collaboration also occurs regularly with the Arizona Department of Health Services (ADHS) and the individual county public health departments of, Arizona Department of Veterans' Services, Arizona Coalition of Military Families, Arizona Foundation for Suicide Prevention, Arizona Department of Education (ADE), Arizona Suicide Prevention Coalition, and Indian Health and Behavioral Health Services including Native Americans for Community Action (NACC). One TRBHA collaborates with Tucson Senior Pride and Tucson Indian Center to support tribal members identifying as LGBTQI and their allies. Additionally, they collaborated with the fire department to conduct on-scene crisis stabilization and report training to 182 individuals in suicide prevention (QPR, ASIST, and general suicide prevention). Another ACC-RBHA became involved in a suicide prevention workgroup targeting the age 65+ population and their caregivers in addition to partnership with Project AWARE at the ADE to provide 4 school districts with cost-free Youth Mental Health First Aid Training, allowing each school in the district to have access to master trainers. Another TRBHA identified collaboration with their onsite women's clinic to provide mental health education and resources to pregnant and parenting women. A RHBA in our southern region facilitates three Suicide Prevention Task Forces in their region to discuss prevention, treatment, and postvention issues specific to their communities.

Evidence-based suicide intervention and prevention initiatives implemented in Arizona include: increasing Applied Suicide Intervention Skills Training (ASIST) train-the-trainers and trainings across the state; safeTALK (Suicide Alertness for Everyone), Mental Health First Aid (MHFA)/Youth MHFA, Suicide to Hope, Teen Lifeline, Mobilize AZ, Project AWARE (Advancing Wellness & Resiliency in Education), SHOUT protocol, Pyx Health platform, and Healthy Relationship Workshops. National Alliance on Mental Illness (NAMI) Arizona's Ending the Silence (ETS) initiative (to be substantially expanding within the next 1-3 years), implementation of the 988 Crisis Call Centers (text/chat coming soon), and dissemination of gun locks to firearm owners via providers, crisis mobile teams, and community partners as part of the statewide means reduction campaign. One TRBHA reported groups focused on substance abuse/mental health, self-harm and trauma for both young adults and youth in addition to serious emotional disturbance (SED) and serious mental illness (SMI) day program options utilizing evidence-based practices: DBT, MATRIX, 7 Challenges and MBCT. They conducted 4 Healthy Relationship Workshops that were attended by 48 youth and 14 adults; 15 Self-Care Workshops with 35 youth and 159 adults participating; 2 Youth MHFA trainings attended by 17 adults; and 168 adults participated in the 27 QPR sessions. An ACC-RBHA in Arizona's northern region identified implementing the Pyx Health 24/7 mobile platform assisting individuals with SMI with Social Determinants of Health needs. Another ACC-RBHA in our Central region has prioritized commitment to building and sustaining a competent, confident, and well-trained workforce and bolstered their number of contractor provider staff training to increase staff members' preparedness to ask directly about suicide and confidence in their ability to intervene. Southern Arizona's ACC-RBHA reports that a total of 576 community members, peers/family members, stakeholders, faith-based groups and provider agencies participated in QPR trainings both virtually and live in-person.

Annual deaths by suicide are tracked by the ADHS in collaboration with AHCCCS. ADHS tracks total annual and monthly number of deaths in addition to resident death by suicide by gender, race/ethnicity, age group, place of occurrence, and age adjusted mortality rates (number of deaths per 100,000 people) by county of residence. TRBHAs evaluate/measure by post-test and/or reviews distributed after QPR and ETS sessions; of those measured, the majority of participants identified that they learned new information and increased their skills/knowledge about suicide prevention and mental illness. The number of persons trained, number of trainings held, number of schools/organizations and organizations participating in trainings, suicide prevention referrals, risk assessments, acute psychiatric

stabilization facility placement/rehospitalization, and member self-success reporting are tracked to varying degrees by the ACC-RBHAs and TRBHAs.

Barriers identified continue to be the inability to conduct activities/services in person, including client interventions and trainings in addition to social isolation related to the COVID-19 pandemic. In spite of these ongoing barriers, ACC-RBHAs and TRBHAs are successfully implementing techniques including virtual programming (and skill support for staff in providing virtual programs), virtual training events, and drive-through activities. A TRBHA reported success in increased awareness among community members and an increase in referrals/assessments with a correlated decrease in attempts in their community. Programs have identified a steady increase in the amount of people attending in-person services, appointments, and groups decreasing social isolation.

QPR has been identified by school staff as a "great and brief way to assess a student's intent for suicide and how to quickly pass them on to support." One TRBHA reported that out of 57 QPR attendee responses, 100% of participants indicated the presentations were useful, 100% indicated that they have a better understanding of suicide risk factors and warning signs, 93% indicated that they felt more prepared to help someone displaying suicidal warning signs and 95% indicated that they have understanding about how to connect persons with community resources. Other ACC-RBHAs also report positive responses to this training. Based on the Governor's 2021 Summary of Accomplishments in Suicide Prevention by AHCCCS's report, successes include increasing utilization of population-based suicide prevention science including "Secure Your Weapon," development of a comprehensive list of evidence-based programming for Arizona's American Indian and Alaska Native communities which has been shared through tribal consultation; increasing access to the full continuum of mental health services, including crisis, with a particular focus on remote options when appropriate; increasing the number of public-facing and frontline staff trained in evidence-based suicide prevention including Project AWARE workforce development efforts impacting 13,435 school staff and 1,761 community members, individuals trained in safeTalk and ASIST, and the use of the 988 implementation to establish a singular statewide crisis call center leveraging existing ACC-RBHAs and the National Suicide Prevention Hotline.

How first year target was achieved (optional):

Priority #: 5
Priority Area: Engaging youth with substance use disorder in treatment
Priority Type: SAT
Population(s): PWID, Other (Criminal/Juvenile Justice)

Goal of the priority area:

To increase the participation of youth with substance use disorder in appropriate intervention, treatment, and recovery services.

Objective:

Increase the percentage of those who are (1) under the age of 18 and (2) in the behavioral health system and (3) are diagnosed as having a substance use disorder and (4) receive treatment services.

Strategies to attain the goal:

1. Pilot a pre-peer support program for youth in recovery.
2. Arizona Health Care Cost Containment System (AHCCCS) Managed Care Organizations (MCOs) lines of business will continue to collaborate and meet regularly with child/adolescent providers to share information on substance abuse screening, trends, and best practices.
3. Require contractors to provide and promote access to substance abuse training initiatives among child/adolescent providers including those employed through other agencies such as the OJJDP Detention Centers.
4. Pursue a standardized, parent-friendly, screening tool to identify substance use/abuse in the children and adolescents.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	In the last 12 months, the percentage of minors in the behavioral health system with a diagnosis of substance use disorder who received a substance use-related treatment service.
Baseline Measurement:	SFY21 (7/1/20-6/30/21): 41.44%
First-year target/outcome measurement:	By the end of SFY2022, at least 44% of the minors diagnosed with SUD will receive a SUD-

related treatment.

Second-year target/outcome measurement: By the end of SFY2023, at least 47% of the minors diagnosed with SUD will receive a SUD-related treatment.

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

Data Source:

AHCCCS recipient data

New Data Source(if needed):

Description of Data:

Denominator is the number of youth under the age of 18 diagnosed with any substance use disorder (need not be primary diagnosis) in the past 12 months.

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: Social determinants of health for individuals with substance use disorders
Priority Type: SAT
Population(s): PWWDC, PWID

Goal of the priority area:

Address the social determinants of health for individuals with substance use disorders to support stable, long term recovery.

Objective:

Increase the number of individuals with substance use disorders who have access to ongoing stable housing and childcare.

Strategies to attain the goal:

1. Increase the funding invested in Oxford Houses.
2. Educate and encourage the participation of service providers in the Closed Loop Referral System.
3. Leverage supported housing opportunities provided through the Statewide Housing Administrator.
4. Alleviate barriers to accessing childcare.
5. Expand capacity for supported independent living programs.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: The number of Oxford Houses operating in the state of Arizona.

Baseline Measurement: For SFY2021, there were 41 houses.
First-year target/outcome measurement: By the end of SFY2022, there will be 44 houses.
Second-year target/outcome measurement: By the end of SFY2023, there will be 47 houses.

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

Data Source:

Contract deliverable to AHCCCS

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

2

Indicator:

The number of non Title XIX childcare claims coded T1009 and/or funded alternatively through SABG.

Baseline Measurement:

For SFY2021, there were 0 documented requests for reimbursable childcare services.

First-year target/outcome measurement:

By the end of SFY2022, there will be 25 documented requests for reimbursable childcare services.

Second-year target/outcome measurement:

By the end of SFY2023, there will be 100 documented requests for reimbursable childcare services.

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

Data Source:

AHCCCS claims and encounter data, and contract deliverable to AHCCCS

New Data Source(if needed):

Description of Data:

Requests for reimbursable childcare services maybe documented in claims data or other contract deliverables.

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 #: 7
Priority Area: Integration of family care and substance use treatment
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Coordinate prenatal care, postpartum care, and substance use treatment.

Objective:

Increase the number of women receiving substance use treatment who access prenatal and/or postpartum care.

Strategies to attain the goal:

1. Leverage the PPW-PLT Learning Collaborative to identify opportunities for cross sector collaboration, education, and referrals.
2. Identify a SUD screening tool or tools for providers of prenatal and postpartum treatment services that considers gender and cultural specific needs of pregnant and postpartum women.
3. Provide gender specific substance use disorder training to provider networks of both substance use disorder treatment, prenatal care, and postpartum treatment.
4. Conduct an environmental scan of providers (including peers) trained to address perinatal and postpartum depression among women with substance use disorder and develop an online resource guide.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: In last 12 months, percent of pregnant women enrolled in a SUD treatment program who accessed outpatient primary medical care within 3 months prior to the delivery of a baby.
Baseline Measurement: SFY21 (7/1/20 - 6/30/21): 11.58%
First-year target/outcome measurement: By the end of SFY2022, 15% of the pregnant women with SUD will access outpatient care within 3 months prior to delivery.
Second-year target/outcome measurement: By the end of SFY2023, 25% of the pregnant women with SUD will access outpatient care within 3 months prior to delivery.

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

Data Source:

AHCCCS recipient, claims and encounter data

New Data Source(if needed):

Description of Data:

Denominator is the number of pregnant women enrolled to a SUD treatment service in the last 12 months.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: In last 12 months, percent of pregnant women admitted to SUD treatment service who accessed outpatient care within 3 months after the delivery of a baby.

Baseline Measurement: SFY21 (7/1/20 - 6/30/21): 92.75%

First-year target/outcome measurement: By the end of SFY2022, 94% of the women in SUD treatment who gave birth will receive outpatient care within 3 months following delivery.

Second-year target/outcome measurement: By the end of SFY2023, 95% of the women in SUD treatment who gave birth will receive outpatient care within 3 months following delivery.

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

Data Source:

AHCCCS recipient, claims and encounter data

New Data Source(if needed):

Description of Data:

Denominator is the number of pregnant women admitted to a SUD treatment service who gave birth in the last 12 months.

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 #:

8

Priority Area:

Retention in SUD treatment services

Priority Type:

SAT

Population(s):

PWWDC, PWID

Goal of the priority area:

Provide support to individuals receiving community SUD treatment services early in the treatment process that is gender specific and culturally responsive to improve completion rates of treatment programs.

Objective:

Increase the number of individuals receiving community SUD treatment services who complete their treatment program.

Strategies to attain the goal:

1. Require contractors to plan to document in each individual service plan the individual's natural supports.
2. Require contractors to plan to increase the use of peer support services throughout the treatment and recovery processes.
3. Require contractors to document in the individual service plan when an individual declines peer support services and the reasons for declining.
4. Revise the Independent Case Review evaluation tool to reflect changes in requirements.
5. Require contractors to provide training and support to providers on evidence-based engagement strategies by providing training.
6. Identify providers to engage in developing a range of Practice-Based Evidence engagement strategies as defined by SAMHSA to support the positive culture and traditions of local communities.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: In last 12 months, percent of individuals receiving an SUD treatment service who continue to receive a SUD service every month for at least 3 consecutive months after enrollment in a SUD treatment program.

Baseline Measurement: SFY21 (7/1/20 - 6/30/21): 10.38%

First-year target/outcome measurement: By the end of SFY2022, 12% of the individuals receiving SUD services will sustain them for at least 3 consecutive months.

Second-year target/outcome measurement: By the end of SFY2023, 15% of the individuals receiving SUD services will sustain them for at least 3 consecutive months.

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

Data Source:

AHCCCS recipient data

New Data Source(if needed):

Description of Data:

Denominator is all (unduplicated) individuals admitted to SUD treatment in the previous 12 months receiving a SUD service the month following admission.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #: 2

Indicator: In last 12 months, percent of files including documentation of natural supports.

Baseline Measurement: In the FY20 ICR, 14% of the files documented the inclusion of family or other supports in treatment planning.

First-year target/outcome measurement: By the end of SFY2022, 18% of the files reviewed will document the inclusion of family or other supports in treatment planning.

Second-year target/outcome measurement: By the end of SFY2023, 20% of the files reviewed will document the inclusion of family or other supports in treatment planning.

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

Data Source:

Independent Case Review

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Indicator #:

3

Indicator:

In last 12 months, percent of files including documentation that peer or family support was offered as part of the treatment plan.

Baseline Measurement:

In the FY20 ICR, 36% of the files documented that peer support services were offered as part of the treatment plan.

First-year target/outcome measurement:

By the end of SFY2022, 45% of the files reviewed will document that peer support services were offered as part of the treatment plan.

Second-year target/outcome measurement:

By the end of SFY2023, 55% of the files reviewed will document that peer support services were offered as part of the treatment plan.

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

Data Source:

Independent Case Review

New Data Source(if needed):

Description of Data:

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 #: 9
Priority Area: Substance use treatment that addresses the specific needs of women
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

To improve treatment engagement, retention, and outcomes for women with substance use disorder

Objective:

Increase access and availability of substance use treatment tailored to the unique needs of women with substance use disorder.

Strategies to attain the goal:

1. Implement a training collaborative for service providers focused on the unique needs of women with substance use disorder.
2. Formalize processes for monitoring gender specific treatment among contractors, including the use of the annual Independent Case Review, Operational Review, and Secret Shopper program.
3. Provide ongoing training through a learning management system on gender specific treatment for women with substance use disorder.
4. Leverage the PPW-PLT Learning Collaborative to identify emerging needs and address them.
5. Leverage opportunities in new contracts to require evidence-based and practice-based gender-specific treatment.
6. Revise Measure V of the Independent Case Review to collect more specific information on gender-specific treatment.
7. Define gender-specific treatment in contract and policy.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of clinical files for women which include evidence that gender specific treatment (GST) was offered.
Baseline Measurement: For SFY2021, 28% of the files reviewed documented access to GST.
First-year target/outcome measurement: By the end of SFY2022, 35% of the files reviewed documented access to GST.
Second-year target/outcome measurement: By the end of SFY2023, 40% of the files reviewed documented access to GST.

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

Data Source:

Independent Case Review

New Data Source(if needed):

Description of Data:

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 #: 10

Priority Area: Persons Who Inject Drugs

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

Increase the engagement of persons who inject drugs in harm reduction program services.

Objective:

The number of persons receiving services from the harm reduction program services annuals who report injecting drugs

Strategies to attain the goal:

Expand harm reduction services by implementing programs through the state. Monitor the self-reported number of persons who inject drugs with harm reduction service providers.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The number of persons receiving services from the harm reduction program services annuals who report injecting drugs.

Baseline Measurement: This baseline will be zero as this is not currently being monitored.

First-year target/outcome measurement: The number of individuals utilizing harm reduction program services in Calendar Year 2022.

Second-year target/outcome measurement: Increase the number of individuals utilizing harm reduction program services by 2% in Calendar Year 2023.

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

Data Source:

Harm Reduction RFP provider. Deliverables SABG Numbers Served Report quarterly report.

New Data Source(if needed):

Description of Data:

Harm Reduction RFP provider. Deliverables SABG Numbers Served Report quarterly report.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The Indicator measure covers calendar years because the Harm Reduction RFP programming contract is on a calendar year basis. The deliverables are quarterly based on a calendar year.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved

Not Achieved *(if not achieved, explain why)*

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

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

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

Footnotes:

Arizona Health Care Cost Containment System (AHCCCS)

**FY2021 SABG COVID-19 Testing and Mitigation Supplemental Funding
FY2021 MHBG COVID-19 Testing and Mitigation Supplemental Funding**

FY2022 Annual Report

Expenditure Period: October 1, 2021 - September 30, 2022

**MHBG/SABG Grantee: Spectrum Healthcare Group
Submitted By: Andrea J. Lustfield, MA, LAC - MHBG Grant Administrator**

Submitted: 12/29/2022

FY 2021 SABG Allocation Amount: \$1,392,949

FY 2021 MHBG Allocation Amount: \$1,350,017

To fulfill the objectives of the Coronavirus Disease 2019 (COVID-19) Testing and Mitigation Supplemental Funding, Arizona Health Care Cost Containment System (AHCCCS) sought a contractor 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 care settings, including behavioral health residential facilities (BHRFs), crisis stabilization units, day treatment programs, and shelters.

Combining the Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG) awards, AHCCCS contracted with Spectrum Healthcare Group to implement the COVID-19 Testing and Mitigation of Spread activities. Spectrum Healthcare Group provides a 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 outreaches congregate care settings serving individuals with SMI, SED, and/or SUD throughout Arizona and conducts a needs assessment; based on the findings, they work with the organization to develop a plan to test for and mitigate the spread of COVID-19. Dependent upon assessed needs, examples of potential activities 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 supporting existing community partnerships to prevent infectious disease transmission in these settings; 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.

As a result of staffing shortages and turnover, prioritization of various funding resources, detailed delineation of the supply needs best suited for the types of settings to be served, required justifications within the AHCCCS procurement department, and multiple revisions with the contractor during budget review regarding indirect/administrative rates, a contract was executed on this project in August 2022. Further delay in initiation of activities occurred following the execution of the contract awaiting the contractor's submission of the required Certificate of Insurance, delaying the issuance of a purchase order. As a result, Spectrum Healthcare Group's COVID-19 Testing and Mitigation of Spread activities did not fully initiate until September 2022. Therefore, based on the accounting system at AHCCCS, there are not any expenditures to report in the identified reporting period. AHCCCS and Spectrum Healthcare Group meet bi-monthly for updates on activities, current and projected expenditures, successes/barriers, and technical assistance.

AHCCCS has received expenditures and supporting documentation after the outlined reporting period of this report and this information will be included in the FY2023 report.

C. State Agency Expenditure Report

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

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2021	Estimated/Actual SFY 2022	Expense Type
\$5,789,298	\$10,931,643	\$9,017,090	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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

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

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Footnotes:

C. State Agency Expenditure Report

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

Period (A)	Expenditures (B)	B1 (2020) + B2 (2021) 2 (C)
SFY 2020 (1)	\$437,033,950	
SFY 2021 (2)	\$429,871,388	\$433,452,669
SFY 2022 (3)	\$571,066,466	

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

SFY 2020	Yes	<u>X</u>	No	_____
SFY 2021	Yes	<u>X</u>	No	_____
SFY 2022	Yes	<u>X</u>	No	_____

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

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Footnotes:

03/30/23 AHCCCS submits it actual expenditures for SFY2022 MOE compliance