



2026 SUBG Annual Report

AHCCCS submitted this report on time in December 2025, but is not yet approved by SAMHSA, and therefore the report is subject to change

Arizona

UNIFORM APPLICATION

FY 2026 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 05/28/2025 - Expires 01/31/2028

Center for Substance Abuse Prevention
Division of Primary Prevention

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

A: State Information

State Information

I. State Agency for the Block Grant

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

State Expenditure Period

From 7/1/2024
To 6/30/2025

Block Grant Expenditure Period

From 10/1/2022
To 9/30/2024

IV. Date Submitted

Submission Date 12/1/2025 7:19:37 PM
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V. Contact Person Responsible for Report Submission

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VI. Contact Person Responsible for Substance Use Disorder Data

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Footnotes:

Contact Person Responsible for Substance Use Disorder Data: Angela Aguayo is responsible for treatment and recovery data. AHCCCS will also leverage support from Arizona State University to report treatment and recovery data beginning with the 2026 SUPTRS BG Report. The AHCCCS SUBG program team and the contracted evaluator is responsible for the primary prevention data - reach out to SUBG@azahcccs.gov

B: Annual Update

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

Priority #: 1
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/outcome was not achieved, and changes proposed to meet target/outcome:

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):

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

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

How second year target was achieved:

AHCCCS oversees tuberculosis (TB) screening requirements of the SUBG through review of subrecipient deliverables, assessment of member files in the Annual Independent Case Review (ICR), and through collaborative agreement with the Arizona Department of Health Services (ADHS) as the state department of health, including consultation with the ADHS Tuberculosis Program Manager. ACC-RBHAs are actively overseeing the delivery of comprehensive TB services by providers for individuals with substance use disorders (SUD), which include provider education, conducting TB screenings during SUD intake, and facilitating referrals for additional TB care when needed. In the Southern Region, AzCH-CPP-South contracts with COPE Community Services and partners with the Pima County Health Department for TB testing. AzCH-CCP South providers include an acknowledgment section for TB-related education, which members sign. However, TB documentation is typically available only upon request and is often not integrated into standard Electronic Health Record (EHR) workflows. To address this, AzCH-CCP South has introduced an audit tool designed to help track and organize this information for each chart reviewed. In the Northern Region, AzCH-CCP-North partners with North Country Healthcare (NCHC) to deliver education, outreach, and testing across Northern Arizona. NCHC recently added four new events, providing outreach, testing, and connections to services. In addition, NCHC expanded provider staff training and increased testing sites from three to eight. The organization has also built new community partnerships and is actively seeking additional venues to support testing and outreach efforts. In the Central Region, Mercy Care, prioritizes TB screenings and referrals as an integral part of its care models and service delivery. Residential providers are required to conduct TB screenings for members in residential services and refer any positive results to appropriate medical providers. Screenings include Purified Protein Derivative (PPD) skin tests and chest X-rays. Regular testing and education on HIV, TB, and Hepatitis C are provided through partnerships with Terros Health and the Southern Arizona AIDS Foundation (SAAF). Additional infection control measures aimed at preventing TB transmission are overseen by Mercy Care's Quality Management Department. The Quality Management-Provider Monitoring team reviews treatment providers using the Personnel File Review (PFR) Tool, which includes standards for evaluating TB screening documentation within personnel files. Providers with insufficient scores are required to implement corrective action plans to address noncompliance. Gila River Health Care (GRHC)-TRBHA has updated intake requirements for its residential treatment program, resulting in an increase in members served during SFY25. This change has directly contributed to a higher number of members completing TB screenings. Additionally, documentation of these screenings is now being consistently completed.

Priority #: 2

Priority Area: Women's Services and PPWDC

Priority Type: SUT, SUR

Population(s): PPWDC

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 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.

Report of Progress Toward Goal Attainment

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

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

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 (HPCPS 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, doula, 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):

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

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

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 and remained at 99.35% in SFY2025. 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. AHCCCS has reviewed this measure and has made amendments for the next application/plan to avoid this data issue. AHCCCS reports the following progress towards this objective as well as barriers and plans for future improvement. Efforts/progress To strengthen services and maintain a comprehensive network of providers for pregnant and postpartum females, the ACC-RBHAs operate across three distinct Geographical Service Areas (GSAs). Arizona Complete Health Plan South (AzCH-CCP-South) serves the southern region, Arizona Complete Health Plan North (AzCH-CCP-North) covers the northern region, and Mercy Care supports the central region of Arizona. While the majority of the network has the ability to serve females, there are some specialty providers for pregnant and postpartum females and their babies reported on here. In the southern region, AzCH-CCP-South contracts with The Haven to offer behavioral health residential, intensive outpatient, and outpatient services specifically for females only. Another Southern provider, HOPE Inc, has partnered with hospitals and community resources in Pima and Yuma Counties. Outreach workers connect females to SUD treatment services and other community resources as they are discharging from hospitals. HOPE Inc provides peer support, therapy, SUD outreach and crisis services. In the Central Region, Mercy Care contracted with Arizona Women's Recovery Center (AWRC), an outpatient and supportive housing provider. AWRC provided outreach services and strengthened connections with community partners. Additionally, AWRC provided self-defense, health and wellness programs for females with an SUD diagnosis. ACC-RBHAs in all three GSAs have designated Oxford Houses specifically for females as well as females with dependent children. Gila River Health Care TRBHA (GRHC) reports community outreach events to promote their services available and has seen an increase in females with an SUD diagnosis receive SUD treatment services in the residential treatment program during SFY25. The Pascua Yaqui Tribe (PYT) TRBHA continues to offer SUD services for females and work to address barriers to ensure participants are able to access care. Barriers/Challenges: Reported challenges for pregnant and post partum females to access treatment and related support services include: funding changes due to termination of ARPA, transportation, childcare, stigma, including fear of judgement and child removal, lack of spousal or partner support, and parenting demands, challenges to utilization of

the child sitting billing code, staff training needs. Plans for future improvement: Regional providers are working collaboratively to improve care, housing, and support for pregnant and parenting females, ensuring these efforts continue into the future. CODAC is strengthening its partnership with Tucson Medical Center (TMC) to connect pregnant and parenting females with treatment and shelter options following childbirth. To address ongoing staff turnover at TMC, outreach staff provide regular education and training on referral programs, ensuring hospital personnel remain informed and equipped to support this population's needs. Additionally, Pima County Adult Detention Center (PCADC) provides referrals and care coordination is also offered via video conferencing. Residential treatment services remain available through The Haven, offering females the opportunity to enroll in treatment while caring for their young children. Across all three GSA and ACC-RBHAs, efforts continue to prioritize the expansion of Oxford Houses for pregnant and parenting females, addressing the critical need for stable housing within this population. The GRHC TRBHA is planning enhanced training for Behavioral Health Service staff to better support pregnant and postpartum females with substance use disorder (SUD) diagnoses. Similarly, the PYT TRBHA will maintain its commitment to providing confidential services and will continue coordinating care with primary care providers and specialty providers to ensure comprehensive support.

How second year target was achieved:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 Hushabye 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):

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

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

How second year target was achieved:

The percent of pregnant and postpartum females with an SUD diagnosis who receive an SUD treatment service in SFY2025 was 99.49% which is an increase from the two years prior (99.43% in SFY2023 and 99.39% in SFY2024). Efforts towards this goal are as follows: AzCH-CCP-South contracts with CODAC to fund the Outreach Engagement Specialists (OES) position in the southern region. The OES provides outreach to the Pima County Adult Detention Center (PCADC) and hospitals to increase awareness of SUD treatment services in their communities, including housing and residential treatment options. In the northern GSA, AzCH-CCP-North has stayed focused on expanding outreach efforts contracting with CBI Outreach in Navajo county. CBI targets pregnant and parenting females and assists with connection to services in the rural areas of Winslow and Holbrook, AZ. Additionally, HOPE, Inc. has Peer Navigator in the Show Low area with increased outreach and engagement. These efforts showed a 35% increase in outreach and 87% increase in engagement with services to pregnant and parenting females. The State Pilot Program for Pregnant and Postpartum Women (PPW-PLT) was awarded to AHCCCS on 9/30/24 and was launched in the Northern GSA, serving Coconino County and Northern AZ. This program provides a full suite of wrap around services for those pregnant, postpartum and/or parenting with a primary diagnosis of SUD. Additionally, Hope Inc, was able to create a Pregnant and Parenting Outreach Peer role in the northern GSA with the use of ARPA funding, This staffing position provided services such as outreach, engagement in services, distribution of baby care kits, new mom care kits, and bus passes for members to get to treatment services. The Central ACC-RBHA, Mercy Care, region reports progress toward improving connections to care for pregnant and parenting females through expanded services for supported housing, wellness activities, peer support, child watching, legal services, and family connections. Mercy Care, contracts with West Valley OBGYN (WVOBGYN) to provide supported housing, wellness activities, peer support, child watching, and family connection. The program reports high rates of sustained abstinence, opioid relapse prevention, maintenance of safe child custody, and zero maternal overdoses. The GRHC TRBHA has seen an increase in pregnant and postpartum females in the residential treatment program in SFY25. Relationship development with Hushabye Nursery and Tribal Social Services has increased the referrals for this population.

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/outcome was not achieved, and changes proposed to meet target/outcome:

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):

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

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

The percent of pregnant and postpartum females with an SUD diagnosis who receive an OB, prenatal care, and/or postnatal care service

in SFY2025 was 25.64%, which did not meet our goal of 28.11%. AHCCCS reports the following progress, barriers, and plans for future improvement. Progress In the southern region, AzCH-CCP-South contracts with The Haven where pregnant and parenting females are provided transportation by staff to all OB, prenatal, and/or postnatal care appointments while enrolled in their residential treatment program. In the Northern Region, AzCH-CCP-North contracts with the Guidance Center as part of the PPW-PLT providing members with OB/GYN Services, Well-Woman, Pediatric services to expand access to services for members. The Central ACC-RBHA-Mercy Care, contracts with WVOBGYN whom has made notable progress in expanding its reach and capacity through strategic partnerships, staffing improvements, and service integration. . Through service integration, the program established formal cross-referral systems with behavioral health providers and community organizations, creating a closed-loop communication process that enhances client tracking and follow-up, ensuring that females are receiving appropriate OB, prenatal care, and/or postnatal care services. The GRHC TRBHA is experiencing an increase in the population receiving OB, Prenatal Care/postnatal care, as residential program staff connected clients to services while they were residents in the program. Barriers/Challenges Reported challenges for pregnant and post partum females to access treatment and related support services include: funding changes due to termination of ARPA, transportation, childcare, stigma, including fear of judgement and child removal, lack of spousal or partner support, and parenting demands, challenges to utilization of the child-sitting billing code, staff training needs. Future plans for improvement The GRHC TRBHA is continuing to work on the development of a tracking system that allows for interdepartmental data collection and are actively building relationships with other departments to help with referrals and collaboration of care, as well as data collection. The PYT TRBHA will continue to operate supportive employment services and offer to clients. We will continue to offer transportation for members needing to get to medical services. We will continue to utilize community resources to assist members with housing.

How second year target was achieved:

Indicator #: 4

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

Baseline Measurement: TBD

First-year target/outcome measurement: TBD

Second-year target/outcome measurement: TBD

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

Data Source:
AHCCCS Claims and Encounters

New Data Source(if needed):

Description of Data:

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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):

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

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

How second year target was achieved:

The percent of babies with a diagnosis of NAS, SEN, or NOWS who received a treatment service within 30 days of birth in SFY2025 was 97.41% which reflects a slight decrease from SFY2023 but a slight increase from SFY2024, which reflects an overall increase which is a change in the desired direction. 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 and specifically target the early intervention of babies with NAS and similar. AHCCCS reports the following progress: In the Southern region, TMC and CODAC collaborate to ensure infants with Neonatal Abstinence Syndrome (NAS) receive timely care at birth. Mercy Care contracts with Hushabye Nursery, a 12-room detox nursery customized to treat babies born with NAS and provide intensive outpatient family services as part of prenatal and postnatal continuous care. Hushabye offers a compassionate environment with 24/7 neonatal oversight and the expertise of neonatal and behavioral health experts with a goal of minimizing pharmacological intervention, strengthening life skills, reducing stigma, and enhancing maternal-child health. Hushabye has expanded outreach outside of the Phoenix Metro Area to assist more rural areas to pregnant and postpartum females connect to care for both mom and baby. Mercy Care's support of WVOBGYN and AWRC also contribute to the Central region's ability to identify, treat, and refer pregnant and postpartum females to appropriate care and services. Finally, AHCCCS provided funds to two special projects that support this work. Prevent Child Abuse Arizona implemented Hope Horizons Regional Institute, an conference focused on "Navigating Recovery for Arizona

Families". Hope Horizons provided education to behavioral health care providers and system partners, such as the Department of Child Safety, on resources for both babies and the mothers of babies diagnosed with NAS, SEN or NOWS. The University of Arizona implemented a perinatal access line that provides clinical consultation to behavioral health and medical providers on the treatment of perinatal behavioral health issues that can connect pregnant and parenting females to appropriate care for mom and babies.

Priority #: 3
Priority Area: Harm Reduction
Priority Type: SUT, SUR
Population(s): PWWDC, PWID, EIS/HIV

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

SPW's statewide harm reduction program offers comprehensive programming to people who use drugs. Harm reduction programs aim to reduce the harm associated with substance use, including but not limited to overdose prevention, infectious disease prevention, screening and referrals to appropriate services. SPW offers a wide range of evidence-based harm reduction strategies: outreach, naloxone and fentanyl test strip distribution and training, information dissemination such as brochures and flyers, implementation of a Syringe Services Program (SSP), community and provider education and training related for harm reduction and reducing stigma, peer support and wraparound services, referrals to mental health and substance use treatment, infectious disease screenings and treatment, and more. SPW offers trainings and educational materials both in English and Spanish. Further, SPW implements strategic initiatives to reach the Spanish-speaking population such as working with Chicanos por la Causa to offer harm reduction information and offering a cafecito-style event, which has been found to be more culturally relevant than conventional trainings. SPW continues to develop new training materials, such as a fentanyl training video, and informational flyers on harm reduction, and new harm reduction materials for stimulant use. In addition to general collaboration with behavioral health, public health, medical, and social service providers, targeted community coordination efforts includes work with corrections offices and regions including jails, prisons, probation and parole offices to offer trainings such as MAT and overdose prevention trainings, and connecting to services. SPW also targets collaboration with Department of Child Safety (DCS) for work with licensed group homes for transition-aged youth. SPW conducted a survey in 2022 to identify opportunities to build their network of provider organizations. Additionally, SPW prioritizes women including pregnant and parenting women through their services. In 2022, staff funded under the SUBG engaged 3,533 women through outreach services providing outreach and care coordination to women who use drugs, prioritizing pregnant and 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/outcome was not achieved, and changes proposed to meet target/outcome:

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):

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

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

Although the goal of increasing reach of the program was not met, great progress was made in serving this population and reach remains high – at 67,319 served in calendar year 2024. AHCCCS provides the following efforts, challenges, and proposed changes. AHCCCS reports the following progress and barriers. Sonoran Prevention Works (SPW) continued to operate a comprehensive, statewide 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. SPW aims to reach people who use drugs generally but also focuses on populations as required by the SUBG in 45 CFR Part 96 such as people who inject drugs (PWID). Successes include: collaboration with community partners on training needs. Examples: Pima County Attorney's Office, University of Arizona, City of Tucson, AZ Friends of Foster Care Children Foundation, Native Americans for Community Action (NACA), Valleywise, and Flagstaff Shelter Services. SPW provided program materials and outreach and education in additional languages through fliers and billboards to reach a larger audience. The billboard resulted in 1,862,134 impressions. This is the first time that SPW has utilized billboards to promote the availability SUBG-funded services. SPW distributed 172,510 doses of naloxone statewide, engaging more than 13,636 community members

for at no cost to the member, evidence-based risk reduction education, and referring nearly 5,319 individuals who use drugs to additional care and services related to mental health, substance use disorder, and infectious disease. A total of 67,319 individuals were served. Barrier/challenges One barrier to meeting the goal was a change in definitions and measures in February 2023 began to more accurately count participants as unique and unduplicated, resulting in lower number served during the year 1 and year 2 target time periods compared to baseline. This is a data caveat, not an indication of decrease in demand or utilization of services. SPW also reports a challenge from the perspective of naloxone utilization and response is that of the variation in strength of fentanyl. Unpredictability of the drug potency makes overdoses more common, and life-saving medication more complicated to administer. Additionally, there have been some difficulties collaborating with law enforcement as some program participants live outdoors and are moved off of their locations and have difficulty finding somewhere to go. There is an additional challenge with capacity and current staffing abilities. Future plans for improvement AHCCCS will continue to work with SPW to offer services to PWID and address program barriers. AHCCCS recognizes necessary changes to program goals toward maintenance of effort or more targeted efforts instead of expansion and increasing services, and made adjustments to the SFY26-27 Application/Plan. AHCCCS is working with SPW to ensure the SUBG-funded program engages the highest risk participants as required by SUBG per 45 CFR Part 96. All services will be in alignment with the SAMHSA Dear Colleague Letter dated 7/29/2025 and presidential executive orders.

How second year target was achieved:

Priority #: 4
Priority Area: SUD Recovery
Priority Type: SUT, SUR
Population(s): PWWDC, PWID, EIS/HIV, TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Oxford House Mercy Care contracts with Oxford House, Inc. as a democratic, peer-run sober-living environment to support members with SUD. As of 7/31/2023, Oxford House operates 47 houses within Maricopa and Pinal County, and intends to support the opening of another 3 Oxford House with SUBG American Rescue Plan Act (ARPA) funds. To conduct outreach and networking to promote Oxford House and gain referrals, Oxford House conducts strategic outreach and education to external partners. They average one presentation per week, with a monthly average of 5 trainings each month. They also offer an average of 6 trainings per month targeted to support members of the chapters as well as developing unity within the model. Oxford House also routinely participates in Mercy Care related coordination events, often providing an overview of the model and developing rapport with agencies. Oxford House places high capital in the unity between their chapters within the state as well as all over the nation. Two significant opportunities that offer outreach opportunities for collaboration with other outreach workers is the Annual Staff Training and World Convention. Both of these are Oxford House-led events and are held on an annual basis. This is an opportunity for staff to collaborate and talk about their areas and exchange ideas, stories, and strengths to bring back to their areas in hopes of helping them grow. They can also stay connected via phone, email or Slack (an internal communication application). Ultimately, it is pivotal for cohesion not just within states but throughout the nation. Arizona Complete Health planned to support the opening 3 more Oxford Homes with SUBG COVID-19 Supplemental funds and another 3 with SUBG ARPA funds. Care1st allocated SUBG funding to Oxford House in FY23 and may continue to support Oxford House in FY24, pending confirmation from Care1st. Additionally, it may be noted that if additional funding is available and there is an identified need, AHCCCS would support additional Oxford Homes under Care1st in FY24 as well, recognizing the positive impact of a substance-free and affordable living environment for people in recovery for them to maintain their sobriety and access to informal peer support as well. Supporting existing staffing for outreach for Oxford House as well as the expansion of Oxford Homes to open not only promotes recovery among those served by Oxford House, but also provides job opportunities for Peer and Recovery Support Specialists (PRSS). Project Health and Home - SUD Recovery Housing AHCCCS allocated SUBG ARPA funding to Mercy Care for July 1, 2023 - September 30, 2025 for Project Health and Home (PHH) - SUD Recovery Housing. The two providers that will implement programming under this allocation is Community Bridges Inc (CBI) and Lifewell. CBI will provide short-term recovery housing through rental assistance to individuals with substance use disorder (SUD) exiting treatment and seeking recovery, in conjunction with SUD case management and wrap-around services. The goal is to have the members matched quickly with housing and support services to ensure housing stability before the members exit the treatment program. CBI will work with program participants on individualized housing plans and tracking progress towards their goals. The program will provide tenant based rental assistance including payment of rent for leases, deposits, and utilities. CBI will hire staff to ensure service provision time for the SUD Recovery Housing project. CBI will make move-in kits available to new tenants. The remaining supplies including laptop/docking station, program supplies, and telephone will be for staff use to provide services. CBI will generate referrals from CBI and other treatment agencies' transition coordinators. CBI will serve a minimum of 25 households, with additional to be served as capacity allows when members transition out of the program, more may be served. Lifewell plans to restore the capacity of the Lifewell Pinchot Apartments program to enable the housing to be utilized as it was envisioned - with services provided to tenants on a time-limited basis until they are able to acquire the skills they need to be able to live independently, obtain employment, thereby being able to support themselves and their children financially. The PHH funding will allow for rental subsidies to be provided to Lifewell to support women seeking recovery or in recovery, and their children, for up to 24 months. Lifewell's goal for individuals housed at Pinchot Apartments will be to prepare women in recovery for long term success with stable and independent housing. This will be achieved through support services to enhance overall mental health wellbeing, sobriety, educational, and living skills. Lifewell will ensure provision of services to project participants, to be facilitated through their clinical team and housing

specialists. The Housing Navigator will meet with clients on a monthly basis to discuss the status of monthly income, review identified goals and timeframes to meet the goals, problem solve challenges, and share available resources. Lifewell will engage clients in clinical services as identified below, including skills training, budgeting, and supported employment to help individuals gain meaningful employment to earn income to maintain independent housing. Lifewell team members will encourage participation in services, when clinically appropriate, and will work with tenants to identify needs to help maintain housing and transition to more permanent housing upon completion of the program. Team members will also support tenants by identifying resources and developing skills for future success. Arizona Complete Health (AzCH) implements a Rapid Recovery Housing (RRH) model under the State Opioid Response (SOR) Grant in partnership with Community Bridges Inc (CBI) and Housing Operations and Management (HOM) Inc. Since this mirrors the intention of the SUBG ARPA-funded PHH, AzCH will utilize that model to implement PHH with the SUBG ARPA funding. The program will provide tenant-based rental assistance to bridge Arizonans in recovery from a structured SUD treatment program to independent living in their community with continued recovery support. This will expand the program under SOR - utilizing SUBG ARPA funds to serve members with any identified SUD (not limited to Stimulant Use Disorder or Opioid Use Disorder). This includes transitioning from stays in detox, a residential program, congregate living facility, hospital, recovery residence, or shelter to a home in the community. Making that transition while enrolled in PHH will allow members to focus on and practice their recovery in independent living with continued support from the behavioral health system. Recovery housing will be paired with behavioral health programmatic components to simultaneously support SAMHSA's four dimensions of recovery: health, home, purpose, and community. AzCH will track data on the clinical and social determinant needs of member tenants to assist providers in offering responsive and impactful support services tailored toward each members' improved health outcomes. While initial housing may be provided in sober living communities (all Sober Living Homes will meet ARS 36-2065) when chosen by members, ongoing support will be offered to bridge members to independent housing in the community as well. Recovery housing communities are a model for maintaining recovery, and for developing lasting relationships and community connections that reinforce long-term recovery. AzCH projects to yield 31 members served with recovery or permanent supportive housing in both Pima and Yuma Counties, with most members requiring rental assistance for a period of 3-6 months. The average period of housing assistance in similar programs has been 20 weeks. AzCH's projection therefore provides for 62 members to be housed during the grant period through 9/30/2025. HOM Inc will work with members on longer term rent assistance through state or federal permanent supportive housing voucher programs. CBI, through support services, will also provide services geared toward income attainment and employment as appropriate. CBI works with HOM Inc. to identify sober living options as well as permanent housing through state and federally funded programs. In addition, long-term housing security can be achieved as members secure income through benefits and/or employment. AzCH will partner with CBI to select communities in the Southern Geographic Service Area (GSA) with the greatest need for PHH based upon discharge. The clearest demand for the transition assistance includes Pima County and Yuma County, as evidenced by the numbers of members added to the Arizona Behavioral Health Corporation (ABC) Housing waitlist each month. Care 1st and contracted partner Catholic Charities will utilize the same model as AzCH and CBI but will serve members in Coconino and Yavapai Counties.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: number of Oxford Houses in Arizona that are supported by the ACC-RBHAs
Baseline Measurement: 109
First-year target/outcome measurement: 112
Second-year target/outcome measurement: 115

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

Data Source:
 ACC-RBHA deliverables

New Data Source(if needed):

Description of Data:
 Oxford House Model Report

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
 N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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.

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

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

How second year target was achieved:

In SFY 2025, 131 Oxford Houses in Arizona were supported by the ACC-RBHAs. AHCCCS and the ACC-RBHAs have worked diligently to increase the number of Oxford Houses in Arizona and increase opportunities and success for recovery among SUD members. The ACC-RBHAs continue to partner with Oxford House, allocating grant funds for the expansion and/or sustainability of recovery homes. Examples of efforts that contributed to progress toward this goal include Pinal and Gila County increased from 52 beds to 71 beds. Payson House opened during FY25 and has stayed at capacity. Re-entry efforts that placed 70 individuals statewide. Increase recovery housing for pregnant and parenting females in Southern Arizona. Outreach workers conducting targeted outreach and presentations to treatment and recovery facilities, probation, re-entry events, medical centers, provider and resource fairs, employment programs, faith communities, coalitions and community events. They also supported members during housing meetings at Oxford House homes.

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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:

Arizona’s Project Health and Home (PHH) program served 55 unduplicated individuals with SUD recovery housing for the time period of 10/1/2024 - 9/30/2025 and 136 for the entire length of the PHH program. The PHH program was funded under the SUBG ARPA. Four providers across the state implemented program models that fit their local area needs. Generally, Arizona’s PHH program provided rental assistance to members in recovery-focused housing in combination with a variety of support services. (Recovery housing was in alignment with executive orders). Providers outreached clients and connected those individuals to the best housing solution that meets their needs. Providers also collaborated with local community agencies to ensure awareness of the program. In the central GSA, the final PHH outcomes report reflects that there has been a post-intervention services utilization decrease of about \$1,953.83 per member per month. There were 27 fewer claims submitted per member per month on average per member per month after the program compared to before, and there was a lasting decrease of costs of \$1,015.35 on average for a members monthly utilization rate for substance use services after entering and completing to exiting the SUD recovery housing program. The Central GSA has been successful regarding the stabilization of existing clients, specifically ensuring they are in a safe place, their children are cared for, and the moms are moving in a positive direction toward independence and reduced need for formal supports. ACC-RBHAs have seen the successful transition of clients into non-subsidized housing, and ongoing success in maintaining sobriety and employment.

Priority #: 5
Priority Area: Reduction in Suicide Rate
Priority Type: SUP, SUT, SUR, MHS, ESMI, BHCS
Population(s): SMI, SED, ESMI, BHCS, PWWDC, PP, PWID

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

AHCCCS will continue to work collaboratively with other state agencies and stakeholders to implement suicide prevention strategies for all Arizonans. Strategies will include but are not limited to community and conference presentations, social media messaging, social marketing/public awareness campaigns, youth leadership programs, gatekeeper (including teachers, healthcare providers, and first responders) trainings, reduction of stigma, promotion of early intervention, increased capacity of the suicide prevention helpline, encouragement of help-seeking behavior among at-risk

populations including LGBTQIAS+, Older Adults, Veterans, Teens, American Indians, and Suicide Attempt Survivors, improved data surveillance, and ongoing collaboration and partnerships with stakeholders for systemic improvement.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 18.7% per 100,000

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

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

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

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

New Data Source(if needed):

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved:

Priority #: 6

Priority Area: Crisis Services in Rural Communities

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, ESMI, BHCS

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: Current count is 29

First-year target/outcome measurement: 29

Second-year target/outcome measurement: 59

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

Data Source:
RBHA in Northern Arizona, AHCCCS Crisis Utilization data

New Data Source(if needed):

Description of Data:
Number of licensed Crisis Observation facilities including capacity report.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
Increase number is dependent upon the completion of planned and/or contracted projects by targeted end date.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved:

Priority #: 7

Priority Area: Crisis Utilization

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, ESMI, BHCS

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

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/outcome was not achieved, and changes proposed to meet target/outcome:

How first year target was achieved (optional):

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

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

How second year target was achieved:

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/outcome was not achieved, and changes proposed to meet target/outcome:

How first year target was achieved (optional):

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

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

How second year target was achieved:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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 kinship 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 Triple 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 life's challenges instead of turning to substances to cope, and 2) encourage parents and mentors to confidently pose as a 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.

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

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

The percent 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 for SFY2025 44.5%, which did not meet our target of 55.43%. AHCCCS reports the following progress and barriers. Progress AHCCCS and its partners have implemented a number of strategies to address the family as part of prevention efforts and increase parent-child communication about substance use. Under the Governor's Office of Youth Faith and Family (GOYFF), 28 subrecipients implemented community-based evidence-based substance use prevention programs with a focus on trauma informed care and prevention. Nine of these providers reported efforts specific to parent-child communication and most of these demonstrated positive impacts in this area. Under the Substance Awareness Coalitions Leaders of Arizona (SACLaz), 18 community-based prevention coalitions conducted outreach and education to communities, including some targeted efforts to parents and families. SACLaz also implemented a statewide prevention campaign to prevent youth alcohol, vaping, and marijuana use, including messages to parents highlighting that when kids choose not to use alcohol, an often-cited reason is because their parents would be disappointed – highlighting and promoting the importance of parents talking to their kids about their choices around substance use to prevent it. Prevent Child Abuse Arizona implemented training and support to new and existing practitioners across the state to increase the capacity to deliver the Positive Parenting Program (Triple P). PAXIS implemented an array of PAX strategies across the state including PAX Tools for Caregivers. Gila River TRBHA implemented the Active Parenting program and provided presentations of Parenting as Prevention and a variety of other community educational presentations that reach parents (Alcohol, Current Drug Trends, Dangers of Fentanyl, Healthy Relationships, Marijuana, Methamphetamine, Use of Narcan, Opioids, QPR, SafeTalk, Self Care, Tobacco/Vaping, Xylazine, Safe Storage of Medication at Home). The Pascua Yaqui TRBHA conducted weekly Motherhood and Fatherhood Is Sacred groups to support healthy parent-child communication and parent self regulation as well as individual family services and also provided referrals as appropriate to social services for parenting groups. The White Mountain Apache TRBHA/Apache Behavioral Health Services implemented a Youth Prevention Program which consistently prioritized family-focused activities to promote connection, wellness, and resilience within the community. Events such as the Mother/Daughter Bonding Activity, Celebrate Fall with Family, and Felt Moccasin-Making Workshops provided meaningful opportunities for families to engage in creative, educational experiences together. These activities encouraged shared learning, strengthened relationships, and offered space for families to provide input on future programming. Barriers/Challenges The main programmatic challenges reported include staff turnover and transportation to prevention programming. Additionally, Arizona is challenged to fully report on this measure due to evaluation set up. Evaluation occurs separately across programs implemented under GOYFF and SACLaz. Since program goals differ across programs (intentionally, to best meet the needs of the local communities), not all providers implement family based programs or measure impacts of their programs on these measures. Further, the measure is reported in different survey tools that are challenging to link for a comprehensive evaluation of the measure. GOYFF/AHCCCS Evaluation on this measure is not being collected across all providers. Future efforts for improvement Proposed changes to programming to enhance progress on this measure include continued relationship building and networking with schools and finding additional ways to reach children starting at a younger age. For example, offering activities in different and varied locations and times to avoid transportation limitations and increase access to prevention activities for all. AHCCCS, GOYFF, and SALCAz are working with the State Prevention Technology Assistance Center (SPTAC) and the Prevention Technology Transfer Center (PTTC) to offer additional training and support to Arizona preventionists. How to establish school-based prevention efforts and how to effectively measure the impacts has been a topic of interest that we are seeking to offer through these technical assistance centers. AHCCCS would propose better alignment of evaluation measure. For example, based on lessons learned utilizing this measure, alternative measures could include number of programs that address parent-child communication, or number of family-based prevention programs. However, since re-assessing state needs and priorities in 2025, AHCCCS made adjustments to its priority area and annual performance indicators including goals and objectives in the FY26-27 Application/Plan.

How second year target was achieved:

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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

How second year target was achieved:

In SFY2025, AHCCCS through its community-based coalition partners served 27,906 elementary aged children (age 12 and younger). Under the Substance Awareness Coalitions Leaders of Arizona (SACLaz), 18 community-based prevention coalitions provided evidence-based, promising, and innovative programs to reach their local and regional communities. They alone report reaching and exceeding our goal for this objective. Additional efforts not reflected in this data but contribute to early prevention's positive impacts include: Arizona prevention programs collectively demonstrated significant progress in reaching and supporting elementary-aged children. The Governor's Office of Youth, Faith and Family (GOYFF) exceeded its service goals by reaching 46,106 young children, a 13% increase over the previous year and well above the 5% target. In the first 11 months of the 2024-2025 grant year, 46,304 young children have already been served, indicating continued growth and engagement. Complementing these efforts, GRHC implemented Botvin Life Skills programming for 129 youth, showing positive outcomes in substance use prevention, including improved refusal skills and commitment to avoid substance use. GRHC also organized 634 alternative activities and community events, engaging over 20,000 community members, reinforcing protective factors through family and community involvement. WMAT contributed through school-based prevention presentations and interactive demonstrations, such as fatal vision goggles, to raise awareness about substance risks. The distribution of Keep a Clear Mind curriculum books fostered parent-child collaboration on healthy decision-making. Additionally, WMAT hosted community outreach events like Week of the Young Child, Earth Day Fair, and Truck or Treats, alongside creative workshops and resilience-building sessions for children, emphasizing holistic development and family-centered engagement. Overall, these initiatives reflect a strong, multi-faceted approach to prevention and youth development, combining education, family involvement, and community engagement to promote resilience and healthy choices among young children.

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/outcome was not achieved, and changes proposed to meet target/outcome:

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):

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

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

How second year target was achieved:

The number of pre-Wilder Collaboration Factors Inventory surveys reported in the AZ SUBG prevention data portal by contracted prevention coalitions in SFY2025 was 290. AHCCCS continued to work with SACLaz and Wellington Consulting Group the statewide evaluator for primary prevention coalition-based services to monitor, track, and report completion of pre- and post- Wilder surveys. Providers were reminded and encouraged to complete these required surveys, especially if they were identified as a coalition with a low number of surveys reported. AHCCCS reminded providers during a SACLAZ SUBG provider meeting that these surveys are not only required but also included in our plan/application to SMASHA as a priority goal. AHCCCS provided education on the survey, and how its data can be used to improve coalition functioning for better prevention impacts. Wellington offers technical assistance to coalitions to ensure they know and understand where and how to administer the survey and provide both paper and digital copies as needed.

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/outcome was not achieved, and changes proposed to meet target/outcome:

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):

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

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

How second year target was achieved:

The number of post-Wilder Collaboration Factors Inventory surveys reported in the AZ SUBG prevention data portal by contracted prevention coalitions in SFY2025 was 210. AHCCCS continued to work with SACLaz and Wellington Consulting Group the statewide evaluator for primary prevention coalition-based services to monitor, track, and report completion of pre- and post- Wilder surveys. Providers were reminded and encouraged to complete these required surveys, especially if they were identified as a coalition with a low number of surveys reported. AHCCCS reminded providers during a SACLAZ SUBG provider meeting that these surveys are not only required but also included in our plan/application to SMASHA as a priority goal. AHCCCS provided education on the survey, and how its data can be used to improve coalition functioning for better prevention impacts. Wellington offers technical assistance to coalitions to ensure they know and understand where and how to administer the survey and provide both paper and digital copies as needed.

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 throughout 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/outcome was not achieved, and changes proposed to meet target/outcome:

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.

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

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

The number of college students served with SUBG primary prevention programming through institutes of higher education (IHEs) in SFY2025 was 561,878, which did not reach our year 2 target. AHCCCS reports the following progress and barriers. Progress AHCCCS continued to fund four IHEs for primary prevention services for college students: University of Arizona, Arizona State University, Northern Arizona University, and Yavapai College. Across all programs, they implemented a variety of prevention strategies for students on and off campus including education and trainings, student wellness summit and workshops, coalition work, media campaigns, social media messaging, use of peer mentors and peer health educators, positive social norming, health relationships, promotion of student/campus resources for health and wellness, and healthy substance free prosocial alternative activities, prevention education to Greek Life and student athletes. Programs implemented included but were not limited to: The Buzz Alcohol Prevention Education, and general alcohol and other drug (AOD) education, Cats After Dark alternatives programming, Electronic Check Up To Go, StressBusters, C3 training, Vector Solutions Alcohol Edu. Barriers/Challenges No challenges reported – the institutes of Higher learning will continue work in SFY2026. Due to ARPA termination, the availability of future funding may impact these efforts. Future efforts for improvement AHCCCS will continue to work with the IHEs to offer primary prevention and risk reduction programs and activities to college students. However, due to the funding cliff as COVID-era funding expires and changes in the federal funding landscape are anticipated, we seek to sustain critical core components of IHEs prevention programs rather than maintain or expand reach. The IHEs are operating prevention under limited budgets and therefore a priority goal/objective on college-age population was not included in the FY26-27 application. AHCCCS and the IHEs continue to seek additional funding opportunities for prevention for college students.

How second year target was achieved:

0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

12/29/25 =SUBG TAM annual report (10/1/24-9/30/25) attached to Table 1 - as instructed.

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 25 Annual Report**

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

Report Expenditure Period: October 1, 2024 - September 30, 2025

Report Submission Due Date: December 31, 2025

Name of SUBG Grantee: Arizona

Submitted By: Emma Hefton, SUBG Grant Administrator

Date Submitted: 12/29/2025

**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 2025, ending on 9/30/25, please complete this FY 25 Annual Report form for the FY 2025 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 2026 SUPTRS BG Report that was submitted on or before 12/2/25. Please report on the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding activities and expenditures by Tuesday, December 31, 2025. The period of performance for this report is October 1, 2024 through September 30, 2025. 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 2026 SUPTRS BG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Wednesday, December 31, 2025.

For the expenditure period of October 1, 2024 through September 30, 2025, 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 25 Annual Report Table			
#	FY 25 Date of Expenditure*	FY 25 Item/Activity Description for Expenditure Period of 10/01/24 through 09/30/25	FY 25 Amount of Expenditure
1	11/14/2024	Spectrum: AUGUST 2024 COVID-19 MITIGATION- Administrative efforts, PPE , Binax Now covid 19 OTC tests- cleaning supplies (Bleach wipes)	3,923.42
2	11/14/2024	Spectrum: JULY 2024 COVID-19 MITIGATION- Administrative efforts	505.48
3	11/21/2024	Spectrum: SEPTEMBER 2024 COVID-19 MITIGATION- administrative efforts	625.41
4	02/27/2025	FY2025 FEB 2025 #1 MHBG & SUBG TAM Contract #YH22-0061R-03 – Administrative efforts	877.87
5	03/04/2025	FY2025 FEB 2025 #1 MHBG & SUBG TAM Contract #YH22-0061R-02- Air purifier, surface disinfectant supplies	3,806.77
6	03/04/2025	FY2025 FEB 2025 #2 MHBG & SUBG TAM Contract #YH22-0061R-02 – Administrative efforts	905.17
7	03/04/2025	FY2025 FEB 2025 #2 SUBG TAM Contract #YH22-0061R-03 – surface disinfectant	1,394.09
8	03/18/2025	FY2025 Feb 2025 #3 MHBG & SUBG TAM Contract #YH22-0061R-03 – administrative efforts	353.43
9	03/20/2025	FY2025 MAR 2025 #3 SUBG TAM Contract #YH22-0061R-02- administrative efforts	302.01
10	03/20/2025	FY2025 MAR 2025 #4 SUBG TAM Contract #YH22-0061R-02 – install safety glass and barriers in lobby, surface disinfectant	31,529.47
11	03/20/2025	FY2025 MAR 2025 #4 SUBG TAM Contract #YH22-0061R-03- surface disinfectants	4,760.22
12	04/14/2025	FY2025 MAR 2025 SUBG TAM Contract #YH22-0061R-02 – PPE ; surface disinfectant- hand sanitation	2,590.68
13	04/15/2025	FY2025 MAR 2025 #6 MHBG & SUBG TAM Contract #YH22-0061R-03- covid tests OTC- PPE supplies, surface disinfectant, hand sanitation	5,713.35
14	04/15/2025	FY2025 MAR 2025 #8 MHBG & SUBG TAM Contract #YH22-0061R-03- PPE supplies, surface disinfectant	2,725.03
15	04/15/2025	FY2025 MAR 2025 MHBG & SUBG TAM Contract #YH22-0061R-02 –PPE supplies,	4,975.34

		surface disinfectant, hand sanitation, Covid tests OTC	
16	04/16/2025	FY2025 MAR 2025 #10 MHBG & SUBG TAM Contract #YH22-0061R-03- surface disinfectant- PPE supplies	7,259.59
17	04/16/2025	FY2025 MAR 2025 #5 MHBG & SUBG TAM Contract #YH22-0061R-02 install safety glass and physical barriers in lobby,	23,059.75
18	04/21/2025	FY2025 MAR 2025 #7 MHBG & SUBG TAM Contract #YH22-0061R-02- Administrative efforts	395.46
19	04/24/2025	FY2025 MAR 2025 #11 MHBG & SUBG TAM Contract #YH22-0061R-03 – Administrative efforts	761.87
20	05/12/2025	FY2025 Mar 2025 #001 SUBG - TAM Contract #YH22-0061R-01- MC – PPE, Handwashing station supplies, surface disinfectants- Air filters, facility cleaning fees	3,125.00
21	05/19/2025	FY2025 MAR 2025 MHBG & SUBG TAM Contract #YH22-0061R-03- PPE supplies	105.13
22	06/20/2025	FY2025 JUN 2025 MHBG & SUBG TAM Contract #YH22-0061R-02 – Administrative efforts	390.40
23	06/20/2025	FY2025 JUN 2025 MHBG & SUBG TAM Contract #YH22-0061R-02- PPE supplies- surface disinfectant	7,651.95
24	06/23/2025	FY2025 JUN 2025 MHBG & SUBG TAM Contract #YH22-0061R-02 – Biohazard removal services	1,770.63
25	06/23/2025	FY2025 JUN 2025 MHBG & SUBG TAM Contract #YH22-0061R-02 –Administrative efforts	289.24
26	07/17/2025	FY2026 JULY 2025 #15 SUBG TAM Contract #YH22-0061R-02 – Administrative efforts	486.06
27	07/17/2025	FY2026 JUNE 2025 #14 SUBG TAM Contract #YH22-0061R-02 – surface cleaners	117.60
28	07/28/2025	SUBG ARPA-TAM_AZCH S_Jul 25_#10 – Administrative efforts	229.60
29	07/28/2025	SUBG ARPA-TAM_AZCH S-SWBH_Jul 25_#16 – Covid tests OTC, PPE supplies	3,909.23
30	07/28/2025	SUBG ARPA-TAM_AZCH-S CBI Jul 25_#11 – PPE supplies	1,034.50
31	07/28/2025	SUBG-ARPA-TAM_AZCH-N-CPIH_July_25_#17 – PPE supplies, surface disinfectant, hand sanitation	9,054.48
32	07/28/2025	SUBG-ARPA-TAM_AZCH-N-Polara_July_25_#18 – surface disinfectant	113.00
33	08/18/2025	FY2026 MAR 2025 #6 SUBG TAM Contract #YH22-0061R-02- PPE, surface disinfectants, OTC covid tests,	6,737.67
34	08/21/2025	FY2026 AUG 2025 #19 SUBG TAM Contract #YH22-0061R-02 – PPE Supplies, hand sanitation,	7,382.28
35	08/21/2025	FY2026 Aug 2025 #20 SUBG TAM Contract #YH22-0061R-02, surface disinfectant, PPE supplies	\$9,195.46

36	08/25/2025	FY2026 AUG 2025 #12 SUBG TAM Contract #YH22-0061R-02 – PPE supplies; biohazard removal services	5,719.24
37	08/25/2025	FY2026 AUG 2025 #13 SUBG TAM Contract #YH22-0061R-02 – Administrative efforts	270.73
38	08/26/2025	FY2026 Aug 2025 #14 SUBG TAM Contract #YH22-0061R-02 – PPE Supplies, surface disinfectants; hand sanitation; OTC covid tests; Air purifier	20,310.01
39	08/26/2025	FY2026 AUG 2025 #23 SUBG TAM Contract #YH22-0061R-02 - Administrative efforts	389.35
40	09/12/2025	FY2026 AUG 2025 #24 SUBG TAM Contract #YH22-0061R-02 –PPE supplies, surface disinfectant	6,116.58
41	09/22/2025	SEP 2025 #91 TGC SUBG TAM Contract #YH22-0061R-02 – PPE supplies,	49,545.13
42	09/23/2025	AZCH-N-KRMC-TAM-SEP2025-#25 Contract #YH22-0061R-02 - PPE supplies	5,055.63
43	09/23/2025	AZCH-N-SWBH-SEP2025-TAM-#26 Contract #YH22-0061R-02 – surface disinfectants	4,299.38
44	09/23/2025	FY2026 SEP 2025 #15 SUBG TAM Contract #YH22-0061R-02 – PPE supplies, surface disinfectant, biohazard services	9,357.33
45	09/23/2025	FY2026 SEP 2025 #16 SUBG TAM Contract #YH22-0061R-02 – Administrative efforts	394.04
46	10/02/2025	FY2026 SUBG-ARPA-TAM_AZCH-N_Sept_25 #27 –Administrative efforts	578.25
47	10/17/2025	FY2026 SEPT 25 SUBG TAM Contract #YH22-0061R-01 –MC – PPE, cleaning supplies for disinfecting surfaces;	3,225.63
48	10/17/2025	FY2026 SEPT 25 SUBG TAM Contract #YH22-0061R-02 #28 & 29 – Administrative efforts, PPE Supplies, surface disinfectant, hand sanitation,	11,250.45
49	10/17/2025	FY2026 SEPT 25 SUBG TAM Contract #YH22-0061R-02-CBI PPE supplies, surface disinfectant, Installation of 6 HVAC sanitation devices, Hand sanitation	49,567.99
50	10/17/2025	FY2026 SEPT 25 SUBG TAM Contract #YH22-0061R-02-AZCH administrative efforts	267.85
51	10/27/2025	AZCH-S-COPE-SEP-2025-#18 #YH22-0061R-02- PPE Supplies, OTC covid test, surface disinfectant, hand sanitation supplies	14,570.88
52	10/27/2025	MC-SANCTUARY-TAM-SEP2025-#3 #YH22-0061R-01 - PPE, cleaning supplies for disinfecting surfaces; facility cleaning services; air filters	8,716.44
53	11/10/2025	SUBG ARPA TAM_MC-CPLC_Jul-Sept 25_#4 – PPE, BinaxNow Covid 19 Antigen tests, surface disinfectants; cleaning fees associated Electrostatic Disinfecting ; hand sanitizers; countertop safety Barrier plexiglass- Self Contained Sink, Portable Hand Washing Sinks for hand sanitizing station	42,929.65
54	11/10/2025	SUBG ARPA TAM_MC-Hushabye_Jul-Sept 25_#5 –facility cleaning fees – PPE- Surface	69,883.87

		disinfectants; soap dispensers – installation of air purifier	
55	11/10/2025	SUBG ARPA TAM_MC-NAC_Sept 25_#6- installation of GPS ionizer on blower assembly	101,980.09
56	11/10/2025	SUBG-ARPA-TAM_AZCH N-Polara_Sept 25_#30 , PPE supplies, hand sanitation, surface disinfectant	1,205.46
57	11/10/2025	SUBG-ARPA-TAM_AZCH N-Polara_Sept 25_#31- OTC Covid tests, PPE supplies, surface disinfectant,	35,532.21
58	11/10/2025	SUBG-ARPA-TAM_MC-Axiom_Sept_25_#8 – PPE supplies, surface disinfectant, hand soaps & soap dispensers- EcoLab Sanitizing Cleaners and Wipes	4,092.30
59	11/10/2025	SUBG-ARPA-TAM_MC-Axiom_Sept_25_#9 – PPE supplies, surface disinfectant- soap dispenser installation,	6,732.08
60	11/13/2025	SUBG-ARPA-TAM_MC-Sanctuary_Sept_25 #7 – PPE ; supplies for handwashing station; facility cleaning fees; surface disinfectant; air filters- commercial hand dryers –motion sensor switches- motion sensor soap pump; air filtration system- air quality monitor-antimicrobial chairs- hand sanitation	95,681.34
61	08/21/2025	SUBG TAM- AZCH North, PPE supplies, hand sanitation, surface disinfectant, covid tests	\$6188.84
		Total	701,917.39

*Footnote: Consistent with previous year’s reporting, AHCCCS is reporting activities and expenditures for dates of service between 10/1/2024 - 9/30/2025. Payment dates may vary and represent AHCCCS’ payment date in the accounting system. All expenditures were for the service period ended 09/30/2025 and represent AHCCCS’ subcontracted reimbursements.

Narrative

AHCCCS allocated funds to the AHCCCS Complete Care Plans with Regional Behavioral Health Agreements (ACC-RBHAs) for the time period of 10/1/2024 - 9/30/2025. SUBG TAM funds were allocated to ACC-RBHAs for specified COVID-19 testing and mitigation purposes for select substance use service providers as outlined in allocation letters. A small portion of funds reported in this report are to close out the previous services conducted under Spectrum Healthcare Group, which ended 9/30/2024.

These allocations were intended to expand access to COVID-19 testing and strengthen mitigation strategies for individuals with Substance Use Disorder (SUD)and particularly within congregate care settings such as behavioral health residential facilities, crisis stabilization units, day treatment programs, shelters, and other environments where individuals receive behavioral health services.

The funding supported a comprehensive, multi-faceted approach to testing and mitigation. Resources were used to increase the availability of on-site testing through the purchase of FDA-authorized over-the-counter (OTC) at-home serial screening tests, while also enhancing mobile-based testing options to better reach rural and tribal communities across Arizona. In addition, ACC-RBHAs prioritized the distribution of personal protective equipment (PPE) to crisis stabilization units and extended these supplies to peer-run organizations, ensuring that both clinical and community-based providers had the necessary tools to reduce transmission risk.

ACC-RBHAs implemented strategies that accounted for the realities of limited resources, including supply chain challenges affecting test availability, workforce capacity constraints, and transportation barriers in geographically remote areas. Within this framework, contractors coordinated the provision of supplies and resources for subacute crisis stabilization units, detoxification facilities, crisis mobile units, and peer-run organizations. These efforts supported the implementation of federal and state COVID-19 mitigation guidance by supplying hygiene and sanitation materials such as hand sanitizer, soap, dispensers, and handwashing stations; PPE including gloves, N95 respirators, goggles, masks, face shields, and gowns; environmental safety measures such as surface disinfectants, physical barriers, ventilation system evaluations and upgrades, and contracted cleaning services; as well as stipends to support staff participation in COVID-19 training.

Through these coordinated activities, AHCCCS and its partners advanced the goals of the supplemental funding by expanding testing capacity, strengthening mitigation strategies, and addressing the unique needs of individuals with SUD in congregate environments. The program's focus on resource prioritization, fair distribution, and responsiveness to rural and tribal areas reflects a continued commitment to supporting individuals at heightened risk while navigating the evolving challenges of the public health landscape.

C: 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 for primary prevention of substance use, treatment of SUD, and recovery support services for individuals with SUD. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from the reporting period on SUPTRS BG Table 4. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

Activity	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, Medicare etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 ^a	I. ARP ^b
1. Substance Use Disorder Prevention ^c & Treatment	\$35,133,728.00		\$126,185,000.00	\$36,863,056.00	\$3,934,755.00	\$74,125.00	\$0.00	\$943,464.00	\$12,742,538.00
a. Pregnant Women and Women with Dependent Children (PWWDC) ^d	\$3,500,778.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$64,164.00)	\$4,072,775.00
b. All Other	\$31,632,950.00		\$126,185,000.00	\$36,863,056.00	\$3,934,755.00	\$74,125.00	\$0.00	\$1,007,628.00	\$8,669,763.00
2. Recovery Support Services ^e	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3. Substance Use Primary Prevention ^f	\$11,195,322.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,620,953.00	\$1,904,175.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ^g	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Other Capacity Building/Systems Development Activities	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. State Hospital									
8. Other 24 Hour Care									
9. Ambulatory/Community Non-24 Hour Care									
10. Mental Health Primary Prevention									
11. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
12. Administration ^h	\$2,195,613.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$184,970.00	\$197,038.00
13. Total	\$48,524,663.00	\$0.00	\$126,185,000.00	\$36,863,056.00	\$3,934,755.00	\$74,125.00	\$0.00	\$2,749,387.00	\$14,843,751.00

Please indicate the expenditures are actual or estimated.

Actual Estimated

^a Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

^b Per the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period. Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report.

^c Prevention other than primary prevention.

^d Grantees must expend for Pregnant Women and Women with Dependent Children in compliance Women's Maintenance of Effort (MOE) over the one-year reporting period.

^e This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting expenditures for RSS, previously reported under Row 1, Substance Use Disorder Prevention and Treatment, in the stand-alone Row 2. States are encouraged to begin reporting these expenditures in the 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward.

^f Row 3 should account for the 20% minimum primary prevention set-aside of SUPTRS BG funds to be used for universal, selective, and indicated substance use prevention activities.

⁹The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

^hPer 45 CFR § 96.135 Restrictions on expenditure of the SUPTRS BG, the state involved will not expend more than 5% of the BG to pay the costs of administering the SUPTRS BG.

ⁱIf expenditures are estimated at time of reporting, the state must provide in the footnotes a date when the final actual expenditures are expected. Actual amounts are required to meet compliance with SUPTRS BG reporting.

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Footnotes:

Column H, Line 1a: The negative amount of (\$64,163.57) is due to a correcting entry of program codes. Expenditures were previously coded as Women's, but should have been under General Services ("All Other") -sl 9.22.25

C: Expenditure Reports

Table 3a - Syringe Services Program (SSP) Expenditures by Program

States which have requested and been approved for expending SUPTRS BG and its supplemental funds on the support of Syringe Services Programs (SSP) must report the programs that are funded, including whether they provide treatment and the total expenditures spent by each program under the SUPTRS BG and its other supplemental funds. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Grantees approved for expending SUPTRS BG on SSPs are prohibited from using appropriated funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug as outlined in the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118 - 47), March 23, 2024. In addition, states must note that no federal funding may be used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug. Grants also include explicit prohibitions of federal funds to be used to purchase drug paraphernalia used to administer any illegal drug.

Expenditure Start Date: 07/01/2024 Expenditure End Date: 06/30/2025

SSP Expenditures						
SSP Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	A. SUPTRS BG	B. COVID-19 ^a	C. ARP ^b
Sonoran Prevention Works	2211 S 48th St Ste B, Tempe, AZ - 85282	No	15	\$134,216.00	\$0.00	\$82,500.00
Southern Arizona AIDS Foundation	375 S Euclid Ave, Tucson, AZ - 85719	No	1	\$47,760.00	\$0.00	\$15,522.00
Cochise Harm Reduction	PO Box 920, Bisbee, AZ - 85603	No	2	\$48,000.00	\$0.00	\$16,000.00
Southwest Recovery Alliance	1645 E Thomas Rd #3117, Phoenix, AZ - 85016	No	2	\$52,500.00	\$0.00	\$22,000.00
Total			20	\$282,476.00	\$0.00	\$136,022.00

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period.

Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025 (typically July 1, 2024–March 14, 2025) in the COVID-19 designated column of the FY2026 Report.

^bPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period.

Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025.

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Footnotes:

Services are in alignment with SAMHSA Dear Colleague Letter dated 7/29/25 and executive orders.

C: Expenditure Reports

Table 3b - Syringe Services Program (SSP) Number of Individuals Served

States which have requested and been approved for expending SUPTRS BG and its supplemental funds on the support of Syringe Services Programs (SSP) must report the number of individuals served by service and activity type below. Grantees approved for expending SUPTRS BG on SSPs are prohibited from using appropriated funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug as outlined in the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding may be used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

If a state does NOT use any SUPTRS BG and/or supplemental funds on SSP, indicate so in the footnote. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Expenditure Start Date: 07/01/2024 Expenditure End Date: 06/30/2025

SUPTRS BG							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Enter total number of individuals served)	Treatment for Substance Use Conditions (Enter total number of individuals served)	Treatment for Physical Health (Enter total number of individuals served)	STD Testing (Enter total number of individuals served)	Hep C (Enter total number of individuals served)
Sonoran Prevention Works	9,580	ONSITE ^c	907	0	0	0	900
		REFERRAL OUT ^d	617	125	45	12	617
Southwest Recovery Alliance	3,348	ONSITE ^c	0	0	0	0	0
		REFERRAL OUT ^d	0	0	0	0	0
Southern Arizona AIDS Foundation	3,566	ONSITE ^c	11	0	0	0	10
		REFERRAL OUT ^d	56	30	20	33	56
Cochise Harm Reduction *	6,169	ONSITE ^c	34	0	0	0	34
		REFERRAL OUT ^d	32	119	15	11	32
Total	22,663		1,657	274	80	56	1,649

COVID-19 ^a							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Enter total number of individuals served)	Treatment for Substance Use Conditions (Enter total number of individuals served)	Treatment for Physical Health (Enter total number of individuals served)	STD Testing (Enter total number of individuals served)	Hep C (Enter total number of individuals served)

NA	0	ONSITE ^c	0	0	0	0	0
		REFERRAL OUT ^d	0	0	0	0	0
Total	0		0	0	0	0	0

ARP ^b							
Syringe Services Program Name	# of Unique Individuals Served	HIV Testing (Enter total number of individuals served)	Treatment for Substance Use Conditions (Enter total number of individuals served)	Treatment for Physical Health (Enter total number of individuals served)	STD Testing (Enter total number of individuals served)	Hep C (Enter total number of individuals served)	

NA	0	ONSITE ^c	0	0	0	0	0
		REFERRAL OUT ^d	0	0	0	0	0
Total	0		0	0	0	0	0

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

^bPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period. Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report.

^cOnsite services are those conducted on premise of the SSP and are reimbursed through SUPTRS BG.

^dIn instances where the service is not provided directly onsite at the SSP, the SSP may refer individuals out to other providers. SSPs should document the number of referrals made out to other providers during the reporting period.

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Footnotes:

- Sonoran Prevention Works' data collection system makes no funding source distinction for these metrics on the individual level. As such, we have included totals inclusive of Annual and ARPA in the Annual table.
- Southwest Recovery Alliance (SWRA) is a very small organization and lack capacity to provide testing and referrals directly. One of SWRA's sites partners with SPW to provide testing and referrals for HIV and HCV. Those numbers are included in SPW's row.
- Services are in alignment with SAMHSA Dear Colleague Letter dated 7/29/25 and executive orders.
- Revision Request 4/29/26: Yes, the state expended SUBG funds in support of comprehensive syringe service programming, in alignment with AZ's SAMHSA-approved SUBG plan. Providers and amounts expended are listed in Table 3a. Specific SSP services provided were:
 - Distribution of sterile syringes and collection of used sharps for proper disposal (syringes paid for by non-federal funds),
 - Education to people who use drugs on how to reduce potential risks related to substance use, including such topics as: transmission of bloodborne infections such as HCV and HIV, substance use-related injuries & prevention of other relevant diseases such as endocarditis and septicemia
 - Facilitate access to other health-related services including traditional preventive and primary medical care, as well as alternative healthcare resources
 - Navigate and refer participants to substance use treatment programs, including but not limited to: inpatient, outpatient, detox,

MAT/MOUD, & emergency room

- Link participants to social services, counseling/general mental health care, benefits programs, food supports, clothing, and housing and other supportive services
- Referrals to legal aid and support in navigating other systems upon request
- Overdose prevention trainings and distribution of naloxone kits (intramuscular naloxone and/or intranasal)
- HIV/HCV rapid screening tests
- Venipuncture/phlebotomy for confirmatory testing (where available)
- Recommendations & referral to PEP & PrEP services as needed
- Appropriate wound care services may be offered by collaborating providers

C: Expenditure Reports

Table 3c - Risk Reduction Activities & Expenditures

States that use SUPTRS BG and/or its supplemental funds for the purchase and distribution of opioid overdose reversal kits and/or drug checking technologies, including test strips, must report the number purchased, distributed, and the related expenditures in the table below by provider/program. If a state does NOT use any SUPTRS BG and/or supplemental funds on Risk Reduction activities, please state so in the footnote. The 2027 Report will not include COVID-19 or ARP Supplemental Funding, which expired in March 2025.

Grantees approved for expending SUPTRS BG on SSPs are prohibited from using appropriated funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug as outlined in the Further Consolidated Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding maybe used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

Appropriations Act, 2024, Title V, Sec. 526 (P.L. 118-47), March 23, 2024. In addition, states must note that no federal funding maybe used directly or through subsequent reimbursement of grantees to purchase pipes in safer smoking kits. Grants include explicit prohibitions of federal funds to be used to purchase drug paraphernalia for administering any illegal drug.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

Provider/Program Name	Main Address	SSP (Yes/No)	Risk Reduction Activities					Expenditures		
			Number of Opioid Overdose Reversal Kits ^a Purchased	Number of Opioid Overdose Reversal Kits Distributed	Number of Overdose Reversals	Number of Drug Checking Technologies ^b Purchased	Number of Drug Checking Technologies Distributed	A. SUPTRS BG	B. COVID-19 ^c	C. ARP ^d
Sonoran Prevention Works	2211 S 48th St Ste B	Yes	75000	77343	5921	34136	44298	\$163,598.00	\$0.00	\$112,524.00
Mohave County Sheriffs Office	600 W Beale Street	No	60	60	0	0	0	\$0.00	\$0.00	\$1,881.00
City of Avondale Street Outreach Navigation	995 E. Riley Dr.	No	396	396	0	0	0	\$0.00	\$0.00	\$12,495.00
City of Tolleson	9055 W Van Buren St	No	120	120	0	0	0	\$0.00	\$0.00	\$3,786.00
Foothills Christian Church/Imperfectly Flawless	3951 W Happy Valley Rd	No	48	48	0	0	0	\$0.00	\$0.00	\$1,512.00
Southwest Center for HIV and AIDS	1101 N Central Ave Suite 200	No	24	24	0	0	0	\$0.00	\$0.00	\$756.00
Fund for Empowerment	1950 E Cortez St	No	60	60	0	0	0	\$0.00	\$0.00	\$1,890.00
Page Police Department	808 Coppermine Rd	No	36	36	0	0	0	\$0.00	\$0.00	\$1,147.00
Arizona HITDA Southwest Region	5350 N 48th Ste 110	No	300	300	0	0	0	\$0.00	\$0.00	\$9,379.00
Circle City - Morristoryn Fire Department	41026 N. Castle Hot Springs Rd.	No	12	12	0	0	0	\$0.00	\$0.00	\$370.00
Phoenix Job Corps Center	518 S 3rd St	No	36	36	0	0	0	\$0.00	\$0.00	\$1,134.00
Circle the City	300 W Clarendon Ave Ste 200	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
Grace In the Desert Adventist Church	13450 N Plaza Del Rio Blvd.	No	12	12	0	0	0	\$0.00	\$0.00	\$376.00
Southwest Behavioral & Health Services 32nd St	4420 S 32nd St	No	240	240	0	0	0	\$0.00	\$0.00	\$7,559.00
ARIZONA DEPARTMENT OF LIQUOR	800 W WASHINGTON5th Floor	No	48	48	0	0	0	\$0.00	\$0.00	\$1,512.00
Arizona Womens Recovery Center	4201 N 16th Street Suite 140	No	396	396	0	0	0	\$0.00	\$0.00	\$12,472.00
Mescal - J6 Fire District	448 N. Warren Rd.	No	12	12	0	0	0	\$0.00	\$0.00	\$371.00
United Prevention	12425 W Bell Rd ste D.	No	120	120	0	0	0	\$0.00	\$0.00	\$3,797.00
Banner Estrella Hospital	9201 W Thomas Rd	No	36	36	0	0	0	\$0.00	\$0.00	\$1,134.00
Copa Health	924 N Country Club Dr	No	24	24	0	0	0	\$0.00	\$0.00	\$754.00
Grace Walk Church	7840 W Lower Buckeye	No	48	48	0	0	0	\$0.00	\$0.00	\$1,512.00
Terros Health	3003 N. Central Ave Suite 400	No	324	324	0	0	0	\$0.00	\$0.00	\$10,204.00
Billy's Way Home	7127 W. Sherri Jean Lane, Peoria, AZ, 85382	No	48	48	0	0	0	\$0.00	\$0.00	\$1,520.00
Arizona Attorney General	2005 North Central, Phoenix, AZ, 85004	No	84	84	0	0	0	\$0.00	\$0.00	\$2,646.00
Celebrate Recovery in care of CalvaryPhx	12612 N Black Canyon Hwy	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
Terros Health HIV Clinic	333 East Indian School Road	No	1440	1440	0	0	0	\$0.00	\$0.00	\$45,351.00
Banner Baywood Emergency Department	6644 E Baywood Ave Emergency Department	No	24	24	0	0	0	\$0.00	\$0.00	\$754.00
Rise Up! Glendale Coalition	7677 W. Bethany Home Road	No	648	648	0	0	0	\$0.00	\$0.00	\$20,521.00
notMYkid, Inc.	5310 E Shea Blvd	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
The Barbell Saves Project Drug Prevention Coalitio	2806 W. Cactus Rd., Phoenix, AZ, 85029	No	420	420	0	0	0	\$0.00	\$0.00	\$13,227.00
Maricopa County Department of Public Health	4041 N. Central Ave Suite 700	No	72	72	0	0	0	\$0.00	\$0.00	\$2,268.00
Recovery Innovations International - Peoria	11361 n 99th Ave # 402	No	108	108	0	0	0	\$0.00	\$0.00	\$3,386.00

UA Street Medicine MHU PHX	475 N 5th STRM 1367, Phoenix, AZ, 85004	No	444	444	0	0	0	\$0.00	\$0.00	\$13,983.00
Arizona Department of Juvenile Corrections	2800 W. Pinnacle Peak Rd	Yes	24	24	0	0	0	\$0.00	\$0.00	\$756.00
Celebrate Recovery	7634 w camelback Rd	No	120	120	0	0	0	\$0.00	\$0.00	\$3,800.00
Abrazo Central Campus ED	2000 W Bethany Home Rd	No	24	24	0	0	0	\$0.00	\$0.00	\$756.00
HonorHealth Shea ED	9003 e Shea BlvdEmergency Department	No	120	120	0	0	0	\$0.00	\$0.00	\$3,760.00
Canyonlands Healthcare - Safford	2016 W 16th St	No	120	120	0	0	0	\$0.00	\$0.00	\$3,797.00
Hopi Behavioral Health	123 Main Street	No	108	108	0	0	0	\$0.00	\$0.00	\$3,333.00
Mohave County Department of Public Health	1222 Hancock Rd	No	720	720	0	0	0	\$0.00	\$0.00	\$22,467.00
Adelante Healthcare	3033 N. Central Ave Suite 145,	No	108	108	0	0	0	\$0.00	\$0.00	\$3,401.00
Clifton Police Department	520 N. Coronado Blvd	No	24	24	0	0	0	\$0.00	\$0.00	\$759.00
Pinal County Public Health Services District	971 N Jason Lopez CircleBuilding D	No	1200	1200	0	0	0	\$0.00	\$0.00	\$37,828.00
Pinal County Sheriffs Office	971 N. Jason Lopez Cir Bldg C	No	48	48	0	0	0	\$0.00	\$0.00	\$1,513.00
Pima County Adult Detention Complex	1270 W Silverlake Rd	No	300	300	0	0	0	\$0.00	\$0.00	\$9,457.00
City of Phoenix Public Health Office	200 W. Washington St12th Floor	No	7812	7812	0	0	0	\$0.00	\$0.00	\$246,031.00
Lower Buckeye Jail: Maricopa County Correctional H	3250 W Lower Buckeye Rd	No	300	300	0	0	0	\$0.00	\$0.00	\$9,448.00
Pima County Health Department	350 S TOOLE	No	1452	1452	0	0	0	\$0.00	\$0.00	\$45,771.00
Maricopa County Sheriffs Office	2627 S 35th AVE	No	372	372	0	0	0	\$0.00	\$0.00	\$11,716.00
Arizona State Parks and Trails	Catalina State Park, 11570 N. Oracle Rd	No	24	24	0	0	0	\$0.00	\$0.00	\$756.00
HonorHealth Tempe Medical Center ED	Emergency Department 1500 South Mill Ave	No	120	120	0	0	0	\$0.00	\$0.00	\$3,762.00
The Hummingbird Project	241 S Washington StUnit 116	No	120	120	0	0	0	\$0.00	\$0.00	\$3,751.00
Family Involvement Center	5333 N 7th StSuite 100	No	84	84	0	0	0	\$0.00	\$0.00	\$2,646.00
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL - MESA	9130 E ELLIOT ROAD	Yes	504	504	0	0	0	\$0.00	\$0.00	\$15,829.00
DIGNITY HEALTH ARIZONA GENERAL HOSPITAL - LAVEEN	7171 S. 51ST AVE	No	204	204	0	0	0	\$0.00	\$0.00	\$6,425.00
Skyles the Limit Foundation	455 N. 3rd St. Suite 1170	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
New Hope Behavioral Health Center, Inc.	215 S. Power Rd.STE 114	No	120	120	0	0	0	\$0.00	\$0.00	\$3,769.00
HonorHealth Mountain Vista Emergency Department	ED 1301 South Crismon Road	No	120	120	0	0	0	\$0.00	\$0.00	\$3,769.00
HonorHealth Mesa Emergency Department	5750 East Baseline Road	No	120	120	0	0	0	\$0.00	\$0.00	\$3,769.00
HonorHealth Shea Medical Center	9003 E Shea Blvd	No	516	516	0	0	0	\$0.00	\$0.00	\$16,169.00
HonorHealth Florence Hospital Emergency Department	4545 North Hunt Highway	No	120	120	0	0	0	\$0.00	\$0.00	\$3,783.00
Yavapai County Community Health Services (Prescott)	34 E. 7th St.	No	120	120	0	0	0	\$0.00	\$0.00	\$3,771.00
The Tempe Coalition	34 E. 7th St.	No	444	444	0	0	0	\$0.00	\$0.00	\$13,919.00
GREENLEE CO SUBST ABUSE COALTN	640 W. 1st Street	No	84	84	0	0	0	\$0.00	\$0.00	\$2,658.00
Sedona Police Department	100 Roadrunner Dr	No	36	36	0	0	0	\$0.00	\$0.00	\$1,147.00
Mercy Gilbert Medical Center	3555 S Val Vista Dr	No	36	36	0	0	0	\$0.00	\$0.00	\$1,125.00
Chandler Regional Medical Center	1955 W Frye Rd, Chandler, AZ, 85224	No	36	36	0	0	0	\$0.00	\$0.00	\$1,125.00
Lifewell	202 E Earll Dr. Suite 200	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
SANTA CRUZ COUNTY SHERIFFS OFFICE	2170 N CONGRESS DRIVEATTN Commander Santiago Gonzales	No	96	96	0	0	0	\$0.00	\$0.00	\$3,023.00
HonorHealth Sonoran Crossing ED	33400 N 32nd ave	No	204	204	0	0	0	\$0.00	\$0.00	\$6,425.00
Lower Buckeye Jail: Maricopa County Correctional H	3250 W Lower Buckeye Rd	No	300	300	0	0	0	\$0.00	\$0.00	\$9,448.00
City of Tolleson	9055 W Van Buren St	No	120	120	0	0	0	\$0.00	\$0.00	\$3,786.00
Giving Back AZ	1747 N Alma School Road B3	No	108	108	0	0	0	\$0.00	\$0.00	\$3,329.00
Pima County Adult Detention Complex	1270 W Silverlake Rd	No	300	300	0	0	0	\$0.00	\$0.00	\$9,457.00
Tempe Police Department	120 E 5th St	No	156	156	0	0	0	\$0.00	\$0.00	\$4,890.00

Mariposa Community Health Center	1852 N. Mastick Way	No	108	108	0	0	0	\$0.00	\$0.00	\$3,401.00
Arizona State University Student Health Services	451 E University Dr, Tempe, AZ, 85281	No	576	576	0	0	0	\$0.00	\$0.00	\$18,057.00
Hylan	6350 S. Sossaman Rd,	No	24	24	0	0	0	\$0.00	\$0.00	\$754.00
Tucson Medical Center	5301 E Grant Rd.	No	12	12	0	0	0	\$0.00	\$0.00	\$378.00
Yavapai Regional Medical Facility Dignity Health	7700 E Florentine Road Attn: ED	No	60	60	0	0	0	\$0.00	\$0.00	\$1,900.00
TOMBSTONE MARSHALS OFFICE	315 E FREMONT ST	No	24	24	0	0	0	\$0.00	\$0.00	\$766.00
Arizona Department of Education	1535 W Jefferson St	No	16200	16200	0	0	0	\$0.00	\$0.00	\$510,203.00
La Frontera Empact Suicide Prevention Center	618 S Madison Dr	No	72	72	0	0	0	\$0.00	\$0.00	\$2,257.00
Gambit Recovery	1663 w Stanford Ave	No	24	24	0	0	0	\$0.00	\$0.00	\$754.00
City of Tolleson	9055 W Van Buren St	No	120	120	0	0	0	\$0.00	\$0.00	\$3,786.00
Rio Rico Medical and Fire District	822 Pendleton Dr.	No	60	60	0	0	0	\$0.00	\$0.00	\$1,855.00
Kingman Regional Medical Center	3269 N Stockton Hill Road	No	24	24	0	0	0	\$0.00	\$0.00	\$752.00
Asylum Advocates	700 E. Jefferson St.Ste. 200	No	204	204	0	0	0	\$0.00	\$0.00	\$6,425.00
Maricopa County Office of the Medical Examiner	701 West Jefferson Street	No	108	108	0	0	0	\$0.00	\$0.00	\$3,401.00
Navajo County Public Health Services District	600 North 9th Place, Show Low, AZ, 85901	No	504	504	0	0	0	\$0.00	\$0.00	\$15,848.00
Gila County Health and Community Services	5515 S Apache Ave,Suite 100	No	192	192	0	0	0	\$0.00	\$0.00	\$5,935.00
Rebuild Recovery, Inc REACH Coalition	2806 W Cactus Rd	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
Christ Church of the Valley	1330 South Crismon Road	No	12	12	0	0	0	\$0.00	\$0.00	\$377.00
5 Star Home Care Service	4822 W St. Charles Ave, Laveen, AZ, 85339	No	24	24	0	0	0	\$0.00	\$0.00	\$756.00
Los Angeles Angels Baseball Club	2225 W. Westcourt Way	No	24	24	0	0	0	\$0.00	\$0.00	\$752.00
Cleveland Guardians	2601 South Wood Blvd	No	24	24	0	0	0	\$0.00	\$0.00	\$757.00
Rest Recovery	13651 N 32nd St	No	12	12	0	0	0	\$0.00	\$0.00	\$378.00
Whiteriver Service Unit - Indian Health Service	200 W Hospital Drive	No	96	96	0	0	0	\$0.00	\$0.00	\$2,963.00
Way Out West Coalition	5405 N 99th Ave	No	120	120	0	0	0	\$0.00	\$0.00	\$3,800.00
Milwaukee Brewers Baseball Club	3805 N. 53rd Ave	No	12	12	0	0	0	\$0.00	\$0.00	\$378.00
Reborn Assistance Association	2546 W Orangewood Ave	No	24	24	0	0	0	\$0.00	\$0.00	\$756.00
Banner University - Family Medicine Residency Clin	1300 N. 12th StreetSuite 608	No	84	84	0	0	0	\$0.00	\$0.00	\$2,646.00
Apache County Youth Council	70 W. 3rd St. South	No	504	504	0	0	0	\$0.00	\$0.00	\$15,946.00
Community Bridges Inc	1855 W Baseline RdSuite 101	No	204	204	0	0	0	\$0.00	\$0.00	\$6,411.00
Horizon Health and Wellness	495 N. Pinal Parkway, Suite 106	No	24	24	0	0	0	\$0.00	\$0.00	\$757.00
Pinal County Public Health	36235 N Gantzel Rd	No	1092	1092	0	0	0	\$0.00	\$0.00	\$33,790.00
Pima County Health Department	350 S Toole Ave Warehouse	No	1452	1452	0	0	0	\$0.00	\$0.00	\$45,771.00
Fentanyl Project AZ	1337 S. Gilbert Road#112-113	No	204	204	0	0	0	\$0.00	\$0.00	\$6,407.00
Valle Del Sol Mesa	334 W. 10th place Ste. 100	No	120	120	0	0	0	\$0.00	\$0.00	\$3,769.00
Friendly House Org	723 S. 1st Ave	No	204	204	0	0	0	\$0.00	\$0.00	\$6,425.00
Axiom Community of Recovery	3724 N 3rd StreetSuite 200	No	204	204	0	0	0	\$0.00	\$0.00	\$6,425.00
Circle the City	300 W Clarendon Ave Ste 200	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
Transitional Living Communities, dba TLC Treatment	32 S MacDonald	No	108	108	0	0	0	\$0.00	\$0.00	\$3,392.00
Billy's Way Home	7127 W. Sherri Jean Lane	No	48	48	0	0	0	\$0.00	\$0.00	\$1,520.00
Arizona Diamondbacks	7555 N. Pima Rd	No	12	12	0	0	0	\$0.00	\$0.00	\$376.00
Cornerstone Healing Center	4455 e camelback rdSTE A-110	No	204	204	0	0	0	\$0.00	\$0.00	\$6,425.00
Student Nurses Association of Arizona / Arizona Nu	4650 E Cotton Center BlvdSuite 155	No	84	84	0	0	0	\$0.00	\$0.00	\$2,646.00
Phoenix Rescue Mission	1540 W Van Buren St	No	156	156	0	0	0	\$0.00	\$0.00	\$4,913.00
Aris Foundation	4700 S. Mill Avenue Suite B-6	No	204	204	0	0	0	\$0.00	\$0.00	\$6,395.00
Lost Ones Found	4700 S Mill AveSte B-6	No	204	204	0	0	0	\$0.00	\$0.00	\$6,395.00

Valle Del Sol	1209 S 1st Ave	No	120	120	0	0	0	\$0.00	\$0.00	\$3,779.00
Amazing Grace Christian Church	7310 W Camelback Rd	No	48	48	0	0	0	\$0.00	\$0.00	\$1,520.00
SAN CARLOS APACHE HEALTHCARE CORPORATION	103 MEDICINE WAY ROAD	No	408	408	0	0	0	\$0.00	\$0.00	\$12,613.00
Never Alone Inc	2806 W. Cactus Rd, Phoenix, AZ, 85029	No	108	108	0	0	0	\$0.00	\$0.00	\$3,401.00
BlueCross BlueShield Arizona Health Choice	8220 N 23rd Ave, Phoenix, AZ, 85021	No	24	24	0	0	0	\$0.00	\$0.00	\$756.00
Mercy Center of Arizona	2342 W Peoria Ave Suite 1114	No	108	108	0	0	0	\$0.00	\$0.00	\$3,401.00
White Mountain Apache Tribe Community Health Repre	301 W. Ponderosa	No	48	48	0	0	0	\$0.00	\$0.00	\$1,482.00
AZ Dental Association/ Mayo Clinic	3193 N Drinkwater Blvd	No	408	408	0	0	0	\$0.00	\$0.00	\$12,784.00
Seattle Mariners Peoria Arizona	15707 N 83rd Ave	No	12	12	0	0	0	\$0.00	\$0.00	\$376.00
Center for Health and Recovery	1950 W. Heatherbrae Dr.	No	108	108	0	0	0	\$0.00	\$0.00	\$3,401.00
Tapestry Ministries	2 N Central Ave, Suite 1952	No	48	48	0	0	0	\$0.00	\$0.00	\$1,512.00
Gila County Health Department	5515 S Apache Ave, Suite 100	No	228	228	0	0	0	\$0.00	\$0.00	\$7,048.00
Compassion for Her	150 S 51st St	No	48	48	0	0	0	\$0.00	\$0.00	\$1,512.00
Total			123912	126255	5921	34136	44298	\$163,598.00	\$0.00	\$1,651,181.00

^aOpioid overdose Reversal Kits may include naloxone, nalmefene, and other FDA approved overdose reversal medications approved by the FDA as specified. The range of FDA-approved opioid overdose reversal medications are supported and recommendations are that grantees fully assess specific community characteristics, available resources, and interest in different products and delivery routes, when determining the FDA-approved opioid overdose reversal medications to purchase and distribute. In addition, the use of Block Grant funds for the purchase of syringes for the intramuscular administration of naloxone is considered an allowable expense.

^bDrug checking technologies may include those technologies that are used to check for the presence of if certain chemicals or additives in one's personal supply of drugs. Examples of drug checking technologies includes fentanyl and xylazine test strips, among other drug checking technologies specified in federal guidance.

^cPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 expenditures for the same one-year period. **Note:** COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

^dPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP expenditures for the same one-year period. **Note:** ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

12/1/25: AZ is working to validate expenditures reported by subrecipients for Table 3c risk reduction activities and will request a revision to report actual expenditures and related activities by 1/30/2026. 4/29/26 Actual expenditures & activities updated

C: Expenditure Reports

Table 4 - SUPTRS BG Expenditure Compliance Report

This table provides a description of SUPTRS BG expenditures for authorized activities to prevent and treat SUDs.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Expenditure Category	FFY SUPTRS BG Award
1. Substance Use Disorder Prevention ^a and Treatment	\$35,832,000.00
2. Recovery Support Services ^b	\$0.00
3. Primary Prevention of Substance Use ^c	\$9,719,049.00
4. Early Intervention Services for the Human Immunodeficiency Virus (EIS/HIV) ^d	\$0.00
5. Tuberculosis Services	\$0.00
6. Other Capacity Building/Systems Development ^e	\$0.00
7. Administration ^f	\$2,284,728.00
8. Total^g	\$47,835,777.00

^aPrevention other than primary prevention. The amount reported in this row should reflect those expenditures made for direct services during the expenditure period, and otherwise reported on Table 7. Do not include expenditures made for other capacity building/systems development, those are required to be reported in Row 6 of this table.

^bThis expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting expenditures for RSS, previously reported under Row 1, Substance Use Disorder Prevention and Treatment, in the stand-alone Row 2. States are encouraged to begin reporting these expenditures as early as their 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward. States should use the footnotes to explain any challenges that that contribute to their inability to report RSS expenditures separately.

^cThe amounts reported here should reflect direct delivery of primary prevention to the population and be consistent with the expenditures found on Tables 5a. Do not include expenditures for other capacity building/systems development, those are required to be reported in Row 6 of this table.

^dThe most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG award to establish one or more projects to provide early intervention services for the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

^eOther capacity building/system development expenditures should reflect activities that support treatment, recovery support services, and primary prevention that are otherwise not direct services. The total found here should reflect the sum of expenditures found on Table 6 for treatment, recovery, and primary prevention.

^fPer **45 CFR § 96.135** Restrictions on expenditure of grant, the State involved will not expend more than 5% of the BG to pay the costs of SSA administering the SUPTRS BG.

^gThe total of this table should be consistent the state's Federal Financial Report (FFR) submitted at closeout of the award for which the state is reporting. 0930-0168 Approved: 05/28/2025 Expires: 01/31/2028

Footnotes:

AHCCCS expended \$380,719.48 in SABG Technical Assistance funds and are not reflected in table. The combined Table and TA = \$48,216,496.48

C: Expenditure Reports

Table 5a - Primary Prevention Expenditures by Strategy and Institute of Medicine (IOM) Categories

This table is for the reporting of expenditures on primary prevention activities associated with the SUPTRS BG 2023 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Report Table 5a. Expenditures within each of the six strategies or by Institute of Medicine Model (IOM) classification should be directly associated with the cost of completing the activities or tasks. 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." For detailed instructions, refer to those in the WebBGAS.

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Classification	A. SUPTRS BG ^a	B. Other Federal	C. State	D. Local	E. Other	F. COVID-19 ^b	G. ARP ^c
Information Dissemination	Selective	\$68,884.00						
Information Dissemination	Indicated							
Information Dissemination	Universal	\$3,191,827.00					\$4,443,894.00	
Information Dissemination	Unspecified							
Information Dissemination	Total	\$3,260,711.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,443,894.00	\$0.00
Education	Selective	\$266,633.00					\$107,330.00	\$703,907.00
Education	Indicated	\$169,272.00					\$1,011.00	\$2,153,282,334,479.00
Education	Universal	\$3,401,911.00					\$1,163,804.00	\$2,334,479.00
Education	Unspecified							
Education	Total	\$3,837,816.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,272,145.00	\$2,153,285,372,865.00
Alternatives	Selective	\$171,244.00					\$2,893.00	
Alternatives	Indicated	\$71,405.00						
Alternatives	Universal	\$578,930.00					\$524,370.00	\$16,504.00
Alternatives	Unspecified							
Alternatives	Total	\$821,579.00	\$0.00	\$0.00	\$0.00	\$0.00	\$527,263.00	\$16,504.00
Problem Identification and Referral	Selective	\$41,573.00					\$3,465.00	
Problem Identification and Referral	Indicated	\$11,031.00					\$578.00	
Problem Identification and Referral	Universal	\$31,425.00					\$1,155.00	

Problem Identification and Referral	Unspecified							
Problem Identification and Referral	Total	\$84,029.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,198.00	\$0.00
Community-Based Process	Selective	\$286,013.00						
Community-Based Process	Indicated	\$3,624.00						
Community-Based Process	Universal	\$737,415.00					\$522,807.00	\$31,297.00
Community-Based Process	Unspecified							
Community-Based Process	Total	\$1,027,052.00	\$0.00	\$0.00	\$0.00	\$0.00	\$522,807.00	\$31,297.00
Environmental	Selective							
Environmental	Indicated							
Environmental	Universal	\$44,757.00					\$11,127.00	
Environmental	Unspecified							
Environmental	Total	\$44,757.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,127.00	\$0.00
Section 1926 (Synar)-Tobacco	Selective							
Section 1926 (Synar)-Tobacco	Indicated							
Section 1926 (Synar)-Tobacco	Universal							
Section 1926 (Synar)-Tobacco	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Universal Direct							
Other	Universal Indirect							
Other	Selective	\$96,246.00						\$78,129.00
Other	Indicated	\$546,860.00						
Other	Total	\$643,106.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78,129.00
	Grand Total	\$9,719,050.00					\$6,782,434.00	\$2,153,285,498,795.00

^aThe total SUPTRS BG Award expenditures should equal the amount reported on Table 4, Row 3 and not include any expenditures otherwise spent on other capacity building/systems development.

^bPer the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG COVID-19 expenditures for the same two-year period.
Note: COVID supplemental funds had an original award period from March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds.

Per the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG ARP expenditures for the same two-year period. **Note:** ARP supplemental funds had award period from September 1, 2021 through March 24, 2025.

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Footnotes:

C: Expenditure Reports

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

The state or jurisdiction must complete SUPTRS Report Table 5b if it chooses to report primary prevention of substance use activities utilizing the Institute of Medicine Model (IOM) Model of Universal, Selective, and Indicated in SUPTRS Report Table 5a. Indicate how much funding supported each of the IOM classifications of Universal, Selective, or Indicated.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Strategy	A. SUPTRS BG Award	B. COVID-19 ^a	C. ARP ^b
Universal Direct	\$8,082,510	\$669,797,158	\$2,657,637
Universal Indirect	\$546,860		
Selective	\$834,348	\$113,688	\$703,907
Indicated	\$255,331	\$1,588	\$215,328
Column Total	\$9,719,049	\$669,912,434	\$3,576,872
Total SUPTRS BG Award^c	47835777.00		
Primary Prevention Expenditure Percentage^d	20.32%		

^aPer the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG COVID-19 expenditures for the same two-year period. Note: COVID supplemental funds had an original award period from March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds.

^bPer the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG ARP expenditures for the same two-year period. Note: ARP supplemental funds had award period from September 1, 2021 through March 24, 2025.

^cTotal SUPTRS BG Award is populated from Report Table 4 SUPTRS BG Award Expenditure Compliance Report.

^dThe Primary Prevention Expenditure Percentage is the percentage amount the agency committed to for this reporting period.

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Footnotes:

C: Expenditure Reports

Table 5c - Primary Prevention Priorities

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 SUPTRS BG 2023 Award during the two-year award period. The purpose of the bottom half of the 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: 10/1/2022 Expenditure Period End Date: 9/30/2024

Priority Substances	A. SUPTRS BG	B. COVID-19 ^a	C. ARP ^b
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco/Nicotine-Containing Products	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cannabis/Cannabinoids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fentanyl or Other Synthetic Opioids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priority Populations			
College Age Individuals (ages 18-26)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Older Adults (age 55 and above)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indian/Alaska Native	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Persons Experiencing Homelessness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Pacific Islander	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

^aPer the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG COVID-19 primary prevention priority areas for the same two-year period. **Note:** COVID supplemental funds had an original award period from March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds.

^bPer the instructions, the reporting period is for the SUPTRS BG Award period. Enter SUPTRS BG ARP primary prevention priority areas for the same two-year period. **Note:** ARP supplemental funds had award period from September 1, 2021 through March 24, 2025.

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Footnotes:

C: Expenditure Reports

Table 6 - Other Capacity Building/Systems Development Activities

Expenditures in the following categories of SSA activities and subrecipient activities funded by the SSA through contracts, grants, or agreements with subrecipients. Expenditures should not duplicate any reporting of allocations to subrecipients that are listed in Table 7. Please utilize the following categories to describe the types of expenditures your state supports with Block Grant funds, and if the preponderance of the activity fits within a category. Other capacity building/systems development activities may not be used to meet set-aside requirements for EIS/HIV. For additional definitions and instructions on how to complete this table, please see the 'Instruction' tab above.

Expenditure Period Start Date: 10/01/2022 Expenditure Period End Date: 09/30/2024

Activity	A. SUPTRS BG Prevention ^a & Treatment	B. SUPTRS BG Recovery Support Services ^b	C. SUPTRS BG Primary Prevention ^c
1. Information Systems	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
4. Planning Council Activities	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$0.00	\$0.00
a. Single State Agency (SSA)	\$0.00	\$0.00	\$0.00
b. All other subrecipient contracts	\$0.00	\$0.00	\$0.00
8. Total^d	\$0.00	\$0.00	\$0.00

^aOther than primary prevention.

^bThis expenditure category includes those other capacity building/systems development activities that support recovery support direct service activities outlined under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting expenditures for RSS, previously reported under Column A, 'SUPTRS BG Prevention and Treatment,' in the stand-alone Column B, 'SUPTRS BG Recovery Support Services.' States are encouraged to begin reporting these expenditures as early as their 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward. States should use the footnotes to explain any challenges that contribute to their inability to report RSS expenditures separately.

^cExpenditures for other capacity building/systems development activities related to primary prevention only.

^dThe sum of all three columns should be equal to the amount reported on Table 4, Row 6.

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Footnotes:

Arizona does not allocate nor track expenditures by these categories at this time. Such activities may be captured under other report categories.

C: 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, treatment and recovery support services, as well as intermediaries/administrative service organizations. Table 7 excludes other capacity building/systems development expenditures found on Table 6.

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: 10/01/2022 Expenditure Period End Date: 09/30/2024

	Entity Number	I-TF (formerly I-BHS)	i	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	Source of Funds Substance Use Block Grant							
										A. All SUPTRS BG Funds	B. Prevention ^a and Treatment Services	C. Pregnant Women and Women with Dependent Children ^b	D. Opioid Treatment Programs (OTPs) ^c	E. Office-based opioid treatment (OBOTs) ^d	F. Recovery Support Services ^e	G. Primary Prevention ^f	H. Early Intervention Services for HIV ^g
*	010422	AZ103012	X	So.AZ Counties	Arizona Complete Health-Complete Care Plan	333 E Wetmore	Tucson	AZ	85705	\$757,832.00	\$784,623.00	\$59,098.00	\$58,484.00	\$24,504.00	\$0.00	\$0.00	\$0.00
*	010254	AZ105950	X	Northern AZ Counties	Care1st Health Plan Arizona, Inc	1850 W Rio Salado Parkway	Tempe	AZ	85281	\$652,330.00	\$668,784.00	\$41,366.00	\$27,134.00	\$41,173.00	\$0.00	\$0.00	\$0.00
*	347216	AZ101836	X	Pima	COPE Community Services ,Inc	1501 W Commerce Court	Tucson	AZ	85746	\$358,035.00	\$666,122.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*	334582	AZ100964	X	Pinal County	Gila River Health Care Family Planning	PO BOX 2175	Sacaton	AZ	85147	\$18,688.00	\$37,376.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*	X	X	X	CENTRAL	Mercy Care Admin	4500 E. Cotton Center Blvd.	Phoenix	AZ	85040	\$380,285.00	\$498,903.00	\$261,667.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*	907998	AZ101041	X	Northern AZ Counties	North Country Health Care	2920 N Fourth Street	Flagstaff	AZ	86004	\$189,224.00	\$378,448.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*	X	X	X	Pinal	Southern Arizona Aids Foundation	375 S Euclid Ave	Tucson	AZ	85719	\$42,251.00	\$84,502.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
*	223657	AZ101384	X	Maricopa County	Terros, Inc - Priest Dr	1642 S. Priest Dr.	Phoenix	AZ	85281	\$860,992.00	\$1,715,691.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	X	Cochise County	Amistades, Inc.	5501 N. Oracle Road, Suite 125	Tucson	AZ	85704	\$218,624.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$218,624.00	\$0.00
X	X	X	X	Maricopa County	Area Agency on Aging, Region One - MEBHAC Coalition	1366 E. Thomas Road, Ste 108	Phoenix	AZ	85014	\$123,344.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$123,344.00	\$0.00
X	X	X	X	99	Arizona Department of Liquor Licenses and Control	800 W Washington Street	Phoenix	AZ	85007	\$582,419.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$582,419.00	\$0.00
X	X	X	X	99	Arizona Department of Health Services	150 N 18th Ave	Phoenix	AZ	85007	\$53,889.00	\$53,889.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	X	99	Arizona State University	PO Box 876011	Tempe	AZ	87287-6011	\$198,878.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$198,878.00	\$0.00
X	X	X	X	Tempe, Maricopa County	Arizona State University	PO Box 876011	Tempe	AZ	87287-6011	\$183,740.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$183,740.00	\$0.00
X	X	X	X	Mohave County and Pima County	Arizona Youth Partnership	401 W Vananda	Ajo	AZ	86440	\$105,223.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105,223.00	\$0.00
X	X	X	X	Pima County	Arizona Youth Partnership	7575 W. Twin Peaks Road, Suite 185	Tucson	AZ	85743	\$153,346.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$153,346.00	\$0.00
79958	AZ104742	X	X	Maricopa County	Axiom Care - AJ	150 N Ocotillo Dr Bldg 1	Apache Junction	AZ	85120	\$174,844.00	\$174,844.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
433868	AZ104734	X	X	Maricopa	Axiom Care - Whitton	1106 E Whitton Ave	Phoenix	AZ	85014	\$21,539.00	\$21,539.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
319460	AZ101530	X	X	Maricopa	BAART Behavioral Health Services	908 A West Chandler Blvd.	Chandler	AZ	85225	\$55,574.00	\$55,574.00	\$0.00	\$55,574.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	X	South Yuma County	Campepinos Sin Fronteras - South County Anti-Drug Coalition	663 E Main St. Suite A	Somerton	AZ	85350	\$103,168.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$103,168.00	\$0.00

X	X	X	Pinal County	Casa Grande Alliance, Inc.	280 W. McMurray Boulevard	Casa Grande	AZ	85122	\$201,118.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$201,118.00	\$0.00
366918	AZ901153	X	Maricopa	Center for Behavioral Health Phoenix, Inc.	1501 East Washington Stree	Phoenix	AZ	85034	\$78,920.00	\$78,920.00	\$0.00	\$78,920.00	\$0.00	\$0.00	\$0.00	\$0.00
339855	AZ100871	X	Maricopa	Center for Behavioral Health, Inc.	2123 East Southern Avenue	Tempe	AZ	85282	\$253,570.00	\$253,570.00	\$0.00	\$253,570.00	\$0.00	\$0.00	\$0.00	\$0.00
925422	AZ102144	X	Maricopa County	Centered Spirit Maricopa	9405 S. Avenida Del Yaqui	Guadalupe	AZ	85283	\$236,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$236,000.00	\$0.00
318067	AZ101317	X	Navajo	ChangePoint Integrated Health	2500 E Show Low Lake Road	Show Low	AZ	85901	\$33,048.00	\$33,048.00	\$6,457.00	\$0.00	\$830.00	\$0.00	\$0.00	\$0.00
991977	AZ105631	X	Navajo	ChangePoint Integrated Health	1920 W Commerce Drive	Lakeside	AZ	85929	\$47,638.00	\$47,638.00	\$11,260.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AZ101093	AZ101093	X	Maricopa County	Chicanos Por La Causa - Corazon	3639 W Lincoln	Phoenix	AZ	85009	\$70,190.00	\$70,190.00	\$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	\$126,411.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126,411.00	\$0.00
X	X	X	Maricopa County	Chicanos Por La Causa, Inc.	1112 E. Buckeye Rd.	Phoenix	AZ	85034	\$143,253.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$143,253.00	\$0.00
X	X	X	Statewide - Emphasis on Cochise, La Paz, Maricopa,	Child & Family Resources, Inc.	2800 E. Broadway Blvd	Tucson	AZ	85716	\$239,376.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$239,376.00	\$0.00
X	X	X	South Tucson	Child and Family Resources - Liberty Partnership Kino Neighborhoods Council	2800 E. Broadway Blvd.	Tucson	AZ	85716	\$102,774.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$102,774.00	\$0.00
X	X	X	Maricopa County	Child Crisis Arizona	424 Rio Salado Rkwy	Mesa	AZ	85201	\$78,226.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78,226.00	\$0.00
X	X	X	Cochise County	Cochise Harm Reduction	PO Box 920	Bisbee	AZ	85603	\$52,500.00	\$52,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	Coconino County	Coconino County	219 E. Cherry Avenue	Flagstaff	AZ	86001	\$139,278.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$139,278.00	\$0.00
035468	AZ103168	X	Pima	CODAC Health Recovery and Wellness	1600 N Country Club Rd	Tucson	AZ	85716	\$3,046.00	\$3,046.00	\$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	\$20,533.00	\$20,533.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
185821	AZ101114	X	Pima	CODAC Health Recovery and Wellness	1075 E Fort Lowell Rd	Tucson	AZ	85719	\$18,787.00	\$18,787.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
331673	AZ103152	X	Pima	CODAC Health Recovery and Wellness	380 E Fort Lowell Rd	Tucson	AZ	85705	\$540,473.00	\$540,473.00	\$49,799.00	\$371,378.00	\$0.00	\$0.00	\$0.00	\$0.00
090458	AZ102793	X	Yuma	Colorado River Behavioral Health System	1340 S 4th Avenue	Yuma	AZ	85364	\$188,079.00	\$188,079.00	\$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	\$122,716.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122,716.00	\$0.00
206501	AZ101834	X	Yuma	Community Bridges, Inc	3250 E 40th Street	Yuma	AZ	85365	\$143,851.00	\$143,851.00	\$0.00	\$95,590.00	\$0.00	\$0.00	\$0.00	\$0.00
488183	AZ103193	X	Yuma	Community Bridges, Inc	3250 E 40th Street	Yuma	AZ	85365	\$163,370.00	\$163,370.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
126594	AZ106103	X	Yuma	Community Bridges, Inc	3180 E 40th Street	Yuma	AZ	85365	\$25,157.00	\$25,157.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
235872	AZ103200	X	Pima	Community Bridges, Inc	250 S Toole Avenue	Tucson	AZ	85701	\$495,097.00	\$495,097.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
238225	AZ103204	X	Pima	Community Bridges, Inc	250 S Toole Avenue	Tucson	AZ	85701	\$301,655.00	\$301,655.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
242445	AZ103202	X	Pima	Community Bridges, Inc	250 S Toole Avenue	Tucson	AZ	85701	\$78,345.00	\$78,345.00	\$0.00	\$0.00	\$78,345.00	\$0.00	\$0.00	\$0.00
434281	AZ104206	X	Pima	Community Bridges, Inc	250 S Toole Avenue	Tucson	AZ	85701	\$112,035.00	\$112,035.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
164588	AZ102120	X	Pima	Community Bridges, Inc	2950 N Dodge Boulevard	Tucson	AZ	85716	\$565,335.00	\$565,335.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	252714	AZ101829	X	Apache	Community Bridges, Inc	803 West Main Street Suite C	Payson	AZ	85541	\$37,618.00	\$37,618.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	149405	AZ102754	X	Coconino	Community Bridges, Inc	170 North Main Street	Fredonia	AZ	86022	\$35,796.00	\$35,796.00	\$5,440.00	\$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	\$194,706.00	\$194,706.00	\$31,446.00	\$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	\$12,241.00	\$12,241.00	\$2,142.00	\$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	\$5,266.00	\$5,266.00	\$1,708.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	023659	AZ100518	X	Navajo	Community Bridges, Inc	993 Hermosa Drive	Holbrook	AZ	86025	\$147,378.00	\$147,378.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	333246	AZ101832	X	Navajo	Community Bridges, Inc	110 E 2nd Street	Winslow	AZ	86047	\$202,116.00	\$202,116.00	\$28,266.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	422788	AZ101833	X	Navajo	Community Bridges, Inc	105 N Cottonwood Avenue	Winslow	AZ	86047	\$50,504.00	\$50,504.00	\$2,449.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	237236	AZ104210	X	Cochise	Community Bridges, Inc	240 O'Hara Avenue	Bisbee	AZ	85603	\$25,530.00	\$25,530.00	\$9,739.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	093075	AZ106092	X	Cochise	Community Bridges, Inc	470 S Ocotillo Avenue	Benson	AZ	85602	\$231,825.00	\$231,825.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	657478	AZ100514	X	Cochise	Community Bridges, Inc	470 S Ocotillo Avenue	Benson	AZ	85602	\$10,305.00	\$10,305.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	438223	AZ101828	X	Gila	Community Bridges, Inc	5734 E Hope Lane	Globe	AZ	85501	\$5,783.00	\$5,783.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	378626	AZ101827	X	Gila	Community Bridges, Inc	5734 East Hope Lane Suite 2	Globe	AZ	85501	\$47,881.00	\$47,881.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	438223	AZ101828	X	Gila	Community Bridges, Inc.	5734 Hope Ln.	Globe	AZ	85501	\$15,687.00	\$15,687.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	252714	AZ101829	X	Gila	Community Bridges, Inc.	803 W. Main St.	Payson	AZ	85541	\$28,522.00	\$28,522.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	424605	AZ104202	X	Maricopa	Community Bridges, Inc.	460 N. Mesa Dr.	Mesa	AZ	85201	\$11,979.00	\$11,979.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	213286	AZ104216	X	Maricopa	Community Bridges, Inc.	2770 E. Van Buren St.	Phoenix	AZ	85008	\$179,354.00	\$179,354.00	\$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	\$69,286.00	\$69,286.00	\$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	\$191,196.00	\$191,196.00	\$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	\$142,624.00	\$142,624.00	\$87,040.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	385867	AZ105409	X	Maricopa	Community Bridges, Inc.	560 S. Bellview	Mesa	AZ	85204	\$32,983.00	\$32,983.00	\$0.00	\$32,983.00	\$0.00	\$0.00	\$0.00	\$0.00
	210846	AZ100513	X	Maricopa	Community Bridges, Inc.	1012 S. Stapley Dr. Bldg. 5	Mesa	AZ	85204	\$1,671.00	\$1,671.00	\$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	\$59,811.00	\$59,811.00	\$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	\$18,231.00	\$18,231.00	\$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	\$15,818.00	\$15,818.00	\$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	\$44,375.00	\$44,375.00	\$0.00	\$44,375.00	\$0.00	\$0.00	\$0.00	\$0.00
	419223	AZ104199	X	Maricopa	Community Bridges, Inc.	675 E. Cottonwood Ln	Phoenix	AZ	85048	\$35,676.00	\$35,676.00	\$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	\$258,640.00	\$258,640.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	X	Mariocpa County	Community Bridges, Inc.	1855 W. Baseline Rd., Suite 101	Mesa	AZ	85202	\$210,458.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$210,458.00
	533574	AZ105146	X	Pinal	Community Health Associates	1667 N Trekell Rd Ste 101 & 102	Casa Grande	AZ	85122	\$25,340.00	\$25,340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	838391	AZ100594	X	Yuma	Community Intervention Associates, Inc	2851 S Ave B Bldg 4	Yuma	AZ	85364	\$445,121.00	\$445,121.00	\$49,357.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	506278	AZ103868	X	Mohave	Community Medical Services	329 S Lake Havasu Ave	Lake Havasu City	AZ	86403	\$16,189.00	\$16,189.00	\$2,933.00	\$8,233.00	\$0.00	\$0.00	\$0.00	\$0.00	
	532113	AZ104009	X	Mohave	Community Medical Services	1115 Stockton Hill Suite 102, 103, 104	Kingman	AZ	86401	\$14,430.00	\$14,430.00	\$2,981.00	\$8,105.00	\$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	\$8,340.00	\$8,340.00	\$0.00	\$5,809.00	\$0.00	\$0.00	\$0.00	\$0.00	
	560149	AZ104443	X	Navajo	Community Medical Services	1500 East Woolford Rd Suite 101	Show Low	AZ	85901	\$2,795.00	\$2,795.00	\$0.00	\$1,595.00	\$0.00	\$0.00	\$0.00	\$0.00	
	590019	AZ101028	X	Maricopa County	Community Medical Services	2301 W. Northern Ave.	Phoenix	AZ	85021	\$2,145,989.00	\$2,145,989.00	\$0.00	\$2,145,989.00	\$0.00	\$0.00	\$0.00	\$0.00	
	478012	AZ103683	X	Cochise	Community Medical Services, LLC	302 S El Camino Real, Bldg 10, Suite C	Sierra Vista	AZ	85635	\$4,071.00	\$4,071.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	560277	AZ104255	X	Yuma	Community Medical Services, LLC	501 W 8th Street	Yuma	AZ	85364	\$16,579.00	\$16,579.00	\$0.00	\$11,138.00	\$0.00	\$0.00	\$0.00	\$0.00	
	089249	AZ104793	X	Pima	Community Medical Services, LLC	6626 E Carondelet Drive	Tucson	AZ	85710	\$1,856.00	\$1,856.00	\$0.00	\$1,531.00	\$0.00	\$0.00	\$0.00	\$0.00	
	296965	AZ103426	X	Pima	Community Medical Services, LLC	2001 W Orange Grove Road Suite #202	Tucson	AZ	85704	\$14,846.00	\$14,846.00	\$0.00	\$9,296.00	\$0.00	\$0.00	\$0.00	\$0.00	
	423879	AZ103649	X	Pima	Community Medical Services, LLC	6802 E Broadway Blvd	Tucson	AZ	85710	\$14,461.00	\$14,461.00	\$0.00	\$8,424.00	\$0.00	\$0.00	\$0.00	\$0.00	
	997106	AZ104456	X	Pima	Community Medical Services, LLC	3720 S Park Avenue Suite 601-604	Tucson	AZ	85713	\$15,637.00	\$15,637.00	\$0.00	\$10,524.00	\$0.00	\$0.00	\$0.00	\$0.00	
	004780	AZ102872	X	Pima	Community Partners Integrated Healthcare	5055 E Broadway Blvd Suite A200	Tucson	AZ	85711	\$11,563.00	\$11,563.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	123441	AZ106127	X	Pima	Community Partners Integrated Healthcare	5056 E Broadway Blvd Suite B100	Tucson	AZ	85711	\$6,267.00	\$6,267.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	178248	AZ102871	X	Pima	Community Partners Integrated Healthcare	2502 N Dodge Blvd Suite 190	Tucson	AZ	85716	\$1,829.00	\$1,829.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	231825	AZ102870	X	Pima	Community Partners Integrated Healthcare	3939 S Park Avenue Suite 150	Tucson	AZ	85714	\$19,186.00	\$19,186.00	\$0.00	\$0.00	\$8,547.00	\$0.00	\$0.00	\$0.00	
	554498	AZ103273	X	Pima	Community Partners Integrated Healthcare	1021 E Palmdale Suite 130	Tucson	AZ	85714	\$53,228.00	\$53,228.00	\$0.00	\$22,451.00	\$0.00	\$0.00	\$0.00	\$0.00	
	231843	AZ101843	X	Yuma	Community Partners Integrated Healthcare	2545 S Arizona Avenue Bldg A-D	Yuma	AZ	85364	\$10,462.00	\$10,462.00	\$0.00	\$0.00	\$5,952.00	\$0.00	\$0.00	\$0.00	
	231924	AZ102728	X	Cochise	Community Partners Integrated Healthcare	2039 E Wilcox Drive Suites A & B	Sierra Vista	AZ	85635	\$60,863.00	\$60,863.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	232022	AZ102733	X	Cochise	Community Partners Integrated Healthcare	500 S Highway 80 Suite A	Benson	AZ	85602	\$18,212.00	\$18,212.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	325286	AZ103261	X	Cochise	Community Partners Integrated Healthcare	2273 E Wilcox Drive	Sierra Vista	AZ	85635	\$3,858.00	\$3,858.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	232459	AZ102730	X	Graham	Community Partners Integrated Healthcare	301 E 4th St Suite A & B	Safford	AZ	85546	\$16,544.00	\$16,544.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	231888	AZ103261	X	Maricopa County	Community Partners Integrated Healthcare	1515 E Osborn Rd	Phoenix	AZ	85014	\$43,711.00	\$43,711.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X	X	X	Santa Cruz County	Constructing Circles of Peace	155 N. Morley Avenue	Nogales	AZ	85621	\$31,406.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,406.00	\$0.00

031601	AZ105524	X	Pima	COPE Community Services ,Inc	5401 E 5th Street	Tucson	AZ	85711	\$110,069.00	\$110,069.00	\$10,112.00	\$49,540.00	\$0.00	\$0.00	\$0.00	\$0.00
108742	AZ101837	X	Pima	COPE Community Services ,Inc	1660 West Commerce Point Place	Green Valley	AZ	85614	\$9,752.00	\$9,752.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
112684	AZ103243	X	Pima	COPE Community Services ,Inc	5840 N La Cholla Blvd	Tucson	AZ	85741	\$21,686.00	\$21,686.00	\$1,705.00	\$7,156.00	\$0.00	\$0.00	\$0.00	\$0.00
122243	AZ105070	X	Pima	COPE Community Services ,Inc	3138 E Prince Rd	Tucson	AZ	85716	\$6,186.00	\$6,186.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
298346	AZ103241	X	Pima	COPE Community Services ,Inc	924 N Alvernon Way	Tucson	AZ	85712	\$26,140.00	\$26,140.00	\$0.00	\$0.00	\$11,557.00	\$0.00	\$0.00	\$0.00
408949	AZ104660	X	Pima	COPE Community Services ,Inc	535 E Drachman St	Tucson	AZ	85705	\$1,560.00	\$1,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
556649	AZ104662	X	Pima	COPE Community Services ,Inc	3332 N Los Altos Avenue	Tucson	AZ	85705	\$39,806.00	\$39,806.00	\$454.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
918854	AZ100740	X	Pima	COPE Community Services ,Inc	8050 E Lakeside Pkwy	Tucson	AZ	85730	\$10,338.00	\$10,338.00	\$0.00	\$0.00	\$4,105.00	\$0.00	\$0.00	\$0.00
921819	AZ103239	X	Pima	COPE Community Services ,Inc	2435 N Castro Avenue	Tucson	AZ	85705	\$2,627.00	\$2,627.00	\$0.00	\$0.00	\$1,600.00	\$0.00	\$0.00	\$0.00
927130	AZ100912	X	Pima	COPE Community Services ,Inc	620 N Craycroft Rd	Tucson	AZ	85711	\$8,841.00	\$8,841.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
716251	AZ102108	X	Pinal	Corazon INC	900 E Florence Blvd Ste G	Casa Grande	AZ	85122	\$61,576.00	\$61,576.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	Yavapai County; Cottonwood-Oak Creek	Cottonwood Oak Creek School District	1 North Willard Street	Cottonwood	AZ	86326	\$10,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,900.00	\$0.00
112219	AZ103000, AZ301719	X	Maricopa County	CPLC: CENTRO DE LA FAMILIA	6850 W. Indian School RD	Phoenix	AZ	85033	\$105,285.00	\$105,285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
612433	AZ103164	X	Yuma	Crossroads Mission	944 S Arizona Avenue	Yuma	AZ	85364	\$117,713.00	\$117,713.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
704719	AZ103151	X	Yuma	Crossroads Mission	944 S Arizona Avenue	Yuma	AZ	85364	\$99,906.00	\$99,906.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1255851994	AZ103906	X	Maricopa County	Crossroads, Inc.	1700 E. Thomas Rd	Phoenix	AZ	85016	\$4,628,990.00	\$4,628,990.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
319790	AZ750154	X	Maricopa	Ebony House, Inc	6222 S. 13th St.	Phoenix	AZ	85042	\$37,520.00	\$37,520.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
274629	AZ103994	X	Maricopa	Ebony House, Inc	6218 S. 13th St.	Phoenix	AZ	85042	\$61,216.00	\$61,216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
845604	AZ100878	X	Pinal	Ebony House, Inc	8646 S. 14th St.	Phoenix	AZ	85042	\$195,633.00	\$195,633.00	\$158,113.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
274629	AZ103994	X	Pinal	Ebony House, Inc	6222 S. 13th St. Building Y	Phoenix	AZ	85042	\$61,216.00	\$61,216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
756486	BH 4062	X	Maricopa County	EMPACT - Suicide Prevention Center	618 S Madison Dr	Tempe	AZ	85281	\$221,852.00	\$221,852.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	Maricopa County	Family Involvement Center	5333 N 7th Street, Suite A-100	Phoenix	AZ	85014	\$17,258.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,258.00	\$0.00
X	X	X	Navajo County	Friends of Navajo County Anti-Drug Coalition DBA Nexus Coalition for Drug Prevention	P.O. Box 1596	Pinetop	AZ	85935	\$163,324.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$163,324.00	\$0.00
346214	AZ101722	X	Pinal County	Gila River Health Care BHS	483 W Seed Farm Rd	Sacaton	AZ	85147	\$351,463.00	\$189,115.00	\$4,193.00	\$0.00	\$0.00	\$0.00	\$162,348.00	\$0.00
467033	AZ101037	X	Maricopa County	Gila River Health Care RTH	3042 W Queen Creek Road	Chandler	AZ	85286	\$3,496.00	\$3,496.00	\$292.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
589093	Pending	X	Maricopa County	Gila River Health Care Thwajik Ki	3850 N. 16th Street	Laveen	AZ	85339	\$41,701.00	\$41,701.00	\$191.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

X	X	X	99	Governor's Office of Youth Faith and Family	1700 W. Washington Street	Phoenix	AZ	85007	\$306,699.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$306,699.00	\$0.00
X	X	X	Graham County	Graham County Substance Abuse Coalition	7749 US Highway 191	Safford	AZ	85546	\$14,479.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,479.00	\$0.00
X	X	X	Greenlee County	Graham County Substance Abuse Coalition	640 W 1st St.	Safford	AZ	85546	\$121,505.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$121,505.00	\$0.00
49454	AZ101861	X	Pinal	Helping Associates	1901 N Trezell Rd	Casa Grande	AZ	85122	\$92,490.00	\$92,490.00	\$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	\$147,402.00	\$147,402.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
006758	AZ103086	X	Yuma	Hope, Inc	791 S 4th Ave Suite A	Yuma	AZ	85364	\$1,565.00	\$1,565.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
003240	AZ104597	X	Santa Cruz	Hope, Inc	1891 N Mastick Way	Nogales	AZ	85621	\$3,904.00	\$3,904.00	\$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	\$6,735.00	\$6,735.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
003234	AZ104599	X	Cochise	Hope, Inc	1201 E Fry Blvd	Sierra Vista	AZ	85635	\$3,665.00	\$3,665.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
593908	AZ102128	X	Maricopa County	Horizon Health and Wellness INC	625 N. Plaze Drive	Apache Junction	AZ	85120	\$303,012.00	\$303,012.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
198509	AZ103129	X	Pima	Horizon Health and Wellness, Inc	5055 E Broadway Blvd Suite C-104	Tucson	AZ	85634	\$23,796.00	\$23,796.00	\$0.00	\$20,954.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X	X	Maricopa County	Hushabye Nursery	2473 S. Higley Road, Suite 104, PMB 240	Gilbert	AZ	85295	\$11,482.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,482.00	\$0.00
83408	AZ104677	X	Maricopa	Hushabye Nursery	3003 E McDowell Rd	Phoenix	AZ	85008	\$155,206.00	\$155,206.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1508942723	AZ101044	X	Maricopa County	Intensive Treatment Systems Main	651 W Coolidge Street	Phoenix	AZ	85013	\$211,437.00	\$211,437.00	\$0.00	\$211,437.00	\$0.00	\$0.00	\$0.00	\$0.00
1811073059	AZ101490	X	Maricopa County	Intensive Treatment Systems North	19401 N Cave Creek Rd #18	Phoenix	AZ	85024	\$422,873.00	\$422,873.00	\$0.00	\$422,873.00	\$0.00	\$0.00	\$0.00	\$0.00
1174183743	AZ103862	X	Maricopa County	Intensive Treatment Systems San Tan	36375 N Gantzel Rd #101	San Tan Valley	AZ	85140	\$305,984.00	\$305,984.00	\$0.00	\$305,984.00	\$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	\$422,873.00	\$422,873.00	\$0.00	\$422,873.00	\$0.00	\$0.00	\$0.00	\$0.00
120484	AZ105447	X	Pima	Intermountain Centers for Human Development, Inc	2502 N Dodge Blvd Suite 160	Tucson	AZ	85716	\$5,573.00	\$5,573.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
213373	AZ104819	X	Pima	Intermountain Centers for Human Development, Inc	2502 N Dodge Suite 190A	Tucson	AZ	85716	\$3,645.00	\$3,645.00	\$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 Suite 403-409	Sells	AZ	85634	\$5,305.00	\$5,305.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
198509	AZ103129	X	Pima	Intermountain Health Centers Az	5055 E Broadway Blvd Suite C-104	Tucson	AZ	85711	\$12,261.00	\$12,261.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
333689	AZ105445	X	Pima	Intermountain Health Centers Az	272 W Viewpoint Drive	Nogales	AZ	85621	\$1,835.00	\$1,835.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
810459	AZ101534	X	Maricopa	Jewish Family & Children's Service	3001 N. 33rd Ave.	Phoenix	AZ	85017	\$1,423.00	\$1,423.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
584965	AZ100507	X	Maricopa	Jewish Family & Children's Service	1840 N. 99th Ave. Ste 146	Phoenix	AZ	85037	\$794.00	\$794.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7486	AZ100726	X	Maricopa	Jewish Family & Children's Service	5701 W. Talavi Blvd. Ste. 180	Glendale	AZ	85306	\$1,692.00	\$1,692.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Jewish Family &	1255 W.											

	810095	AZ100374	X	Maricopa	Children's Service	Baseline Rd. Ste B258	Mesa	AZ	85202	\$1,114.00	\$1,114.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Maricopa County	Kathleen Stanton, Consultant	5342 N 3rd Ave	Phoenix	AZ	85013	\$15,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00
X	X		X	Pima County	La Frontera - Refugee and Immigrant Services Provider Network	504 W. 29th Street	Tucson	AZ	85713	\$88,319.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88,319.00	\$0.00
	057464	AZ102194	X	Pima	La Frontera Center, Inc	10841 N Thornydale Rd	Tucson	AZ	85742	\$18,349.00	\$18,349.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	057533	AZ105249	X	Pima	La Frontera Center, Inc	1210 E Pennsylvania	Tucson	AZ	85714	\$2,472.00	\$2,472.00	\$0.00	\$0.00	\$1,624.00	\$0.00	\$0.00	\$0.00
	057837	AZ103099	X	Pima	La Frontera Center, Inc	1900 W Speedway	Tucson	AZ	85745	\$251,425.00	\$251,425.00	\$14,273.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	068233	AZ100921	X	Pima	La Frontera Center, Inc	4891 E Grant Road	Tucson	AZ	85712	\$79,112.00	\$79,112.00	\$5,305.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	603843	AZ750550	X	Pima	La Frontera Center, Inc	502 W 29th Street	Tucson	AZ	85713	\$197,674.00	\$197,674.00	\$0.00	\$0.00	\$163,689.00	\$0.00	\$0.00	\$0.00
	603856	AZ106117	X	Pima	La Frontera Center, Inc	1135 N Jone Blvd	Tucson	AZ	85705	\$5,831.00	\$5,831.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	603898	AZ100152	X	Pima	La Frontera Center, Inc	260 S Scott Avenue	Tucson	AZ	85701	\$113,752.00	\$113,752.00	\$0.00	\$64,563.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Pima County	La Frontera Center, Inc.	504 W 29th St	Tucson	AZ	85746	\$100,959.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,959.00	\$0.00
X	X		X	Pima County	Liberty Partnershp Community Council dba LPKNC	7658 S. Bosworth Field	Tucson	AZ	85746	\$125,817.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125,817.00	\$0.00
	617183	AZ102825	X	Maricopa	Lifewell Behavioral Wellness - LWC Beryl	2505 W. Beryl Ave.	Phoenix	AZ	85021	\$118,764.00	\$118,764.00	\$44,828.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	617175	AZ101866	X	Maricopa	Lifewell Behavioral Wellness - LWC Mitchell	40 E. Mitchell Dr.	Phoenix	AZ	85012	\$602,180.00	\$602,180.00	\$227,295.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	762746	AZ100232	X	Maricopa.Pinal.Gila	Lifewell Behavioral Wellness - LWC Power	6915 E. Main St.	Mesa	AZ	85201	\$354,795.00	\$354,795.00	\$215,114.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	617167	AZ100239	X	Maricopa County	Lifewell Behavioral Wellness - LWC University	262 E. University Dr.	Mesa	AZ	85201	\$210,440.00	\$210,440.00	\$127,591.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56962	AZ102764	X	Maricopa County	Lifewell Behavioral Wellness - Site 1	3301 E. Pinchot Ave	Phoenix	AZ	85018	\$418,904.00	\$418,904.00	\$253,984.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	003442	AZ300133	X	Apache	Little Colorado Behavioral Health	470 W Cleveland	St. John's	AZ	85936	\$5,811.00	\$5,811.00	\$0.00	\$0.00	\$3,852.00	\$0.00	\$0.00	\$0.00
	007519	AZ100665	X	Apache	Little Colorado Behavioral Health	50 N Hopi Drive	Springerville	AZ	85938	\$10,992.00	\$10,992.00	\$2,250.00	\$0.00	\$3,812.00	\$0.00	\$0.00	\$0.00
X	X		X	Maricopa County	Live and Learn	326 E Coronado Street, Suite 201	Phoenix	AZ	85004	\$66,625.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$66,625.00	\$0.00
X	X		X	Maricopa County	Maggie's Place, Inc	4001 N. 30th St.	Phoenix	AZ	85016	\$166,276.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$166,276.00	\$0.00
X	X		X	Pinal County; Maricopa, AZ	Maricopa CAASA dba Be Awesome, Inc.	18150 N Alterra Pkwy	Maricopa	AZ	85139	\$21,771.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,771.00	\$0.00
X	X		X	Pinal	Maricopa Community Alliance Against Substance Abuse - Be Awesome Inc.	18150 N. Altera Parkway	Maricopa	AZ	85139	\$125,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125,000.00	\$0.00
X	X		X	Yavapai County	MATFORCE	8056 East Valley Road, Suite B	Prescott Valley	AZ	86314	\$189,223.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$189,223.00	\$0.00
X	X		X	Yavapai County	MATFORCE - MATFORCE	8056 E. Valley Rd., Suite B	Prescott Valley	AZ	86314	\$125,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125,000.00	\$0.00
X	X		X	Maricopa County	Mindfulness First	P.O. Box 26045	Scottsdale	AZ	85255	\$195,842.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195,842.00	\$0.00

	116667	AZ101040	X	Mohave	Mohave Mental Health Clinic	1145 Marina Boulevard	Bullhead City	AZ	86442	\$125,600.00	\$125,600.00	\$27,588.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	117136	AZ300174	X	Mohave	Mohave Mental Health Clinic	3505 Western Ave	Kingman	AZ	86409	\$139,195.00	\$139,195.00	\$34,875.00	\$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	\$79,958.00	\$79,958.00	\$18,066.00	\$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	\$18,805.00	\$18,805.00	\$5,977.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	515719	AZ100619	X	Mohave	Mohave Mental Health Clinic	2580 Hwy 95 Suite 208, 209, 210	Bullhead City	AZ	86442	\$5,558.00	\$5,558.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	589848	AZ100944	X	Mohave	Mohave Mental Health Clinic	1741 Sycamore Ave	Kingman	AZ	86409	\$102,934.00	\$102,934.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	690405	AZ100945	X	Mohave	Mohave Mental Health Clinic	915 Airway Ave Suite A	Kingman	AZ	86409	\$8,555.00	\$8,555.00	\$2,065.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	GuVo District, Tohono O'odham Nation	Native American Advancement Foundation - Healthy People Coalition	Hwy 86, Federal Route 1 Mile Post 19	GuVo, Sells	AZ	85634	\$121,622.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$121,622.00	\$0.00
	151346	AZ750162	X	Maricopa County	Native American Connections	4520 N. Central Ave - Suite 100	Phoenix	AZ	85012	\$84,802.00	\$84,802.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	424472	AZ750162	X	Maricopa County	Native American Connections	4520 N. Central Ave, Suite 120	Phoenix	AZ	85012	\$13,076.00	\$13,076.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	590001	AZ750535	X	Maricopa County	NCADD	4201 n. 16th street suite 140	Phoenix	AZ	85016	\$923,161.00	\$923,161.00	\$864,669.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Maricopa County	Neighborhood Ministries	1918 W. Van Buren Street	Phoenix	AZ	85009	\$226,703.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$226,703.00	\$0.00
	893554	AZ101283	X	Maricopa County	New Hope Behavioral Health Centers	215 S Power Rd Suite 114	Mesa	AZ	85208	\$482,617.00	\$482,617.00	\$0.00	\$482,617.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Maricopa County	New Pathways for Youth, Inc.	901 E Jefferson St	Phoenix	AZ	85034	\$161,121.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$161,121.00	\$0.00
X	X		X	Flagstaff	Northern Arizona University	S. San Francisco St.	Flagstaff	AZ	86011	\$185,147.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$185,147.00	\$0.00
X	X		X	Maricopa County	NotMYkid, Inc.	5230 E. Shea Blvd, Suite 100	Scottsdale	AZ	85254	\$218,436.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$218,436.00	\$0.00
	349127	AZ101835	X	Maricopa County	Open Hearts	4414 N. 19th Ave	Phoenix	AZ	85015	\$19,728.00	\$19,728.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Maricopa County	Oxford House	1010 Wayne Avenue	Silver Spring	AZ	20910	\$446,048.00	\$446,048.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MD102562	X	X	So.AZ Counties	Oxford House Inc	1010 Wayne Avenue Ste 300	Silver Spring	AZ	20910	\$233,467.00	\$233,467.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	MD102652	MD102652	X	Northern AZ Counties	Oxford House, Inc	1010 Wayne Ave Suite 300	Silver Spring	AZ	20910	\$239,990.00	\$239,990.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	La Paz County	Parker Area Alliance for Community Empowerment - PAACE Coalition	1309 9th Street	Parker	AZ	85344	\$112,194.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$112,194.00	\$0.00
	218075	AZ101774	X	Pima County	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
	86-0921395	X	X	99	PAXIS Institute Inc	P.O.Box 31205	Tucson	AZ	85750	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00	\$0.00
X		AZ104237	X	Maricopa County	Phoenix Indian Center - Urban Indian Coalition of Arizona	4520 N. Central Ave., # 250	Phoenix	AZ	85012	\$115,587.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$115,587.00	\$0.00
X	X		X	Maricopa County	Phoenix Indian Center, Inc.	4520 N. Central Avenue, Suite 250	Phoenix	AZ	85012	\$31,489.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,489.00	\$0.00
X	X		X	Pima County	Pima County Health Department	3950 S. Country Club Road, Suite 100	Tucson	AZ	85714	\$43,707.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,707.00	\$0.00
X	X		X	Pima County	Pima Prevention Partnership	1477 W. Commerce Court	Tucson	AZ	85746	\$179,159.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$179,159.00	\$0.00
						1667 N											

	140216	AZ105615	X	Pinal	Pinal Hispanic	Trekell Rd Ste 101	Casa Grande	AZ	85122	\$53,847.00	\$53,847.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	598482	AZ105455	X	Santa Cruz	Pinal Hispanic Council	1940 11th Street	Douglas	AZ	85607	\$4,809.00	\$4,809.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	915838	AZ105457	X	Santa Cruz	Pinal Hispanic Council	1930 11th Street	Douglas	AZ	85607	\$3,742.00	\$3,742.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Pinal County	Pinal Hispanic Council	107 E. 4th Street	Eloy	AZ	85131	\$126,673.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126,673.00	\$0.00
	688903	X	X	Eloy, Pinal County	Pinal Hispanic Council - Eloy Governor's Alliance Against Drug Coalition	107 E 4TH ST	ELOY	AZ	85131	\$54,960.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,960.00	\$0.00
X	X		X	Pima County	Portable Practical Educational Preparation, Inc.	802 East 46th Street	Tucson	AZ	85713	\$20,810.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,810.00	\$0.00
X	X		X	Maricopa County	Scottsdale Unified School District	8500 E Jackrabbit Rd	Scottsdale	AZ	85250	\$171,229.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$171,229.00	\$0.00
	277449	AZ103253	X	Cochise County	SEABHS - Douglas Coalition	936 F. Ave	Douglas	AZ	85607	\$125,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125,000.00	\$0.00
	407398	AZ103544	X	99	Sonoran Prevention Works	2211 S 48th St Ste B	Tempe	AZ	85282	\$1,611,562.00	\$1,611,562.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	082893	AZ104907	X	Cochise	Southeastern Az Behavioral Health Services	404 W Rex Allen Dr	Willcox	AZ	85643	\$2,893.00	\$2,893.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	140626	AZ105638	X	Cochise	Southeastern Az Behavioral Health Services	4721 Campus Dr	Sierra Vista	AZ	85635	\$3,984.00	\$3,984.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	336159	AZ104881	X	Cochise	Southeastern Az Behavioral Health Services	4755 Campus Dr	Sierra Vista	AZ	85635	\$34,683.00	\$34,683.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	559042	AZ100848	X	Cochise	Southeastern Az Behavioral Health Services	611 W Union St	Benson	AZ	85602	\$9,462.00	\$9,462.00	\$128.00	\$0.00	\$6,372.00	\$0.00	\$0.00	\$0.00
	895659	AZ901070	X	Graham	Southeastern Az Behavioral Health Services	1615 S 1st Avenue	Safford	AZ	85546	\$17,824.00	\$17,824.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Pima County	Southern Arizona AIDS Foundation	375 S Euclid Ave	Tucson	AZ	85719	\$70,292.00	\$70,292.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X		AZ100992	X	Pima County	Southern Arizona AIDS Foundation - Youth Empowerment and LGBTQ Leadership	526 N. 4th Ave.	Tucson	AZ	85705	\$116,792.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$116,792.00	\$0.00
X	X		X	Cochise, Graham, Greenlee, Pima and Santa Cruz	Southern Arizona Children's Advocacy Center	2329 E Ajo Way	Tucson	AZ	85713	\$201,068.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$201,068.00	\$0.00
X	X		X	Maricopa County	Southwest Behavioral Health Services	3450 N. 3rd Street	Phoenix	AZ	85040	\$170,265.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$170,265.00	\$0.00
	389892	AZ104584	X	Maricopa County	Southwest Behavioral Health Services, Inc	1424 S. 7th Ave	Phoenix	AZ	85007	\$121,117.00	\$121,117.00	\$0.00	\$121,117.00	\$0.00	\$0.00	\$0.00	\$0.00
	237443	AZ100668	X	Mohave	Southwest Behavioral Health Services, Inc	2215 Hualapai Mountain Road	Kingman	AZ	86401	\$166,235.00	\$166,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	263067	AZ105529	X	Mohave	Southwest Behavioral Health Services, Inc	1301 W Beale Street	Kingman	AZ	86401	\$129,597.00	\$129,597.00	\$0.00	\$129,597.00	\$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	\$29,496.00	\$29,496.00	\$7,810.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	172632	AZ100678	X	Mohave	Southwest Behavioral Health Services, Inc	809 Hancock Road Suite 1	Bullhead City	AZ	86442	\$91,629.00	\$91,629.00	\$0.00	\$60,276.00	\$0.00	\$0.00	\$0.00	\$0.00
	216898	AZ103648	X	Coconino	Southwest Behavioral Health Services, Inc	1515 E Cedar Ave Suite B-4, E2	Flagstaff	AZ	86004	\$98,975.00	\$98,975.00	\$0.00	\$79,126.00	\$0.00	\$0.00	\$0.00	\$0.00

083489	AZ101180	X	Yavapai	Southwest Behavioral Health Services, Inc	7600 E Florentine Road Suite 201	Prescott Valley	AZ	86314	\$29,014.00	\$29,014.00	\$0.00	\$19,304.00	\$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	\$112,992.00	\$112,992.00	\$16,848.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X	X	Maricopa County	Southwest Recovery Alliance	1645 E Thomas Rd #3117	Phoenix	AZ	85016	\$97,580.00	\$97,580.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
184460	AZ100886	X	Yavapai	Spectrum Healthcare Group, Inc	8 E Cottonwood Street	Cottonwood	AZ	86326	\$52,022.00	\$52,022.00	\$23,182.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
002683	AZ104572	X	Yavapai	Spectrum Healthcare Group, Inc	990 Willow Creek Road	Prescott	AZ	86301	\$123,704.00	\$123,704.00	\$29,770.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
369418	AZ103993	X	Yavapai	Spectrum Healthcare Group, Inc	3633 Crossings Drive	Prescott	AZ	86305	\$10,123.00	\$10,123.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
438745	AZ100384	X	Yavapai	Spectrum Healthcare Group, Inc	8 E Cottonwood Street	Cottonwood	AZ	86326	\$15,357.00	\$15,357.00	\$3,836.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
057952	AZ100384	X	Yavapai	Spectrum Healthcare Group, Inc	8 E Cottonwood Street	Cottonwood	AZ	86326	\$204,575.00	\$204,575.00	\$35,237.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
083301	AZ105613	X	Yavapai	Spectrum Healthcare Group, Inc	636 N Main Street	Cottonwood	AZ	86326	\$25,496.00	\$25,496.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
X	X	X	Maricopa County	Tanner Community Development Corporation	700 E. Jefferson Street, Suite 200	Phoenix	AZ	85034	\$29,180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,180.00	\$0.00
X	X	X	South /Central Phoenix	Tanner Community Development Corporation - Help Enrich African American Lives	700 E. Jefferson Street	Phoenix	AZ	85034	\$149,745.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$149,745.00	\$0.00
X	X	X	Maricopa County	Tempe Community Council	34 E. 7th St, Building A	Tempe	AZ	85281	\$122,385.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122,385.00	\$0.00
X	X	X	Tempe	Tempe Community Council - Tempe Coalition	34 E. 7th St. Building A	Tempe	AZ	85281	\$105,976.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105,976.00	\$0.00
X	X	X	Maricopa County; Tempe, Phoenix, Chandler, Guadalupe	Tempe Union High School District	500 W. Guadalupe Road	Tempe	AZ	85283	\$23,721.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,721.00	\$0.00
X	X	X	Pendergast School District, Phoenix	Terros - Pendergast Community Coalition	3003 North Central Avenue, STE. 400	Phoenix	AZ	85012	\$101,690.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$101,690.00	\$0.00
980961	AZ100003	X	Maricopa County	Terros, Inc	1111 S. Stapley Dr.	Mesa	AZ	85204	\$137,299.00	\$137,299.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
810053	AZ104113	X	Maricopa County	Terros, Inc	3864 N. 27th Avenue	Phoenix	AZ	85017-4703	\$108,455.00	\$108,455.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
56996	AZ301404	X	Maricopa County	Terros, Inc	4909 E. McDowell Rd	Phoenix	AZ	85008-7735	\$144,100.00	\$144,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
906404	Az103582	X	Maricopa County	Terros, Inc	5801 N. 51st Avenue	Glendale	AZ	85301	\$120,545.00	\$120,545.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11432	AZ100001	X	Maricopa County	Terros, Inc	6153 W. Olive Ave	Glendale	AZ	85302-4564	\$76,235.00	\$76,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
950925	AZ101378	X	Maricopa County	Terros, Inc	2400 W Dunlap Ave. Ste 300	Phoenix	AZ	85021	\$5,006.00	\$5,006.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16658	AZ101379	X	Maricopa County	Terros, Inc	3302 N. 35th Ave, Ste 8	Phoenix	AZ	85017	\$11,972.00	\$11,972.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
907972	AZ100766	X	Maricopa County	Terros, Inc	4425 W. Olive Ave #200 & #140	Glendale	AZ	85302-3843	\$79,090.00	\$79,090.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
37862	AZ100968	X	Maricopa County	Terros, Inc - 23rd Ave	8836 N 23rd Ave. Ste B-1	Phoenix	AZ	85021	\$8,413.00	\$8,413.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
232932	AZ101383	X	Maricopa County	Terros, Inc - 51st Ave	4616 N 51st Ave	Phoenix	AZ	85031	\$6,085.00	\$6,085.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
122923	AZ105382	X	Maricopa County	The Barbell Saves Project	2806 W Cactus Rd	Phoenix	AZ	85029	\$446,046.00	\$446,046.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
106944	AZ100434	X	Coconino	The Guidance Center, Inc	2187 N Vickey Street	Flagstaff	AZ	86004	\$399,825.00	\$399,825.00	\$37,591.00	\$0.00	\$326,757.00	\$0.00	\$0.00	\$0.00	\$0.00

	158133	AZ101007	X	Coconino	The Guidance Center, Inc	2695 E Industrial Drive	Flagstaff	AZ	86004	\$20,179.00	\$20,179.00	\$0.00	\$0.00	\$16,777.00	\$0.00	\$0.00	\$0.00
	969884	AZ101008	X	Coconino	The Guidance Center, Inc	2697 E Industrial Drive	Flagstaff	AZ	86004	\$94,889.00	\$94,889.00	\$10,899.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	077397	AZ103170	X	Pima	The Haven	2601 N Campbell Avenue #105	Tucson	AZ	85719	\$11,242.00	\$11,242.00	\$3,246.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	592867	AZ750311	X	Pima	The Haven	1107 E Adelaide Dr	Tucson	AZ	85719	\$809,805.00	\$809,805.00	\$545,250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Navajo and Coconino County	The Hopi Foundation	P.O. Box 301	Kykotsmovi	AZ	86039	\$143,875.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$143,875.00	\$0.00
X	X		X	99	The Wellington Consulting Group	1122 N Winthrop Circle	Mesa	AZ	85034	\$336,407.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$336,407.00	\$0.00
	151359	AZ105845	X	Pima	Touchstone Behavioral Health	1430 E Fort Lowell Rd Suite 100	Tucson	AZ	85719	\$29,695.00	\$29,695.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	357279	AZ101943	X	Maricopa County	Touchstone Behavioral Health, Inc	15648 North 35th Avenue	Phoenix	AZ	85053	\$12,390.00	\$12,390.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	378853	AZ100737	X	Maricopa County	Touchstone Behavioral Health, Inc	3602 East Greenway, Suite 102	Phoenix	AZ	85032	\$18,585.00	\$18,585.00	\$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	\$34,209.00	\$34,209.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	090410	AZ102795	X	Yuma	Turtle Bay Café of Yuma LLC	1360 S 4th Avenue	Yuma	AZ	85364	\$7,262.00	\$7,262.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	7667	BH5937	X	Maricopa County	Unhooked	215 S Power Rd STE 1251	Mesa	AZ	85206	\$231,857.00	\$231,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	258528	OTC8147	X	Maricopa County	Unhooked	5801 E Main St.	Mesa	AZ	85205	\$618,285.00	\$618,285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
X	X		X	Tucson	University of Arizona	1224 E. Lowell St.	Tucson	AZ	85721	\$188,646.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$188,646.00	\$0.00
	493467	OTC5940	X	Maricopa County	Valle Del Sol	10320 W McDowell Road Ste. G	Avondale	AZ	85392	\$6,074.00	\$6,074.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	53059	OTC5153	X	Maricopa County	Valle Del Sol	1209 S 1st Avenue	Phoenix	AZ	85003	\$346,336.00	\$346,336.00	\$0.00	\$346,336.00	\$0.00	\$0.00	\$0.00	\$0.00
	388606	OTC5327	X	Maricopa County	Valle Del Sol	3807 N 7th Street	Phoenix	AZ	85014	\$32,061.00	\$32,061.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	580100	OTC6049	X	Maricopa County	Valle Del Sol	4135 S Power Road Ste. 108	Mesa	AZ	85212	\$8,696.00	\$8,696.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	186074	OTC6320	X	Maricopa County	Valle Del Sol	502 N 27th Avenue	Phoenix	AZ	85009	\$6,425.00	\$6,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	347204	OTC6811	X	Maricopa County	Valle Del Sol	509 S Rockford Drive	Tempe	AZ	85288	\$170,192.00	\$170,192.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	801237	OTC6180	X	Maricopa County	Valle Del Sol	8410 W Thomas Road Suite 116	Phoenix	AZ	85037	\$28,237.00	\$28,237.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	280948	AZ0105310	X	Maricopa County	West Valley OBGYN	4388 W Thomas Rd	Phoenix	AZ	85031	\$547,770.00	\$547,770.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	116790	AZ101309	X	Yavapai	West Yavapai Guidance Clinic (Polara)	642 Dameron Drive	Prescott	AZ	86301	\$74,708.00	\$74,708.00	\$6,612.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	159727	AZ000221	X	Yavapai	West Yavapai Guidance Clinic (Polara)	3345 N Windsong Drive	Prescott Valley	AZ	86314	\$26,387.00	\$26,387.00	\$0.00	\$0.00	\$17,053.00	\$0.00	\$0.00	\$0.00
	290802	AZ103176	X	Yavapai	West Yavapai Guidance Clinic (Polara)	8655 E Eastridge Road Suite A	Prescott Valley	AZ	86314	\$38,505.00	\$38,505.00	\$6,767.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	003434	AZ300117	X	Yavapai	West Yavapai Guidance Clinic (Polara)	505 S Cortez	Prescott	AZ	86305	\$13,258.00	\$13,258.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	347207	AZ103176	X	Yavapai	West Yavapai Guidance Clinic (Polara)	8655 E Eastridge Road Suite B	Prescott Valley	AZ	86314	\$104,413.00	\$104,413.00	\$0.00	\$0.00	\$104,413.00	\$0.00	\$0.00	\$0.00
	366233	AZ101842	X	Yavapai	West Yavapai Guidance Clinic (Polara)	3347 N Windsong Drive	Prescott Valley	AZ	86314	\$159,994.00	\$159,994.00	\$29,264.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	591562	AZ101309	X	Yavapai	West Yavapai Guidance Clinic (Polara)	642 Dameron Drive	Prescott	AZ	86301	\$436,643.00	\$436,643.00	\$72,249.00	\$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	\$24,695.00	\$24,695.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	X	X	✘	White Mountain Apache Reservation	White Mountain Apache TRBHA	249 W. Ponderosa PO Box 1089	Whiteriver	AZ	85941	\$433,507.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$433,507.00	\$0.00
	X	X	✘	Maricopa County	Youth4Youth	5405 N. 99th Ave.	Glendale	AZ	85305	\$235,132.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$235,132.00	\$0.00
	X	X	✘	Yuma County	Yuma County Public Health Services District	2200 W 28th St, Suite 178	Yuma	AZ	85364	\$39,236.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39,236.00	\$0.00
Total										\$43,771,766.00	\$35,627,531.00	\$3,500,777.00	\$5,994,856.00	\$820,962.00	\$0.00	\$9,719,047.00	\$0.00

* Indicates the imported record has an error.

^aOther than primary prevention. The amount reported in this row should reflect those expenditures made for direct services during the expenditure period, and otherwise reported on Table 4, Row 1. Do not include expenditures made for other capacity building/systems development.

^bExpenditures reported in the column are subcategory of expenditures reported for 'Prevention and Treatment Services' reported in Column B and meet the requirements of specialized services for pregnant women and women with dependent children.

^cIncludes 42 CFR 8.12: Federal Opioid Treatment Program (OTP) providers only. Expenditures reported in this column are a subcategory of total expenditures for 'Prevention and Treatment Services' reported in Column B.

^dIncludes all practitioners who have a current DEA registration that includes Schedule III authority and may prescribe buprenorphine for opioid use disorder in their practice if permitted under applicable state law. Expenditures reported in this column are a subcategory of total expenditures for 'Prevention and Treatment Services' reported in Column B.

^eThis expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023 and includes an aggregate of expenditures allowable under The 2023 guidance, "Allowable Recovery Support Services (RSS) Expenditures through the SUBG and the MHBG." Only report RSS for those in need of RSS from substance use disorder. States are asked to begin reporting entity level expenditures for RSS, previously reported under Column B, 'Prevention and Treatment Services', in the stand-alone Column F. States are encouraged to begin reporting these expenditures as early as their 2026 SUPTRS BG Report, while required reporting will begin in 2027 and onward. States should use the footnotes to explain any challenges that contribute to their inability to report RSS expenditures separately. The total of this column should be equal to that report on Table 4, Row 2 and should not include expenditures made for other capacity building/systems development.

^fThe amounts reported here should reflect direct delivery of primary prevention to the population and be consistent with the expenditures found on Table 4, Row 3, as well as Table 5a. Do not include expenditures for other capacity building/systems development.

^gThe most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5% of their respective SUPTRS BG award to establish one or more projects to provide early intervention services for the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment.

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Footnotes:

12/1/25 EH: Uploading through WebBGAS Help Desk via a revision request after submission.

Table 5a and 7 reports dollars spend on direct services. However, Because AHCCCS does not currently have a mechanism to allocate and report other capacity/system development activities distinct from other expenditure categories (e.g. primary prevention, SSA admin), Table 5a and 7 may include expenditures for other capacity/system development. Subrecipient level indirect/admin costs are also included.

12/9/25: Recovery support services, while allowable, are not currently reported as a distinct expenditure category and therefore is reported as 0. AHCCCS is researching how to implement an allocation and reporting mechanism for recovery support services.

C: Expenditure Reports

Table 8a - Maintenance of Effort (MOE) for State Expenditures for Substance Use Disorder Prevention, Treatment, and Recovery Support Services

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: 07/01/2024 Expenditure Period End Date: 06/30/2025

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period	SSA State Expenditures (A)	<u>A1(2023) + A2(2024)</u> 2 (C)
SFY 2023	\$125,286,227.31	
SFY 2024	\$136,741,865.00	\$131,014,046
SFY 2025	\$132,231,280.00	

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

SFY 2023	Yes	<input checked="" type="checkbox"/>	No
SFY 2024	Yes	<input checked="" type="checkbox"/>	No
SFY 2025	Yes	<input checked="" type="checkbox"/>	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

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.

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Footnotes:

2025 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 Deputy Assistant Director (On Behalf of DBF Assistant Director) and DBF Budget 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 2025 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 2023 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 2023 used to develop CYE 2025 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.

C: Expenditure Reports

Table 8b – Base on Maintenance of Effort (MOE) for Expenditures for Services to Pregnant Women and Women with Dependent Children

This table provides a report of all state and SUPTRS BG funds expended on specialized SUD treatment and related services which meet the SUPTRS BG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the FFY for which the state is applying for funds. Dates given are for the FY 2026 SUPTRS BG Report. For the FY 2027 SUPTRS BG Report, increase each year (other than the base year) by one.

Expenditure Period Start Date:

07/01/2024

Expenditure Period End Date:

06/30/2025

Base

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

Maintenance

Period	A. Total Women's Base	B. Total Expenditures	Expense Type
SFY 2023		\$ 3,500,777.00	Actual
SFY 2024		\$ 3,500,777.00	Actual
SFY 2025		\$ 3,500,778.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

Enter the amount the State plans to expend in SFY 2026 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;

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

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

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).

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Footnotes:

SABG Description of Calculations for SFY2025, Reporting Due 12/1/2025

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**). The 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
2025		\$3,500,778	FFY2023

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

D: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2022 Expenditure Period End Date: 9/30/2024

Risks	A. Strategies	B. Providers
see risk categories in footnotes	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	
	9. webinars	
	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	
	3. Alternatives	
	1. Drug free dances and parties	
	2. Youth/adult leadership activities	
	3. Community drop-in centers	
	4. Community service activities	
	5. Outward Bound	
	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	
5. Accessing services and funding	
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	
4. Product pricing strategies	

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Footnotes:

Risks addressed through these CSAP strategies as reported by subrecipients:

Youth with low perception of risk/harm of cigarettes, e-cigarettes/ vaping, marijuana, marijuana concentrates, underage drinking, binge drinking, Rx drugs, other community trend drugs, and polysubstance use

Youth attitudes are favorable toward cigarettes, e-cigarettes/vaping, marijuana, marijuana concentrates, underage drinking, binge drinking, Rx drugs, other community trend drugs, and polysubstance use

Poor parent-child communication about alcohol and drug use

Youth 30-day use of alcohol, cigarettes, other tobacco products, e-cigarettes/vaping, marijuana, Rx drugs, Rx pain relievers, Rx stimulants, and other illegal drugs?

Youth lack goal-setting and problem-solving skills

Youth lack self-efficacy/life skills

High levels of youth stress

Youth lack social connectedness

Youth lack knowledge of trauma-informed care

Poor youth perceptions of school climate

Youth lack community attachment

Adults with low perception of risk/harm of youth use of cigarettes, e-cigarettes/vaping, marijuana, marijuana concentrates, underage drinking, binge drinking, Rx drugs, other community trend drugs, and polysubstance use?

Adult approval of youth use of cigarettes, e-cigarettes/vaping, marijuana, marijuana concentrates, underage drinking, binge drinking, Rx drugs, other community trend drugs, and polysubstance use?

Adults with poor parent-child communication about alcohol and drug use

Adult poor perceptions of family functioning

Adult poor perceptions of parental awareness/ monitoring

High parental stress

Adults lack knowledge of trauma-informed care

Adults lack goal-setting and problem-solving skills

Adults lack self-efficacy

Adults lack community attachment

Families, individuals, youth facing unique life challenges, at-risk groups or families who may have experienced challenges with substance use; vulnerable populations.

Children of People who Use Substances

General population, youth of the White Mountain Apache Tribe, those residing on the Fort Apache Indian Reservation who have experienced domestic violence, those who have children in their care, persons working on the Fort Apache Indian Reservation and/or persons providing physical health, mental/behavioral health, or education services to members of the White Mountain Apache Tribe.

D: Population and Services Reports

Table 10a - Treatment Utilization Matrix for Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorder in the Preceding 12-months by Level of Care

Table 10a is based on the required SSA reporting of data on SUD client treatment admissions and subsequent admissions to an episode of care that occur during the most recently completed SFY. Grantees must report data for SUD client treatment admissions and subsequent admissions to an episode of care during the period that were funded, in full or in part, with SUPTRS BG funding. Grantees are encouraged to use TEDS data when completing this table. If the SSA is unable to report SUD client treatment admissions that are limited to SUPTRS BG, COVID-19, or ARP funds, please briefly explain in Footnote below.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 ^a Number of Admissions > Number of Persons Served		ARP ^b Number of Admissions > Number of Persons Served		SUPTRS BG Service Costs			COVID-19 Costs ^a			ARP Costs ^b		
	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)
Withdrawal Management (24-HOUR CARE)^c															
1. Hospital Inpatient	2,220	4,278					4,128.50	4,112.52	2,430.79						
2. Free-Standing Residential	10,298	10,981					2,228.66	1,479.74	2,314.67						
REHABILITATION/RESIDENTIAL^c															
3. Hospital Inpatient	17,593	21,688					5,994.58	4,996.31	6,198.76						
4. Short-term (up to 30 days)	24,811	21,272					791.51	262.43	1,508.15						
5. Long-term (over 30 days)	19	26					1,033.53	673.82	841.66						
AMBULATORY (OUTPATIENT)^c															
6. Outpatient	593,428	249,981					112.73	47.76	548.23						
7. Intensive Outpatient	4,942	4,728					198.72	178.10	171.78						
8. Withdrawal Management															
Medication for Opioid Use Disorder (MOUD) Treatment^c															
9. Withdrawal Management with Opioid Agonist Medications	26,663	21,796					8.01	4.51	11.83						
10. Continuous MOUD and Other Services in Outpatient Settings	146,957	83,468					91.00	73.25	101.75						

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions, persons served, and expenditures for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions, persons served, and expenditures made during SFY 2025, for most states that include expenditures between July 1, 2024 and March 14, 2025, in the COVID-19 designated column of the FY2026 Report.

^bPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG ARP admissions, persons served, and expenditures for the same one-year period. Note: ARP supplemental funds had an award period of September 1, 2021 through March 24, 2025. States are required to report ARP admissions, persons served, and expenditures made during SFY 2025, for most states this is July 1, 2024 through March 24, 2025, in the ARP designated column in the FY2026 Report

^cIn FY2020 modifications were made to "Level of Care" (LOC) and "Type of Treatment Service/Setting" to "Medication-Assisted Treatment" and "Medication for Opioid Use Disorder" 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 Withdrawal Management," Row 9 and "MOUD Treatment Outpatient," Row 10. MOUD Withdrawal Management includes hospital withdrawal management, residential withdrawal management, or ambulatory withdrawal management services/settings AND Medications for Opioid Use Disorder Treatment. MOUD Treatment Outpatient includes outpatient services/settings AND MOUD Treatment. The change was made to better align with language that reflects that medications for opioid use disorder is a category of medications that are often provided in conjunction with other services in outpatient settings and more importantly convey those medications do not substitute one drug for another

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. For COVID19 supplemental - see footnote.

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Footnotes:

*Members all identified with SUD Diagnoses during State Fiscal Year 2025

** Mean, Median, and Standard Deviation of Cost are calculated per unique claim number.

***AZ does not provide for Outpatient Detoxification (8) services.

****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.

*****SUBG COVID-19 and ARPA Supplemental funds were primarily used for services and activities that were not encounterable and therefore did not run through the same data/reporting system as SUBG annual funds. Table 10a data for SUBG CRRSAA and ARPA are not available.

D: Population and Services Reports

Table 10b - Number of Persons Served (Unduplicated Count) Who Received Recovery Support Services for Substance Use Disorder by Age and Sex

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and sex. Grantees are requested to include data on Table 10b for individuals with SUD who received recovery support services that were funded, in full or in part, with SUPTRS BG funding. If data reported also includes data on SUD persons served in recovery support services that are funded with other sources of funding, please briefly explain in footnote below.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

	Age 0-5 ^a			Age 6-12		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	0	0	0	1	0	0
2. Peer-Led Support Group	0	0	0	5	4	0
3. Peer-Led Training or Peer Certification Activity	0	0	0	16	22	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	0	0	0	24	19	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	21	25	0
8. Recovery Social Support or Social Inclusion Activity	0	0	0	56	49	0
9. Other Approved Recovery Support Event or Activity ^c	0	0	0	65	59	0
Total	0	0	0	188	178	0

^aAge category 0-5 years is not applicable.

	Age 13-17			Age 18-20		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	111	101	0	246	319	0
2. Peer-Led Support Group	149	125	0	113	155	0
3. Peer-Led Training or Peer Certification Activity	692	631	0	386	435	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	568	490	0	609	566	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	324	299	0	58	61	0
8. Recovery Social Support or Social Inclusion Activity	2031	1794	0	1444	1633	0
9. Other Approved Recovery Support Event or Activity ^c	2389	2117	0	1740	1853	0
Total	6,264	5,557	0	4,596	5,022	0

	Age 21-24			Age 25-44		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	610	949	0	6608	10244	0
2. Peer-Led Support Group	285	473	0	3058	4696	0
3. Peer-Led Training or Peer Certification Activity	607	791	0	5957	8376	0
4. Recovery Housing	1	2	0	9	12	0

5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	10	0	0
6. Recovery Support Service Transportation	1222	1388	0	13241	17683	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	2	4	0	10	12	0
8. Recovery Social Support or Social Inclusion Activity	2622	3207	0	24242	33793	0
9. Other Approved Recovery Support Event or Activity ^c	3109	3551	0	28327	37858	0
Total	8,458	10,365	0	81,462	112,674	0

	Age 45-64			Age 65-74		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	4181	5921	0	672	762	0
2. Peer-Led Support Group	1689	2416	0	197	232	0
3. Peer-Led Training or Peer Certification Activity	4281	5476	0	662	687	0
4. Recovery Housing	19	21	0	3	4	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	12107	14253	0	2783	2950	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	7	7	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	14401	18289	0	2019	2077	0
9. Other Approved Recovery Support Event or Activity ^c	17014	20890	0	2436	2552	0
Total	53,699	67,273	0	8,772	9,264	0

	Age 75+			Age Not Available		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	61	69	0	0	0	0
2. Peer-Led Support Group	12	16	0	0	0	0
3. Peer-Led Training or Peer Certification Activity	51	49	0	0	0	0
4. Recovery Housing	0	0	0	0	0	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0
6. Recovery Support Service Transportation	548	485	0	0	0	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0
8. Recovery Social Support or Social Inclusion Activity	231	201	0	0	0	0
9. Other Approved Recovery Support Event or Activity ^c	254	213	0	0	0	0
Total	1,157	1,033	0	0	0	0

	Total		
	Female	Male	Not Available ^b
1. Peer-to-Peer Support Individual	12,490	18,365	0
2. Peer-Led Support Group	5,508	8,117	0
3. Peer-Led Training or Peer Certification Activity	12,652	16,467	0

4. Recovery Housing	32	39	0
5. Recovery Support Service Childcare Fee or Family Caregiver Fee	10	0	0
6. Recovery Support Service Transportation	31,102	37,834	0
7. Secondary School, High School, or Collegiate Recovery Program Service or Activity	422	408	0
8. Recovery Social Support or Social Inclusion Activity	47,046	61,043	0
9. Other Approved Recovery Support Event or Activity ^c	55,334	69,093	0
Total	164,596	211,366	0
Comments on Data (Age):	Age category 0-5 years in not applicable		
Comments on Data (Sex):	NA		
Comments on Data (Overall):			

^aAge category 0-5 years is not applicable. (Continued below).

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added.

^c'Other' includes:

- Recovery Health and Wellness Educational Event or Activity
- Peer-Led Recovery Educational Workshop or Event
- Culturally Based Recovery Practice or Creative and Expressive Arts Recovery Activity
- Peer-Led Recovery Educational Workshop or Event; Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service;
- Recovery Friendly Workplace (RFW) Initiative, Activity, or Supportive Employment Service;
- Recovery Community Organization (RCO) or Recovery Community Center (RCC) Service or Activity; as well as all
- Other approved SUD RSS Events or Activities through consultation with respective state SUPTRS BG Project Officer.

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Footnotes:

*Methodology for reporting on this table is still developing. For the 2024 report, AHCCCS used data submitted by RBHA/TRBHAs. For the 2025 report, AHCCCS opted to use AHCCCS data (reason for increase in members served between 2024 and 2025 reports). We used the same methodology for the 2026 as we did for the 2025 report but continue to review the methodology.

**An individual member may receive services in more than one of these categories. The AHCCCS dataset provides an unduplicated count for each column, though the WEBBGAS form autopopulates the total count which results in duplication of members in the total line.

D: Population and Services Reports

Table 11a – Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

Table 11a is based on the required SSA reporting of data on SUD client treatment admissions and subsequent admissions to an episode of care during the period that occur during the most recently completed SFY. In Table 11a, each client admitted to treatment during the immediately prior completed SFY is to be reported. Grantees are requested to include data on Table 11a for those SUD client treatment admissions that were funded, in full or in part, with SUPTRS BG funds. If Table 11a includes additional data reporting on SUD client treatment admissions which are funded with other sources of funding, please briefly explain in the footnote below.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Total of Race				American Indian or Alaska Native		
	Female	Male	Not Available ^b	Total	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0	0
6-12 years	111	103	0	214	24	20	0
13-17 years	3,329	3,214	0	6,543	600	489	0
18-20 years	3,690	3,922	0	7,612	511	531	0
21-24 years	6,886	6,997	0	13,883	930	936	0
25-44 years	54,006	67,893	0	121,899	7,478	9,016	0
45-64 years	38,333	49,067	0	87,400	3,346	4,846	0
65-74 years	8,319	9,558	0	17,877	346	595	0
75+ years	2,133	1,917	0	4,050	90	115	0
Not Available	0	0	0	0	0	0	0
Total	116,807	142,671	0	259,478	13,325	16,548	0
Pregnant Women	16,698				3,116		
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period							150014
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10							11355

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

Yes No

Comments on Data (Race and Ethnicity)	*AZ collects Race and Ethnicity in one category/field.
Comments on Data (Sex)	NA
Comments on Data (Overall)	**Age category 0-5 years in not applicable

^aAge category 0-5 years is not applicable.

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Asian			Black or African American		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	0	2	0	7	8	0
13-17 years	19	24	0	277	268	0
18-20 years	32	17	0	386	350	0
21-24 years	70	70	0	724	657	0
25-44 years	455	573	0	5,302	6,336	0
45-64 years	261	503	0	2,465	3,546	0

65-74 years	47	103	0	561	628	0
75+ years	18	38	0	90	98	0
Not Available	0	0	0	0	0	0
Total	902	1,330	0	9,812	11,891	0
Pregnant Women	136			1,830		

^aAge category 0-5 years is not applicable.

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Native Hawaiian or Other Pacific Islander			White		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	1	0	0	45	36	0
13-17 years	7	5	0	1,303	1,276	0
18-20 years	8	8	0	1,637	1,557	0
21-24 years	16	16	0	3,190	2,858	0
25-44 years	125	159	0	28,919	32,099	0
45-64 years	60	113	0	22,136	25,388	0
65-74 years	6	11	0	4,617	4,735	0
75+ years	4	2	0	1,178	887	0
Not Available	0	0	0	0	0	0
Total	227	314	0	63,025	68,836	0
Pregnant Women	39			7,946		

^aAge category 0-5 years is not applicable.

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Proceeding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Some Other Race			More than One Race Reported		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	0	0	0	1	0	0
13-17 years	0	0	0	33	38	0
18-20 years	0	0	0	33	59	0
21-24 years	0	0	0	71	160	0
25-44 years	0	0	0	418	987	0
45-64 years	0	0	0	285	480	0
65-74 years	0	0	0	97	143	0
75+ years	0	0	0	16	26	0
Not Available	0	0	0	0	0	0
Total	0	0	0	954	1,893	0
Pregnant Women	0			23		

^aAge category 0-5 years is not applicable.

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Preceding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Race Not Available			Not Hispanic or Latino		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	33	37	0	111	103	0
13-17 years	1,090	1,114	0	3,329	3,214	0
18-20 years	1,083	1,400	0	3,690	3,922	0
21-24 years	1,885	2,300	0	6,886	6,982	0
25-44 years	11,309	18,723	0	54,006	67,893	0
45-64 years	9,780	14,191	0	38,333	49,067	0
65-74 years	2,645	3,343	0	8,319	9,558	0
75+ years	737	751	0	2,133	1,917	0
Not Available	0	0	0	0	0	0
Total	28,562	41,859	0	116,807	142,656	0
Pregnant Women	3,608			16,698		

^aAge category 0-5 years is not applicable.

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Preceding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Hispanic or Latino			Hispanic or Latino Origin Not Available		
	Female	Male	Not Available ^b	Female	Male	Not Available ^b
0-5 years ^a	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	6	14	0	0	0	0
18-20 years	9	13	0	0	0	0
21-24 years	16	38	0	0	0	0
25-44 years	256	604	0	0	0	0
45-64 years	637	503	0	0	0	0
65-74 years	248	0	0	0	0	0
75+ years	77	53	0	0	0	0
Not Available	0	0	0	0	0	0
Total	1,249	1,225	0	0	0	0
Pregnant Women	54			0		

^aAge category 0-5 years is not applicable.

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11a - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Substance Use Disorders in the Preceding 12-months by Age, Sex, Race and Ethnicity – SUPTRS BG Expenditures Only

	Total of Ethnicity			
	Female	Male	Not Available ^b	Total

0-5 years ^a	0	0	0	0
6-12 years	111	103	0	214
13-17 years	3,335	3,228	0	6,563
18-20 years	3,699	3,935	0	7,634
21-24 years	6,902	7,020	0	13,922
25-44 years	54,262	68,497	0	122,759
45-64 years	38,970	49,570	0	88,540
65-74 years	8,567	9,558	0	18,125
75+ years	2,210	1,970	0	4,180
Not Available	0	0	0	0
Total	118,056	143,881	0	261,937
Pregnant Women	16,752			

^aAge category 0-5 years is not applicable.

^bThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

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Footnotes:

*AZ collects Race and Ethnicity in one category/field.

**Age category 0-5 years in not applicable

D: Population and Services Reports

Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a

Supplemental Funding

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded using COVID-19 Relief Supplemental Funding. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those expending supplemental funds under the second NCE are required to report individuals served from the start of SFY 2025 through March 14, 2025 in COVID-19 designated table (11b) for the SUPTRS BG 2026 Report.

Expenditure Period Start Date: 07/01/2024 Expenditure Period End Date: 06/30/2025

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

	Total of Race				American Indian or Alaska Native		
	Female	Male	Not Available ^c	Total	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0
Not Available	0	0	119	119	0	0	119
Total	0	0	119	119	0	0	119
Pregnant Women	0				0		

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

Yes No

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

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

^cThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

	Asian			Black or African American		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0

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

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

^cThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

	Native Hawaiian or Other Pacific Islander			White		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

^cThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

	Some Other Race			More than One Race Reported		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

^cThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

	Race Not Available			Not Hispanic or Latino		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

^cThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

	Hispanic or Latino			Hispanic or Latino Origin Not Available		
	Female	Male	Not Available ^c	Female	Male	Not Available ^c
0-5 years ^b	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0
75+ years	0	0	0	0	0	0
Not Available	0	0	0	0	0	0
Total	0	0	0	0	0	0
Pregnant Women	0			0		

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states

expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

^cThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

SUPTRS BG Table 11b - Number of Persons (Unduplicated Count) Admitted to Treatment for Alcohol and Other Drug Use Disorders by Ages, Sex, Race and Ethnicity – COVID19^a Supplemental Funding

Total of Ethnicity				
	Female	Male	Not Available ^c	Total
0-5 years ^b	0	0	0	0
6-12 years	0	0	0	0
13-17 years	0	0	0	0
18-20 years	0	0	0	0
21-24 years	0	0	0	0
25-44 years	0	0	0	0
45-64 years	0	0	0	0
65-74 years	0	0	0	0
75+ years	0	0	0	0
Not Available	0	0	0	0
Total	0	0	0	0
Pregnant Women	0			

^aPer the instructions, the reporting period is for the preceding 12-month period of the most recently completed SFY. Enter SUPTRS BG COVID-19 admissions for the same one-year period. Note: COVID supplemental funds had an original award period of March 15, 2021 through March 14, 2023. States that were granted a second No Cost Extension (NCE) on March 14, 2024 had until March 14, 2025 to expend their COVID-19 supplemental funds. Those states expending supplemental funds under the second NCE are required to report on admissions made during SFY 2025, for most states that include admissions between July 1, 2024 and March 14, 2025, in the COVID-19 designated table (11b) of the FY2026 Report.

^bAge category 0-5 years is not applicable.

^cThe 'Not Available' category is to be used only for cases where the requested field in state data systems is null or blank, an invalid value is added, or if the state does not collect the requested information in the state data system.

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Footnotes:
 *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.

D: Population and Services Reports

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

This table requires designated states, as defined in section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)), to provide information on Early Intervention Services for HIV including pre-test counseling, testing, post-test counseling, and the provision of therapeutic measures to diagnose the extent of deficiency in the immune system, to prevent and treat the deterioration of immune system, and to prevent and treat conditions arising from HIV/AIDS funded with SUPTRS BG funds.

Expenditure Period Start Date: 7/1/2024 Expenditure Period End Date: 6/30/2025

1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	A. Statewide _____	B. 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 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 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:
 Arizona is not a designated state and therefore is not reporting this table.

D: 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 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: 7/1/2024 Expenditure Period End Date: 6/30/2025

Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- 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.
- State has incorporated this requirement into existing referral system(s).
- Federal 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.

The ACC-RBHAs for the Northern and Southern regions use Annual Substance Use and Mental Health Block Grant Relias training, along with their Provider Manual and contract requirements, to ensure compliance with all applicable standards. The Central ACC-RBHA, Mercy Care, provides ongoing training and technical assistance to contracted providers to ensure compliance with Charitable Choice requirements. This support is delivered through multiple channels, including guidance and education during annual site visits for block grants and quarterly grant meetings. Additionally, Mercy Care conducts annual reviews of provider policies and requires providers to include a description of their procedures for implementing Charitable Choice.

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Footnotes:

E: 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]	780	551
Total number of clients with non-missing values on employment/student status [denominator]	2,573	2,573
Percent of clients employed or student (full-time and part-time)	30.3%	21.4%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		4,275
Number of CY 2024 discharges submitted:		5,478
Number of CY 2024 discharges linked to an admission:		5,380
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		5,324
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		2,573

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0
Number of CY 2024 discharges linked to an admission:		0

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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]	30,635	27,257
Total number of clients with non-missing values on employment/student status [denominator]	82,333	82,333
Percent of clients employed or student (full-time and part-time)	37.2%	33.1%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	159,790
Number of CY 2024 discharges submitted:	160,207
Number of CY 2024 discharges linked to an admission:	159,572
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	149,720
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	82,333

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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]	102	79
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)	32.1%	24.8%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	495
Number of CY 2024 discharges submitted:	700
Number of CY 2024 discharges linked to an admission:	700

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	696
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	318

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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Footnotes:

E: 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 2024 admissions submitted:		4,275
Number of CY 2024 discharges submitted:		5,478
Number of CY 2024 discharges linked to an admission:		5,380
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		5,324
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		0

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2 [Records received through 3/19/2026]

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 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0
Number of CY 2024 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		0

Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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 2024 admissions submitted:	159,790
Number of CY 2024 discharges submitted:	160,207
Number of CY 2024 discharges linked to an admission:	159,572
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	149,720
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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 2024 admissions submitted:	495
Number of CY 2024 discharges submitted:	700
Number of CY 2024 discharges linked to an admission:	700
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	696
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

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Footnotes:

E: 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]	2,031	2,053
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	2,743	2,743
Percent of clients without arrests	74.0%	74.8%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		4,275
Number of CY 2024 discharges submitted:		5,478
Number of CY 2024 discharges linked to an admission:		5,380
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		5,326
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		2,743

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0
Number of CY 2024 discharges linked to an admission:		0

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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]	67,231	67,619
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	85,273	85,273
Percent of clients without arrests	78.8%	79.3%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		159,790
Number of CY 2024 discharges submitted:		160,207
Number of CY 2024 discharges linked to an admission:		159,572
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		151,383
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		85,273

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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]	236	261
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	329	329
Percent of clients without arrests	71.7%	79.3%
Notes (for this level of care):		
Number of CY 2024 admissions submitted:		495
Number of CY 2024 discharges submitted:		700
Number of CY 2024 discharges linked to an admission:		700

Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	696
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	329

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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Footnotes:

E: 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]	2,267	2,233
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,708	2,708
Percent of clients abstinent from alcohol	83.7%	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]		154
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	441	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [$\#T2 / \#T1 \times 100$]		34.9%

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]		2,079
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,267	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [$\#T2 / \#T1 \times 100$]		91.7%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	4,275
Number of CY 2024 discharges submitted:	5,478
Number of CY 2024 discharges linked to an admission:	5,380
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	5,326
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	2,708

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 2024 admissions submitted:	0
Number of CY 2024 discharges submitted:	0
Number of CY 2024 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

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]	74,240	74,502
All clients with non-missing values on at least one substance/frequency of use [denominator]	84,217	84,217
Percent of clients abstinent from alcohol	88.2%	88.5%

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]		4,168
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9,977	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		41.8%

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]		70,334
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	74,240	
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 2024 admissions submitted:	159,790
Number of CY 2024 discharges submitted:	160,207
Number of CY 2024 discharges linked to an admission:	159,572
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	151,383
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	84,217

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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]	282	287
All clients with non-missing values on at least one substance/frequency of use [denominator]	324	324
Percent of clients abstinent from alcohol	87.0%	88.6%

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]		24
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	42	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		57.1%

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]		263
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	282	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.3%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	495
Number of CY 2024 discharges submitted:	700
Number of CY 2024 discharges linked to an admission:	700
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	696
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	324

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2 [Records received through 3/19/2026]

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Footnotes:

E: 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]	1,986	2,014
All clients with non-missing values on at least one substance/frequency of use [denominator]	2,708	2,708
Percent of clients abstinent from drugs	73.3%	74.4%

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]		308
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	722	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		42.7%

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]		1,706
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,986	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		85.9%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	4,275
Number of CY 2024 discharges submitted:	5,478
Number of CY 2024 discharges linked to an admission:	5,380
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	5,326
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	2,708

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 2024 admissions submitted:	0
Number of CY 2024 discharges submitted:	0
Number of CY 2024 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

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]	63,942	65,107
All clients with non-missing values on at least one substance/frequency of use [denominator]	84,217	84,217
Percent of clients abstinent from drugs	75.9%	77.3%

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]		8,494
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	20,275	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		41.9%

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]		56,613
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	63,942	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		88.5%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	159,790
Number of CY 2024 discharges submitted:	160,207
Number of CY 2024 discharges linked to an admission:	159,572
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	151,383
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	84,217

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2 [Records received through 3/19/2026]

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]	229	246
All clients with non-missing values on at least one substance/frequency of use [denominator]	324	324
Percent of clients abstinent from drugs	70.7%	75.9%

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]		48
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	95	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		50.5%

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]		198
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	229	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		86.5%

Notes (for this level of care):

Number of CY 2024 admissions submitted:	495
Number of CY 2024 discharges submitted:	700
Number of CY 2024 discharges linked to an admission:	700
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	696
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	324

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2 [Records received through 3/19/2026]

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Footnotes:

E: 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]	410	496
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	1,967	1,967
Percent of clients participating in self-help groups	20.8%	25.2%
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 2024 admissions submitted:		4,275
Number of CY 2024 discharges submitted:		5,478
Number of CY 2024 discharges linked to an admission:		5,380
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):		5,326
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):		1,967

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2 [Records received through 3/19/2026]

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 2024 admissions submitted:		0
Number of CY 2024 discharges submitted:		0

Number of CY 2024 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	0
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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]	10,995	13,958
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	59,100	59,100
Percent of clients participating in self-help groups	18.6%	23.6%
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]	5.0%	

Notes (for this level of care):

Number of CY 2024 admissions submitted:	159,790
Number of CY 2024 discharges submitted:	160,207
Number of CY 2024 discharges linked to an admission:	159,572
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	151,383
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	59,100

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]

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]	48	62
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	223	223
Percent of clients participating in self-help groups	21.5%	27.8%
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]	6.3%	

Notes (for this level of care):

Number of CY 2024 admissions submitted:	495
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Number of CY 2024 discharges submitted:	700
Number of CY 2024 discharges linked to an admission:	700
Number of linked discharges after exclusions (excludes: withdrawal management, rehabilitation/residential hospital, MOUD clients; deaths; incarcerated):	696
Number of CY 2024 linked discharges eligible for this calculation (non-missing values):	223

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
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Footnotes:

E: Performance Data and Outcomes

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

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
Withdrawal Management (24-HOUR CARE)				
1. Hospital Inpatient	23	4	6	13
2. Free-Standing Residential	18	3	5	9
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	18	4	6	13
4. Short-term (up to 30 days)	67	20	37	80
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	47	1	8	50
7. Intensive Outpatient	73	22	61	93
8. Withdrawal Management	0	0	0	0
Medication for Opioid Use Disorder (MOUD) Treatment				
9. Withdrawal Management with Opioid Agonist Medications	221	65	126	236
10. Continuous MOUD and Other Services in Outpatient Settings	288	48	133	371

Level of Care	2024 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
Withdrawal Management (24-HOUR CARE)		
1. Hospital Inpatient	1782	1773
2. Free-Standing Residential	5062	4939
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	695	694
4. Short-term (up to 30 days)	5478	5380

5. Long-term (over 30 days)	0	0
AMBULATORY (OUTPATIENT)		
6. Outpatient	160207	151440
7. Intensive Outpatient	700	700
8. Withdrawal Management	0	0
Medication for Opioid Use Disorder (MOUD) Treatment		
9. Withdrawal Management with Opioid Agonist Medications	0	92
10. Continuous MOUD and Other Services in Outpatient Settings	0	8132

Source: SAMHSA/CBHSQ TEDS CY 2024 admissions file and CY 2
[Records received through 3/19/2026]
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Footnotes:

E: Performance Data and Outcomes

Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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	<p>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.]"</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2023		
	Age 21+ - CY 2023		
2. 30-day Cigarette Use	<p>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.]"</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[a]?[Response option: Write in a number between 0 and 30.]"</p> <p>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).</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
4. 30-day Use of Marijuana	<p>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.]"</p> <p>Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
5. 30-day Use of Illicit Drugs Other Than Marijuana	<p>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]^[b]?"</p> <p>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).</p>		
	Age 12 - 17 - CY 2023		

	Age 18+ - CY 2023		
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[a]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[b]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

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Footnotes:

E: Performance Data and Outcomes

Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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	<p>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]"</p> <p>Outcome Reported: Percent reporting moderate or great risk.</p>		
	Age 12 - 20 - CY 2023		
	Age 21+ - CY 2023		
2. Perception of Risk From Cigarettes	<p>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]"</p> <p>Outcome Reported: Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
3. Perception of Risk From Marijuana	<p>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]"</p> <p>Outcome Reported: Percent reporting moderate or great risk.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		

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Footnotes:

E: Performance Data and Outcomes

Table 23 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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	<p>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.]"</p> <p>Outcome Reported: Average age at first use of alcohol.</p>		
	Age 12 - 20 - CY 2023		
	Age 21+ - CY 2023		
2. Age at First Use of Cigarettes	<p>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.]"</p> <p>Outcome Reported: Average age at first use of cigarettes.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
3. Age at First Use of Tobacco Products Other Than Cigarettes	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product]^[a]?[Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first use of tobacco products other than cigarettes.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
4. Age at First Use of Marijuana or Hashish	<p>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.]"</p> <p>Outcome Reported: Average age at first use of marijuana or hashish.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		
5. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	<p>Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever]^[b] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]"</p> <p>Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.</p>		
	Age 12 - 17 - CY 2023		
	Age 18+ - CY 2023		

[a]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

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

Footnotes:

E: Performance Data and Outcomes

Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – 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	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2023		
2. Perception of Peer Disapproval of Cigarettes	<p>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]"</p> <p>Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.</p>		
	Age 12 - 17 - CY 2023		
3. Disapproval of Using Marijuana Experimentally	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2023		
4. Disapproval of Using Marijuana Regularly	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 17 - CY 2023		
5. Disapproval of Alcohol	<p>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]"</p> <p>Outcome Reported: Percent somewhat or strongly disapproving.</p>		
	Age 12 - 20 - CY 2023		

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Footnotes:

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Table 25 – Substance Use Disorder Prevention NOMs Domain: Employment/Education Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	<p>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]"</p> <p>Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.</p>		
	Age 15 - 17 - CY 2023		
	Age 18+ - CY 2023		

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Table 26 – Substance Use Disorder Prevention NOMs Domain: Employment/Education Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2024		

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

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	<p>Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System</p> <p>Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.</p>		
	CY 2024		

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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	<p>Source: Federal Bureau of Investigation National Incident-Based Reporting System</p> <p>Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.</p>		
	CY 2024		

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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)	<p>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]</p> <p>Outcome Reported: Percent reporting having talked with a parent.</p>		
	Age 12 - 17 - CY 2023		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<p>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?" ^[a][Response options: 0 times, 1 to 2 times, a few times, many times]</p> <p>Outcome Reported: Percent of parents reporting that they have talked to their child.</p>		
	Age 18+ - CY 2023		

[a]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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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	<p>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]^[a]?"</p> <p>Outcome Reported: Percent reporting having been exposed to prevention message.</p>		
	Age 12 - 17 - CY 2023		

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

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

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- and Population-Based Programs and Strategies – Number of Persons Served by Age, Sex, Race, and Ethnicity	10/1/2022	9/30/2024
2.	Table 32 - Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	10/1/2022	9/30/2024
3.	Table 33 - Number of Programs and Strategies by Type of Intervention	10/1/2022	9/30/2024
4.	Table 34 - 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	10/1/2022	9/30/2024

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).

AHCCCS accepts the pre-populated data for the SUPTRS BG Report Tables on NOMs.

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 participants to the More Than One Race subcategory.

AHCCCS hires a statewide evaluator for primary prevention services. The evaluator has created standardized tools that mirror the SAMHSA required reporting tables, including race categories. Race responses are self-reported. Therefore it is up to the individual to determine which category to select, including "more than one race" subcategory.

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

The reporting period for Tables 31 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand 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 the calendar year, please indicate in this footnote why you are unable to report on the calendar year and the steps the state intends to take to make calendar year reporting possible in future years.

	Individual-Based Programs and Strategies-Number of Persons Served	Population-Based Programs and Strategies-Number of Persons Reached
A. Age	66,777	10,188,861
0-5	2,070	10,683
6-12	15,440	57,357
13-17	15,084	104,270
18-20	7,878	238,050
21-24	1,821	77,211
25-44	7,350	125,040
45-64	5,108	1,020,594
65-74	868	737,957
75+	499	51,018
Age Not Available ^a	10,659	7,766,681
B. Sex	66,765	10,188,861
Male	28,339	1,162,475
Female	27,713	1,238,639
Sex Not Available	10,713	7,787,747
C. Ethnicity	66,777	10,188,861
Hispanic or Latino	17,899	558,225
Not Hispanic or Latino	32,879	1,754,201
Ethnicity Not Available	15,999	7,876,435
D. Race	66,765	10,188,861
White	18,735	1,395,026
Black or African American	2,845	84,641
Native Hawaiian/Other Pacific Islander	244	4,799
Asian	1,078	20,673
American Indian/Alaska Native	13,727	583,019
More Than One Race	4,559	114,526

Some other Race	0	0
Race Not Available	25,577	7,986,177

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Footnotes:

AZ is noting 2 subrecipients reporting data issues that have a minor impact on this data. One reported all individuals reached as individual-based rather than splitting between individual-based and population based. One did not utilize the correct age categories therefore all were reported in age not available.

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Table 32 - Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

The reporting period for Tables 32 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand 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 the calendar year, please indicate in this footnote why you are unable to report on the calendar year 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

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Footnotes:

Table is marked not required therefore AHCCCS is not reporting this table.

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Table 33 - Number of Programs and Strategies by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2023 which coincides with the reporting period for the pre-populated prevention NOMs in Tables 21-30. We understand 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 the calendar year, please indicate in this footnote why you are unable to report on the calendar year and the steps the state intends to take to make calendar year reporting possible in future years.

Definition of Evidence-Based Programs and Strategies: Evidence-Based Prevention Programs (EBPs) are designed to prevent substance use and related negative outcomes. Most strategies are designed to be delivered in specific settings, to specific age groups, and to specific population. EBPs are prevention strategies that were reported as effective for your substance and population of focus. EBPs should be identified by one of three ways:

1. Inclusion in a formal registry of evidence-based interventions such as federal, state or foundation registries
2. Being Reported (with positive effects) in a peer-reviewed journal
3. Documentation of effectiveness based on one or more of the following guidelines:
 - Guideline 1:
The intervention is connected to a theory of change based upon a clear logic or conceptual model. The intervention should be informed by risk and protective factors research.
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented multiple times with results that show a consistent pattern of credible and positive effects.
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that may include: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; or 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 with allowability for innovative programs and promising programs with conditions. AHCCCS policy and contracts with prevention providers delineate the definitions of evidence-based programs. 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.

2. Describe how the state collected data on the number of programs and strategies. What is the source of these 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). GOYFF also 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. For entities that do not enter into the data portals (few instances), AHCCCS requests the data and they utilize their own processes. to document their activities AHCCCS provides templates to these subrecipients as requested.

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	194	143	337	38	13	388
2. Total number of Programs and Strategies Funded	673	1,126	1,799	105	61	1,965

3. Percent of Evidence-Based Programs and Strategies	28.83%	12.70%	18.73%	36.19%	21.31%	19.75%
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Table 34 - 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 34 is the 24-month expenditure period of the FFY 2023 SUPTRS BG award.

	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 # 114	\$1,259,837.00
Universal Indirect	Total # 143	\$48,102.00
Selective	Total # 53	\$686,476.00
Indicated	Total # 13	\$68,077.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 323	Total Dollars Spent: \$2,062,492.00

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Prevention Attachments

Submission Uploads

FFY 2026 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2026 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2026 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2026 Prevention Attachment Category D:		
File	Version	Date Added

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Footnotes:

No additional prevention materials to provide at this time.