



**Spending Plan Proposal  
for the Implementation of the  
American Rescue Plan Act of 2021,  
Mental Health Block Grant (MHBG)**

**July 30, 2021**

**Spending Plan for Implementation of American  
Rescue Plan Act of 2021, Section 9817**

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## Spending Plan for Implementation of American Rescue Plan Act of 2021, Section 9817

July 30, 2021

Dr. Miriam Delphin-Rittmon  
Assistant Secretary for Mental Health and Substance Use  
Department of Health and Human Services  
Substance Abuse Mental Health Services Administration (SAMHSA)

Dear Dr. Delphin-Rittmon:

Thank you for the opportunity to provide, for SAMHSA review, the attached narrative and spending plan proposal for implementation of Public Law 117-2, the American Rescue Plan Act of 2021 (ARPA) for the Mental Health Block Grant (MHBG), to address the effects of the COVID -19 pandemic for Arizonans with mental illness.

The Arizona Health Care Cost Containment System (AHCCCS), which serves as the Mental Health Commission for Arizona, has worked with mental health stakeholders to identify needs and gaps within the mental health and crisis services continuum and are pleased to provide these proposed strategies to actively address.

Thank you again for this opportunity to provide the attached narrative and spending plan proposal. I welcome any further questions or requests for additional information.

Sincerely,



Kristen Challacombe

Arizona Mental Health Commissioner

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## EXECUTIVE SUMMARY

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) (Pub.L. 117-2) into law. The Substance Abuse and Mental Health Services Administration (SAMHSA) was directed to provide additional funds to support states through the Mental Health Block Grant (MHBG) in order to address the effects of the COVID-19 pandemic for children designated with Serious Emotional Disturbance (SED), adults designated with Serious Mental Illness (SMI), and assistance for ongoing initiatives for individuals who experience a First Episode Psychosis (FEP). Key programs and projects highlighted in this ARPA MHBG proposal include:

### Children Designated with SED

1. Implementation of a statewide standardized process for early identification and referral for SED assessment;
2. Implementation of co-located models of care and strengthening of evidence-based practice delivery for justice involved youth;
3. Implementation of a Child Psychiatry Access Program (CPAP) in order to expand access to child and adolescent psychiatrists for Primary Care Providers (PCPs); and
4. Expansion of the availability of parent and family support services, Child and Family Team (CFT) coaches, and professional development opportunities to support the behavioral health workforce.

### Adults Designated with SMI

1. Expansion of technical assistance efforts and monitoring fidelity of Assertive Community Treatment (ACT), Supportive Housing, Supported Employment, and Peer Support;
2. Expansion of the availability of peer support services;
3. Expansion of the capacity of behavioral health providers to serve individuals with Intellectual and Developmental Disabilities (I-DD) through the National Association of Dually Diagnosed (NADD) accreditation and Project Extension for Community Health care Outcomes(ECHO); and
4. Implementation of a digital identification wallet.

### Crisis System

1. Implementation of an electronic crisis services locator where providers can access real-time information on available crisis beds;

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2. Creation of specialized wraparound teams for crisis stabilization for children with an SED designation;
3. Development of 23 hour crisis stabilization units for children with an SED designation in regions where they are currently not available; and
4. Expansion of short-term behavioral health residential settings to serve children with an SED designation who present in crisis.

### First Episode Psychosis

1. Support for additional FEP positions to provide outreach and treatment services;
2. Support the training and staff time to participate in evidence-based practices;
3. Funding of supplies and outreach materials.

These proposed programs and projects will allow for increased service capacity and improved access to mental health care for individuals designated with SED or SMI to aid in the unprecedented behavioral health needs experienced due to the impact of COVID-19.

## NEEDS AND GAPS OF ARIZONA'S MENTAL HEALTH SERVICES CONTINUUM INCLUDING PREVENTION, INTERVENTION, TREATMENT, AND RECOVERY SUPPORT SERVICES

AHCCCS assesses the mental health services continuum needs and gaps through multiple means, including qualitative feedback from ongoing stakeholder engagement efforts, needs assessments, tracking of mental health service utilization trends, and assessment of quality metrics. Based on the review of these data sources, the mental health services continuum needs in Arizona include:

- 1. The need to develop standardized processes to identify, refer, and assess children for an SED designation.**

In order to adequately address the mental health needs of children in Arizona, the appropriate identification and referral mechanisms for assessment of SED must exist for child-serving systems. The systems that most commonly interface with children are the education system as well as primary care providers. Informing and providing the education system and primary care providers with a user-friendly interface for referral for SED assessment will improve early identification and initiation of service delivery for children designated as SED. This strategy will also augment the current behavioral health in schools initiative in Arizona as well as the Targeted Investments efforts to improve access to mental health care in educational and primary care settings.

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In addition, Arizona will benefit from standardization of the functional impairment criteria for an SED designation as well as an assessment process. Based on a recent Statewide analysis conducted, there is variation of how functional impairment is defined and applied for SED designation.

### 2. **The need to expand access to evidence-based mental health care for justice-involved youth with an SED designation.**

Minority youth in Arizona's juvenile justice system are disproportionately represented when compared to the general youth population. For example, in 2020, of the youth committed to the Arizona Department of Juvenile Corrections (ADJC), 15 percent were African American, 13.5 percent bi-racial, and 44.9 percent Hispanic. The most recently available Arizona census data for 2019 demonstrates that 5.2 percent of Arizona youth are African American, 2.9 percent biracial, and 31.7 percent. Addressing the mental health needs of youth in the juvenile justice system is a critical component to reducing the risk of recidivism and thus addressing these disparities.

During conversations with peer and family support providers, needs identified included:

- Parent peer support services to assist parents with navigating the behavioral health system;
- Reach-in services to assist juveniles exiting detention to facilitate and connect to services immediately upon release; and
- Increased technological infrastructure to conduct virtual services during the COVID-19 pandemic.

AHCCCS conducted a targeted needs assessment for justice-involved youth with an SED designation. Overall findings of this needs assessment, which included data gathering from key informant interviews and focus groups with youth currently in detention facilities, demonstrates the need for improved coordination of care with the outpatient mental health provider prior to release through reach-in activities and improved access to mental health care for youth on probation or parole. Additionally, based on ongoing justice system collaboration efforts and lessons learned from the AHCCCS Targeted Investments (TI) co-located behavioral health model for adults, co-location of behavioral health providers within juvenile probation and parole offices will increase access to mental health services for children with an SED designation who are involved with the juvenile justice system.

Coupled with the efforts of reach-in programs for juvenile detention and co-location with juvenile probation or parole, there is an ongoing need to increase the behavioral health system capacity to implement evidence-based treatment for justice-involved youth with an SED designation. For example, currently Arizona only has one behavioral health provider certified in

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Multisystemic Therapy® (MST®). Expanding the behavioral health provider system capacity to implement MST and other evidence-based treatments for justice-involved youth will be an important strategy in order to reduce the risk of recidivism and improve prosocial behaviors including school attendance and living at home.

### **3. The need to expand the primary care workforce capacity to serve children designated with SED through access to child and adolescent psychiatrists and other mental health specialists.**

Arizona, similar to other states, has a shortage of child and adolescent psychiatrists and other licensed mental health professionals to serve children designated with SED. Although AHCCCS has made progress with expanding access to mental health care through primary care providers based on integration efforts, including the Targeted Investment Program, additional capacity is necessary to serve the increasing number of children who present with mental health needs in light of the COVID-19 pandemic. One model that has demonstrated success in other states is the Child Psychiatry Access Program (CPAP), which provides primary care providers with direct access to child and adolescent psychiatrists and other pediatric mental health specialists.

### **4. The need to expand evidence-based practices for adults designated with SMI including Assertive Community Treatment (ACT), Supportive Housing, Supported Employment, and Peer Support.**

Historically, the development and fidelity monitoring of these services focused on Maricopa County, the most populous county in Arizona. Efforts to expand this work into Northern and Southern Arizona have shown promise despite multiple challenges, including behavioral health provider shortages and the rural nature of much of these regions. Existing service providers in these regions benefit from extensive technical assistance to develop the infrastructure and provide services that meet fidelity to criteria established by SAMHSA.

In light of the additional difficulties in accessing affordable housing brought forth during the COVID-19 pandemic, there is a critical need to expand upon the supportive housing services available, while also ensuring that housing, once located, can be maintained. Housing maintenance needs include intensive supportive services focused on individuals at risk of eviction to ensure that they are not displaced from their homes. While there have been multiple programs recently established to provide monetary support to acquire and maintain housing, individuals require additional support in learning how to furnish their home, pay for groceries and utilities, and to budget, in order to make their housing stable and sustainable.

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During conversations with peer and family support providers, the following needs were also identified:

- Reach-in services to individuals exiting the justice system to facilitate and connect to support services immediately upon release;
- Transitional housing and services/supports continues to be a need;
- Workforce development and capacity building to enhance/increase current peer support capacity, as well as to train new peer para-professionals to meet the increased demand for services;
- Intensive transitional step down programming for individuals transitioning from inpatient settings; and
- Increased technological infrastructure to conduct virtual services during the COVID-19 pandemic.

Additionally, individuals with an SMI designation, including those who experience homelessness, may not have the proper identification documents that are required for social security applications, applying for benefits, and/or are required for access to housing, social, medical and financial services. Mobile digital identity solutions through the use of digital wallet technology will assist individuals with applying for these benefits and/or services.

### **5. The need to expand and enhance service delivery for individuals with intellectual and developmental disabilities (I-DD) and designated with SMI.**

Individuals with I-DD and mental illness are at risk of delayed identification and treatment of their co-occurring mental illness, which may result in higher levels of care utilization including extended hospitalization while awaiting appropriate treatment service availability. Factors contributing to the delayed identification and treatment include a limited mental health workforce with the expertise necessary to effectively identify and implement pharmacologic and non-pharmacologic treatment. The COVID-19 pandemic exacerbated these challenges, as social distancing and change in day treatment programming to limit the spread of COVID-19 has resulted in increased community isolation for these individuals.

## NEEDS AND GAPS OF ARIZONA'S MENTAL HEALTH SERVICES RELATED TO DEVELOPING A COMPREHENSIVE CRISIS CONTINUUM

Consistent with AHCCCS efforts to identify needs and gaps within the mental health services continuum, AHCCCS also assesses the crisis services continuum needs and gaps through multiple means, including the completion of a crosswalk between Arizona's current crisis system infrastructure against SAMHSA



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best practice, qualitative feedback from ongoing crisis stakeholder engagement efforts, and tracking of crisis service utilization trends. Based on the review of these data sources, the crisis services continuum needs in Arizona consist of the need to further develop a comprehensive 24/7 crisis continuum for children with an SED designation and their families.

Arizona, similar to other states, is seeing an increase in emergency department boarding for children. This trend is due to multiple factors, including the additional stressors brought upon by the COVID-19 pandemic, coupled with the lack of the availability of 23 hour crisis stabilization units, short-term residential treatment options, and intensive specialized wraparound. Children that are particularly at risk of extended emergency department boarding include children with an SED designation under the age of 12, children with co-occurring I-DD, and children with multi-system involvement. Currently, only Southern Arizona (Pima County) has a designated 23 hour crisis stabilization unit for children, which further exacerbates emergency department boarding.

The availability of the full continuum of crisis services for children designated with an SED designation is compounded by the shortage of mental health providers in the public behavioral health system. Although this issue is not new in Arizona, it has been further exacerbated by the COVID-19 pandemic as behavioral health providers report loss of workforce due to family commitments (e.g., parents staying home to support their child with at-home learning), the availability of other job opportunities, and other factors. Specific models of care that support the behavioral health workforce, including professional development opportunities, access to technology to ease workflow, and coaching are critical to maintain the public behavioral health system workforce.

Lastly, although the coverage of telehealth for behavioral health service delivery is robust in Arizona, many of the services and supports through the crisis continuum cannot be appropriately provided via telehealth modalities. For example, mobile teams and the higher levels of care such as inpatient hospital and residential must be provided in-person. Additionally, while creative hybrid telehealth and in-person models for wraparound exist, children with an SED designation and their families in crisis often benefit from in-person support. Thus, further professional development opportunities for the behavioral health workforce, including parent and family support services to provide both in-person and virtual care is essential for crisis stabilization for youth and families.

## DEVELOPMENT OF CRISIS AND OTHER NEEDED PREVENTION, INTERVENTION, TREATMENT AND RECOVERY SUPPORT SERVICES

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### RESPONSIVE TO THE NEEDS OF ARIZONANS WITH AN SMI OR SED DESIGNATION

AHCCCS proposes to implement the following initiatives to address the needs and gaps for the mental health and crisis services continuum in Arizona:

#### Adults Designated with SMI

1. Expand technical assistance efforts and monitor fidelity of the evidence-based practices ACT, Supportive Housing, Supported Employment, and Peer Support for adults with an SMI designation.
  - AHCCCS will utilize a vendor(s) to provide technical assistance using the SAMHSA best practice and related audit tools for ACT, Supportive Housing, Supported Employment, and Peer Support.
  - AHCCCS will utilize a vendor(s) to conduct ongoing program fidelity monitoring of the implementation of ACT, Supportive Housing, Supported Employment, and Peer Support.
2. Expand the capacity of behavioral health providers to serve individuals with I-DD and designated with SMI.
  - AHCCCS will fund technical assistance for NADD accreditation and certification costs for behavioral health providers who serve individuals with I-DD and designated with SMI.
  - AHCCCS will implement Project ECHO for psychiatrists and psychiatric nurse practitioners with national psychopharmacological experts in the field of dual I-DD and mental illness.
3. Expand the number of peer support services available.
  - AHCCCS will fund additional peer support positions at provider agencies.
  - AHCCCS will fund additional peer support training and additional peer support workforce development costs.
4. Implement a Digital Identification Wallet for individuals with an SMI designation (further described in the health information technology section of this proposal).
5. Improve coordination of care for individuals transitioning between levels of care or correctional facilities.
  - AHCCCS will fund intensive transitional step down programming for individuals transitioning from inpatient settings.
  - AHCCCS will fund additional reach-in activities to correctional facilities.

#### Children Designated with SED

1. Implement a statewide standardized process for early identification and referral for SED assessment.

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- a. AHCCCS will update policies for SED designation including the implementation of a statewide standardized definition for functional impairment.
  - b. AHCCCS will fund a standardized SED assessment model utilizing the updated AHCCCS policy.
2. Implement co-located models of care and strengthen evidence-based mental health care delivery for justice-involved youth with an SED designation.
  - a. Develop co-location models of behavioral health delivery within juvenile probation and parole offices.
    - i. AHCCCS will partner with juvenile justice partners and behavioral health providers to strengthen reach-in activities in detention centers and referral for ongoing services once youth are released.
    - ii. AHCCCS will partner with juvenile justice partners and behavioral health providers to identify and implement co-located models of care, leveraging telehealth when indicated.
  - b. Expand mental health workforce trained to implement evidence based practice for justice-involved youth
    - i. AHCCCS will fund costs for behavioral health providers to become MST<sup>®</sup> certified.
    - ii. AHCCCS will work with juvenile justice partners to identify other evidence-based modalities and fund related technical assistance and certification costs required for implementation by behavioral health providers.
3. Implement a Child Psychiatry Access Program (CPAP) and preschool mental health consultation model in order to expand access to child mental health experts.
  - a. AHCCCS will fund a CPAP designed for Primary Care Providers (PCPs) which will include:
    - i. Telephone consultation with either a Child and Adolescent Psychiatrist or independently licensed Behavioral Health Clinician;
    - ii. Face-to-face consultation with either a Child and Adolescent Psychiatrist or independently licensed Behavioral Health Clinician when indicated;
    - iii. Resource Identification and Referral; and
    - iv. Practice-focused training and education.
  - b. Arizona will join the National Network of Child Psychiatry Access Programs (NNCPAP) to learn from other states and implement program quality improvement efforts.
  - c. Arizona will fund child care setting and preschool mental health consultation models designed to reduce risk of preschool expulsion.
4. Strengthen Child and Family Team (CFT) coaching and support.
  - a. AHCCCS will fund additional CFT coach positions to support CFTs who work with children designated with SED.
  - b. AHCCCS will fund training costs for parent and family support specialists.

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- c. AHCCCS will fund other professional development opportunities for behavioral health providers who serve children designated with SED, including professional conference costs required for maintenance of licensure, direct licensure costs, and EBP certification costs.

### Crisis System

1. Implement a Crisis Bed Registry where providers can access real-time information on available crisis beds (further described in the health information technology section of this proposal).
2. Creation of specialized wraparound teams for crisis stabilization for children with an SED designation. AHCCCS will fund the start-up infrastructure costs associated with the creation of specialized wraparound teams, including behavioral health provider positions, staff training and supervision costs, building improvement costs, and purchase of equipment and software.
3. Development of 23 hour crisis stabilization units for children with an SED designation in Central and Northern Arizona. AHCCCS will fund the start-up infrastructure costs associated with the creation of 23 hour crisis stabilization units, including behavioral health provider positions, staff training and supervision costs, building improvement costs, and purchase of equipment and software.
4. Expansion of short-term behavioral health residential settings to serve children with an SED designation who present in crisis. AHCCCS will fund the start-up infrastructure costs associated with the creation of new short-term behavioral health residential settings, including licensure costs, behavioral health provider positions, staff training and supervision costs, building improvement costs, and purchase of equipment and software.
5. AHCCCS will fund additional supportive and professional development opportunities for behavioral health providers who work with children designated with SED.

## COLLABORATION WITH STAKEHOLDERS TO ADDRESS MENTAL HEALTH AND CRISIS SERVICE CONTINUUM NEEDS

Throughout the ARPA MHBG project implementation, AHCCCS will leverage its formal and informal collaborative relationships with stakeholders who share a vested interest in mental health and crisis services for individuals designated with SED or SMI, including:

- The Administrative Office of the Courts
- The Arizona Department of Child Safety (DCS)
- The Arizona Department of Corrections (ADOC)
- The Arizona Department of Education (ADE)
- The Arizona Department of Emergency and Military Affairs (DEMA)
- The Arizona Department of Health Services (ADHS)
- The Arizona Department of Housing (ADOH)

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- The Arizona Department of Juvenile Corrections (ADJC)
- The Arizona Department of Veterans' Services (ADVS)
- The Council of Human Service Providers
- The County Public Health Departments
- The Governor's Office of Youth, Faith, and Family (GOYFF)

Additionally, Arizona has an active Behavioral Health Planning Council (BHPC) that meets monthly. The majority (i.e., 51 percent or more) of Arizona's BHPC is composed of members and family members and serves to monitor, review, and evaluate the allocation and adequacy of mental health services within Arizona. Arizona will continue to utilize the expertise and membership of the BHPC throughout the life of these supplemental ARPA MHBG funds, which will include presenting data on the status of project implementation and outcome evaluation.

### TEN PERCENT SET ASIDE FOR FIRST-EPIISODE PSYCHOSIS AND FIVE PERCENT SET ASIDE FOR CRISIS SERVICES

For the ten percent set aside for first-episode psychosis (FEP), Arizona will leverage the current Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) that are currently operating and providing First Episode Psychosis (FEP) services. Services and supports to be enhanced through these FEP providers include:

- Funding of additional FEP positions to provide outreach and treatment services
- Funding of training and staff time to participate in the following evidence-based practices to treat individuals with FEP:
  - Eye Movement Desensitization and Reprocessing (EMDR),
  - Coordinated Specialty Care (CSC), and
  - Cognitive Enhancement Therapy (CET).
- Funding of supplies and outreach materials.

For the five percent set aside for crisis services, AHCCCS has proposed the development of crisis services as outlined in this proposal.

### HEALTH INFORMATION TECHNOLOGY (IT) STANDARDS CONFORMANCE AND INFRASTRUCTURE INVESTMENTS

AHCCCS IT projects that require coordination and data sharing with the Health Information Exchange (HIE) or between organizations will follow IT standards for infrastructure or advancement and conform to all standards for confidentiality and compliance. AHCCCS will use the appropriate ANSI X12 and

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NCPDP electronic data standards as applicable to the type of data being exchanged including any covered transactions.

Health Current is the statewide HIE for Arizona and their technology adheres to the established national standards identified by the Office of the National Coordinator for Health Information Technology (ONC) for interoperable data exchange. This includes the 2015 Edition Common Clinical Data Set (CCDS) standards and HL7 CDA R2 Standards. The technologies to be adopted are also consistent with the 2021 Interoperability Standards Advisory (ISA) Reference Edition in support of Social Determinants of Health including standards such as SNOMED, ICD10 z codes, CPT4, HCPCs and other national accepted interoperability standards. Health Current supports the state's Prescription Drug Monitoring Program (PDMP) through the use of an API directing end users to Arizona's Board of Pharmacy.

AHCCCS proposes the following health information technology infrastructure investments in order to address the needs of individuals with a SMI or SED designation:

**1. Implementation of a Crisis Bed Registry where providers can access real-time information on available crisis beds and other crisis services through Health Current.**

AHCCCS will fund Health Current, the state's HIE, to develop a real-time crisis services locator. During Phase I of implementation, the crisis services locator will include a bed registry that will enable behavioral health providers to quickly assess 23-hr stabilization and inpatient capacity at crisis facilities. Available crisis beds, including their locations, available services, and direct contact information will be included in Phase I implementation of the crisis services locator. The functionality of the crisis services locator will be expanded beyond 23-hour and inpatient bed capacity based on stakeholder feedback from Phase I implementation.

**2. Implementation of a Digital Identification Wallet for individuals with an SMI designation.**

AHCCCS will work with the Regional Behavioral Health Authorities (RBHAs) and behavioral health providers to implement a statewide solution for individuals with an SMI designation who are in need of a digital wallet/locker technology solution. AHCCCS will procure a vendor to build the digital wallet/locker program and will subsequently provide administration and management of the tool through a fee model. Members will use the data locker's electronic "wallet" or website to upload and store critical documents online. It will also enable individuals with an SMI designation to grant access to their data locker to third parties, when appropriate, to assist in eligibility or other document sharing needs, and will allow third parties to upload documents directly into the locker when necessary.

**3. Expansion of technology access to enable telehealth service delivery.**

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AHCCCS will fund the technological infrastructure (e.g., smart phones, computers, internet subscription expenses) for behavioral health providers who serve individuals with an SMI or SED designation. Additionally, AHCCCS will fund the technological infrastructure necessary to enable school-based and co-located justice-based behavioral health service delivery.

#### **4. Evaluation of an electronic referral system for primary care providers and the education system to refer children for an SED assessment and implementation if deemed feasible.**

In Phase I, AHCCCS will consult with a vendor(s) on the feasibility of utilizing Health Current for primary care providers and the education system to send direct referrals for an SED assessment via the state's HIE. If determined feasible, AHCCCS will fund the implementation of this electronic referral system in Phase II of this project.