

# Arizona

## UNIFORM APPLICATION

FY 2021 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
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Center for Mental Health Services  
Division of State and Community Systems Development

## A. State Information

### State Information

#### State DUNS Number

Number 805346798

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Health Care Management

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

From 7/1/2019

To 6/30/2020

#### IV. Date Submitted

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

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#### Footnotes:

## B. Implementation Report

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

**Priority #:** 1  
**Priority Area:** Underage Alcohol Use  
**Priority Type:** SAP  
**Population(s):** PP, Other (Adolescents w/SA and/or MH, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder)

**Goal of the priority area:**

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

**Strategies to attain the goal:**

Strategies to attain the objective:

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

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

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Annual Performance Indicators to measure success on a yearly basis.
<b>Baseline Measurement:</b>	The percentage of youth reporting past 30 day alcohol use (more than just a few sips) at 11.5% of those in the 8th grade, 20.2% of those in the 10th grade, and 30.7% of those in the 12th grade, as measured by the 2018 Arizona Youth Survey.
<b>First-year target/outcome measurement:</b>	Decrease the percentage of youth reporting past 30 day alcohol use (more than just a few sips) from the current level of 11.5% to 10.5% of those in the 8th grade, 20.2% to 19.2% of those in the 10th grade, and 30.7% to 29.7% of those in the 12th grade, as measured by the 2020 Arizona Youth Survey.
<b>Second-year target/outcome measurement:</b>	Decrease the percentage of youth reporting past 30 day alcohol use (more than just a few sips) from 10.5% to 9.5% of those in the 8th grade, 19.2% to 18.2% of those in the 10th grade, and 29.7% to 28.7% of those in the 12th grade, as measured by the 2022 Arizona Youth Survey.
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	Arizona Youth Survey (AYS)

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

AYS is released every two years so the 2019 numbers will be difficult to evaluate until 2020.  
[http://azcjc.gov/sites/default/files/pubs/AYSReports/2018/2018\\_Arizona\\_Youth\\_Survey\\_State\\_Report.pdf](http://azcjc.gov/sites/default/files/pubs/AYSReports/2018/2018_Arizona_Youth_Survey_State_Report.pdf)

**New Data issues/caveats that affect outcome measures:**

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

## Report of Progress Toward Goal Attainment

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

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

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

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

Outreach

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

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

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

Mercy Care contractors Phoenix Indian Center (PIC) and Urban Indian Coalition of Arizona (URICAZ) held outreach events in the community and schools for Native youth, Native-serving organizations, and others. These occurred in Mesa, Tempe, and Phoenix. The Tanner Community Development Corporation (TCDC) and the Helping Enrich African American Lives (HEAAL) Coalition conducted outreach in South Phoenix and Maryvale communities, working with faith-based organizations, schools, parents, community members, healthcare organizations, and others. In addition, TERROS and the Safe Out Youth Coalition conducted outreach throughout Maricopa County, working with LGBTQ-serving organizations in a variety of community sectors. The Teen Lifeline and the Arizona Suicide Prevention Coalition (AZSPC) conducted community-based outreach efforts, including school within Maricopa County.

Collaboration

The Tribal Regional Behavioral Health Authorities (TRBHAs) Gila River and Pasqua Yaqui continued to collaborate with community-based organizations, school, youth, and their families on strategies to reduce ATOD use and abuse. In Guadalupe, the Mobile Mediation

Assistance Treatment clinic reported four visits, MSPI family nights were used to increase the family's bonding through traditional arts experiences, as well as community-based connectivity through the experience of traditional food and medicine classes. The Gila River Health Care Behavioral Health Services Prevention Program's collaboration with local schools provided a foundation for building additional relationships and adding Botvin Life Skills class to the outreach provided. With the onset of the Covid-19 pandemic, established collaborations made it possible to continue outreach activities using varying messaging methods and services. Mercy Care providers collaborated with numerous community-based partners including local school districts, youth services providers, municipal prevention organizations, and others to provide education and training to support the decrease of ATOD use. This included Terros/Safe Out collaborating with providers serving LGBTQ young adults, Teen Lifeline/AZSPC who collaborated with local addressing suicide prevention and substance abuse.

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

#### Targeted Interventions

In this reporting period numerous trainings and educational event were held to engage with youth and their families. In Northern Arizona Arizona Youth Partnership in Mohave County held RX360 trainings for local youth and their parents & Marijuana Use and Psychosis trainings as well. In Coconino County, Coconino Coalition for Children & Youth (CCC&Y) provided Trauma Informed/Resiliency/Mindfulness Training for the community & school districts, provided an events calendar to educate families on the positive activities happening in the community. ChangePoint Integrated Health in Navajo County provided education to groups and individuals, case management, and provided training to first responders and local medical providers on drug use and prevention. In Yavapai County MATFORCE provided 14 RX Drop Box locations, participated in Dump the Drugs/National Take Back Day in 12 different locations, and provided training to prescription providers.

Pascua Yaqui reported the Guadalupe Community Partnership coalition established a subcommittee to support youth and bring resources to the community, including a film production involving local youth.

The Governor's Office of Youth Faith & Family provided evidence-based practices to provide education and support to decrease ATOD use in the school. The 9th grade student population was the targeted group for these efforts that included Alcohol 360, Marijuana 360, Rx360, Too Good for Drugs, and Project Rewind and Project SUCCESS.

#### Other Efforts/Information

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

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

#### Outcomes

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

In Mohave County Arizona Youth Partnership gathered attendance date for coalition meetings, educational trainings, and community events was used to measure outcomes. In addition, Arizona Youth Survey showed that use of prescription pain killers by youth had dropped, 10th grade lifetime use has dropped, and 12th grade lifetime use has dropped as well.

Gila River reported Active Parenting outcomes reflecting knowledge of the importance of learning new information about being an active and educated parent on the harms and consequences of youth substance abuse. Parents and youth reported positive outcomes from program participation including 93.75% of parents agreed that it is important for family members to practice new skills even if it makes them uncomfortable at first, 93.75% of parents agreed that participating in Active Parenting and the related activities were valuable and that learned new skills and knowledge about how to parent, and 81.75% of parents said they learned new information about harms and consequences of youth substance use. Youth participants of Botvin Life Skills reported that outcome information is limited as cycles of Botvin ended when schools closed. The following outcomes were reported: 84.62% of youth reported that they now know more about how drugs and alcohol use can hurt them, 100% agreed that the program was helpful, 100% indicated that they had a goal not to use drugs, and 92.31% indicated that they were now committed not to use alcohol until they turned 21.

#### Progress/Barriers Identified

In the reporting period GOYFF'S HSHW youth enrolled in the evidence-based prevention programs showed positive increases and surpassed the targeted percent change for awareness of risk/harm of underage drinking, marijuana, cigarettes, vaping, use of Rx drugs, and other drugs. These youth also showed decreases in past 30-day use of alcohol, cigarettes, marijuana, and Rx drugs, but did

not meet the target percent change for any of the substances. During this reporting period, the most notable barrier was the curtailment of programming in March/April 2020 due to the COVID-19 pandemic. This impacted the delivery of programs as well as the final evaluation of the outcomes of the programs.

The impact of the COVID-19 Pandemic has created issues with all in-person events, trainings & coalition meetings. The pandemic has also created engagement issues with coalition partners and targeted populations. Some outreach activities could not occur or were converted to a virtual format. The COVID-19 Pandemic has created issues with all in-person events, trainings & coalition meetings. The pandemic has also created engagement issues with coalition partners and targeted populations.

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

#### Success Stories

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

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

**Priority #:** 2

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

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder)

#### Goal of the priority area:

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

#### Strategies to attain the goal:

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

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

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1

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

**Baseline Measurement:**

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

**First-year target/outcome measurement:**

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

**Second-year target/outcome measurement:**

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

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

Arizona Youth Survey (AYS)

**New Data Source(if needed):****Description of Data:**

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

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

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

[http://azcjc.gov/sites/default/files/pubs/AYSReports/2018/2018\\_Arizona\\_Youth\\_Survey\\_State\\_Report.pdf](http://azcjc.gov/sites/default/files/pubs/AYSReports/2018/2018_Arizona_Youth_Survey_State_Report.pdf)

**New Data issues/caveats that affect outcome measures:**

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

## Report of Progress Toward Goal Attainment

First Year Target:

Achieved

Not Achieved (if not achieved, explain why)

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

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

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

Outreach

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

GOYFF measured the High School Health and Wellness evaluation; perception of risk/harm, youth unfavorable attitudes of substance

use, past 30-day use, and family communication of substance use, and exposure to prevention messaging.

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

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

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

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

#### Collaboration

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

The Gila River Health Care (GRIC) BHS Prevention Program had established strong collaborations with schools in the community as well as those out of the community where GRIC members attend. At the beginning year, staff had been building a relationship with St. Peter's Mission School for the first time in program history. Through ongoing outreach with the school, the school agreed for program to provide Botvin Life Skills and this was initiated prior to the onset of COVID-19. The pandemic restrictions cancelled the services in progress to ensure the safeguards for the community members.

The Gila River Prevention Coalition has continued to operate prior and during the COVID-19 community safeguards. The coalition includes community members, elders, health care providers, school personnel, social services, law enforcement, and others. GRIC BHS Prevention Program also collaborates with the community's Head Start Programs, Boys and Girls Club, District Services Center, Health and Behavioral Health programs, law enforcement and other first responders, community social services, and other organizations to ensure a broad reach of messaging and services.

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

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



prevention and substance abuse. They have been instrumental in collaborating with advocacy groups including the American Foundation of Suicide Prevention AZ Chapter, which has led to historical passage of legislation for mandated suicide prevention education in schools, improved mental health parity and insurance laws, and universal hotline information shared on student identification badges. They lend expertise to other providers and stakeholders as well.

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

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

#### Targeted Interventions

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

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

Gila River provided 91 sessions of Botvin Life Skills and they were delivered with 371 (unduplicated) youth in attendance. Red Ribbon week activities were provided with 135 youth in attendance, 10 sessions were provided through our equine program (a leveraged resource) with 17 youth in attendance. For Parents; 14 family nights were held (includes alternative activities focused on family activities and small educational snippets) 135 youth and 204 parents attended, and 56 sessions of Active Parenting were provided with 89 (unduplicated) parents attending. For Community members; of the Community Education Sessions provided, 13 (15%) were focused on Youth Alcohol Use Prevention. In addition, four general substance use prevention presentations covering different drug trends took place. They also provided related sessions such as self-care, mental health awareness, a session focused on the relationship between opioid and substance use and healthy relationships. In total this represents, 34 of the 87 community education sessions provided. A total of 140 community members attended.

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

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

#### Other Efforts or Information

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

To complement Gila River's community education sessions, they also offer d sessions related to self-care, mental health, suicide

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

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

#### Outcomes Measured

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

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

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

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

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

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

#### Progress/Barriers Identified

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

Gila River progressed at the beginning of the year; they had made in-roads into being able to provide life Skills at the St. Peter's Mission School on the west side of the community. Gila River has been building this relationship for several years and after years of promotion, the program established life skill services. Currently, GRHC is finalizing a contract with local schools. COVID-19 initially presented major barriers in making the shift from in person to virtual events. Staff met several times (virtually) and developed strategies to respond to the evolving situation. Activities included skill building related to the use of virtual tools (WebEx), how to educate in a virtual environment, how to be interactive in a virtual environment.

One barrier that could not be overcome was continuing life skills programming in the short term. They continue to work on this issue and have successfully transitioned our Active Parenting program to virtual.

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

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

In Central Arizona many program activities scheduled for Q3 and Q4 were postponed or cancelled due to the COVID pandemic. Due to COVID Pascua Yaqui was unable to conduct their annual Prevention Week activities, which included; RX360 training for elders and our sticker shock campaign at local markets.

#### Success Stories Shared

There was positive feedback from GRIC departments when they receive emails with information or virtual activities. They were happy to receive them and took time to reply back that they are sharing it with others.

Everyone at Gila River is a little more comfortable with the IT aspect of working remotely and networking virtually.

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

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

With the combined efforts of the High School Health and Wellness program, a local church from the faith based coalition with community volunteers hosted a drug/alcohol free New Year's Eve Dance Party for students 13-18. All students were invited to attend. There were about 125 students that attend. The party had games, prizes, a photo booth, New Year's Eve countdown and balloon drop, and a big breakfast after midnight. The students had a great time, celebrated with each other in a positive and pro social setting that was alcohol and drug free. The community members that participated enjoyed spending time with the youth and helping create a memorable event.

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

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

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

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

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

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

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

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

**Priority #:** 3  
**Priority Area:** Youth  
**Priority Type:** SAT  
**Population(s):** Other (Adolescents w/SA and/or MH)

#### Goal of the priority area:

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

#### Strategies to attain the goal:

Arizona Health Care Cost Containment System (AHCCCS) Managed Care Organizations (MCOs) lines of business will continue to collaborate and meet regularly with child/adolescent providers to share information on substance abuse screening, trends, and best practices. AHCCCS and the MCO will provide and promote access to substance abuse training initiatives available to child/adolescent providers including those employed through other agencies such as the Department of Child Safety (DCS).

AHCCCS and the MCOs will continue to educate providers, contractors, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and substance abuse treatment centers. AHCCCS will ensure the availability of the standardized, parent-friendly, screening tool to identify substance use/abuse in the children and adolescents.

Additionally, AHCCCS is currently in the process of implementing the ASAM (American Society of Addiction Medicine) CONTINUUM®/AZ WITS (Web Infrastructure for Treatment System). Providers will utilize an online portal that contains the ASAM CONTINUUM® to place members in the appropriate level of care. AHCCCS will monitor enrollment number of youth diagnosed with a substance use diagnosis within the system of care.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

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

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

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

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

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

**Data Source:**

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

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No Data related issues identified.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

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

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

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

Outreach

Outreach is completed to various Transition Age Youth (TAY) initiative in the community. The provider regularly attends Homeless Youth Committee and Youth On the Rise initiative. Goals for these meetings are providing support and resources to help get TAY off the streets and into housing, services, etc. Various programs are available for Transition Age Youth at meetings with system partners to include collaboration meetings with DDD, Children's System of Care Meetings, as well as System of Care Practice Reviews (SOCPRs, when applicable. Providers are reminded during the SOCPRs of best practices for working with TAY, which includes utilization of the TIP Model. Providers are advised to review the TIP Model with their feedback reports show a lack of engagement with TAY and when there is no evidence of preparing the youth members for adulthood. The Substance Use Block Grant and State Opioid Response Grant allocates funds to specific providers to ensure outreach to our adolescent population with substance use and opioid use.

Information, education and treatment is offered to the target groups such as students at schools are identified by teachers, as individuals in need of substance abuse (SA) treatment and then referred to Behavioral Health services, as needed. Educational and informational booths were offered at outpatient clinics and hospitals, throughout the reporting year. Referrals are accepted by anyone in the community such as primary care physicians, teachers, tribal social services and probation department.

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

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

#### Collaboration

Integrated Care exists to help youth and young adults navigate various services and information about behavioral health services and where to go in need of substance abuse treatment. Health Homes and outreach workers are available as well. Through the year, 2nd Tuesdays has expanded to having a TAY event every Tuesday of the month. The first Tuesday is dedicated to housing resources for TAY, the 2nd Tuesday is behavioral health providers, the 3rd Tuesday is employment resources and the last Tuesday is dedicated to holding a TAY dinner. Juvenile Probation/Detention Centers within our service areas to receive TAY referrals for substance abuse services, as well as specific programming for SABG youth. Probation Departments to educate our contracted providers regarding the Risk Assessment tools used by probation to identify moderate to high-risk TAY, evaluating criminogenic factors that may lead to continued or increased Substance Use behaviors. In addition, working together and attend weekly staffing's with probation officers and judges. Nursing staff are trained in identifying and referring students to BHS services. Community schools collaborate with BHS. Tribal Social Services identify and refer to GRHC BHS. Collaboration with the Juvenile Justice system and is in the process of updating joint protocols with Juvenile Justice.

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

#### Targeted Interventions

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

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

#### Other Efforts or Information

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

There are created youth-focused marketing materials and distributed to schools and other youth-focused community organizations.

These materials provide information about SABG funds and available services. Providers hosts Project ECHO focused on SUD & MAT and offers training on these topics to all Health Homes and Providers.

There are continued efforts with the T4T suicide prevention trainings targeting educators and community members working with children.

- ASIST – 3 trainings completed with a total of 90 community, provider and educators trained.
- safeTALK – 4 trainings completed with a total of 120 community, provider and educators trained.
- YMHA – 4 trainings completed with a total of 100 community, provider and educators trained.

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

#### Outcomes Measured

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

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

including opioid use disorders. Please see the success stories below as reference for the impact of these trainings.

#### Progress/Barriers Identified

The number of youths who participate in the events has slowly been increasing due to the familiarity and consistency of provider staff engaging with the population. The adolescent substance use providers continue to increase education in the community and raise awareness of resources, medication assisted treatment and stigma related to substance use. Prior to COVID-19 transportation and parental involvement were barriers. Current barriers are access to internet and technology. Not all providers across Northern AZ have specialized tracks for youth substance abuse treatment due to low enrollment of youth members. All providers can and do offer youth treatment, but some providers due to greater enrollment in their area have the opportunity to offer youth groups in addition to individualized services, especially for youth involved in the criminal justice system. Providers continue to struggle with engaging families and youth in continued treatment. Probation/Courts can get in the way of treatment processes by treating substance use as a criminal issue instead of an addiction, which can disrupt therapeutic processes. Current community resources that are available to support families who are not TXIX Eligible or are undocumented. Other barriers include: Increased engagement in services; ongoing positive relationship with area schools; relationship established with the juvenile court Barriers: Parental engagement; social determinants of health; juvenile court process; pandemic.

#### Success Stories Shared

A 17-year-old showed up at one of the adult clinics. Staff outreached and within an hour, the 17-year-old was at COPE completing an intake for youth services and evaluation for Medication Assisted Treatment. One pregnant teen used the program to successfully abstain from substance use once she found out she was pregnant. Also, 3 youth completed 7 Challenges. As a result of increased monitoring of utilization of funds, HCA continues to support an SABG provider who exclusively serves youth and young adults.

**Priority #:** 4  
**Priority Area:** IV Drug Users  
**Priority Type:** SAT  
**Population(s):** PWID, Other (Underserved Racial and Ethnic Minorities)

#### Goal of the priority area:

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

#### Strategies to attain the goal:

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

#### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	Annual Performance Indicators to measure on a yearly basis
<b>Baseline Measurement:</b>	In Fiscal Year 18, 89.3% of those with a substance use disorder and received treatment were IV drug users.
<b>First-year target/outcome measurement:</b>	First year target/outcome measurement (Progress to end of SFY 2020), 90%
<b>Second-year target/outcome measurement:</b>	Second-year target/outcome measurement (Final to end of SFY 2021), 91%
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	CIS (Client Information Services)

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues identified.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

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

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

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

Outreach

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

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

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

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

Collaboration

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

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

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

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

Targeted Interventions

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

Through alternative funding sources (STR/SOR) are allocated to assist in housing, as this has been a social determinant of health identified by provider peers. Funding will assist members with rental/utility assistance, eviction prevention and welcome kits. Efforts have been enhanced to promote the use of naloxone, as well as network providers offering training/education on naloxone to members (and their families) they are treating.

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

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

experience an infection that require a hospitalization and IV antibiotic therapy.

#### Other Efforts or Information

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

#### Outcomes Measured

Outcomes measured for SABG funded IV drug users include, but are not limited to:

- Discharge status
- Number of intakes
- ASAM level of care throughout service delivery
- Achievement of treatment goals as identified by member

National Outcome Measures can be found in member records to include:

- Employment status
- Enrolled in school or vocational education program
- Housing
- Arrests within 30 days
- Abstinence from drugs and/or alcohol
- Participation in social support recovery 30 days prior

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

#### Progress/Barriers Identified

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

A barrier that we often face with this population is transition from the criminal justice system and detention centers.

The impact of the COVID19 Pandemic has been a barrier recently for ensuring members are consistent with their MAT clinics.

The stigma that continues surrounding opioid use and medication assisted treatment.

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

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

#### Success Stories Shared

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

A member from a provider was referred by outpatient services. Member successfully found a good paying job and exited without a housing subsidy. This member has continued in their MAT services and is doing well. In Central Arizona, over 14,300 RBHA members for the report period have received harm reduction training through Naloxone and

Naltrexone education. This demonstration of increased education in the network has led to almost 6,000 overdose reversal interventions through Naloxone for a population of membership that are at risk for overdose.

**Priority #:** 5  
**Priority Area:** Older Adults  
**Priority Type:** SAT  
**Population(s):** Other



**Goal of the priority area:**

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

**Strategies to attain the goal:**

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

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

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

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

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

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

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

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

**Data Source:**

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

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No Data related issues identified.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

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

Outreach

Outreach to identify older adults in need of substance use treatment under the Substance Abuse Block Grant is conducted through the RBHAs and Tribal RBHAs (TRBHAs). Outreach efforts were conducted for all demographic groups through engagement in various community forums and meetings such as the Adult & Child Services Committee, Dept. of Justice Collaborative meetings, quarterly Substance Use Treatment Providers Meeting and the AZ Coalition for Veterans and Families. RBHAs have also utilized vendors to

support targeted print and digital media focusing on health literacy, and education on treatment options for older adults engaged in substance use. This education also includes information on treatment availability for individuals who are underinsured or uninsured. For one TRBHA, although much of the outreach is being done online due to Covid-19 restrictions, they are still providing information and education to their district's senior centers. They also have BHS staff assigned to hospitals that are available to provide outreach to elders in the Emergency Department, Primary Care and Inpatient centers.

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

#### Collaboration

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

One RBHA funded two substance use prevention coalitions that focus on the use and misuse of medications by older adults.

BeMedSmart Coalition (BMS) - Pima Council on Aging – (PCOA) operates out of Pima County and Coalition to Improve Health and Increase Awareness of Medication Management through Prevention Coalition (CHAMMP) - Pinal Gila Council for Senior Citizens (PGCSC) runs in Pinal County Both coalitions guide decision making and education around counter-indicated medications and safe storage of prescription drugs. They also collaborated with the Health Department and Law Enforcement to sponsor medication drop off days. The TRBHAs maintained ongoing collaboration with community stakeholders and with off- reservation Behavioral Health Residential Facilities. They also worked with Primary Care to refer individual for review by the pain management committee to obtain treatment recommendations. The Gila River Caring House Skilled Nursing Facility referred identified individuals and counseling was provided either in office or on-site. There was also coordination with Elderly Services to participate in their events.

#### Targeted Interventions

One RBHA assisted in developing policies within the subacute facilities that allow for law enforcement drop off of members. This sped up the process in getting older adults with substance use disorder (SUD) into behavioral health services.

They have also partnered with Catalytic Health Partners (CHP) to work with members who are at the highest risk and cost. Many of these members were homeless and had multiple physical and behavioral health comorbidities, including SUD. Catalytic worked with these members wherever the member was. They were able to help stabilize their comorbidities and address their social determinants of health. CHP helped them to reconnect with their families, health homes and PCPs. Over 16.5% of the members that Catalytic served were 55 and over.

This RBHA also implemented three different training curricula for older adults. The Mental Health First Aid (MHFA) course is a skillsbased training course that teaches participants about mental health and substance-use issues. The Rx 360 course is a research-based

curriculum to raise awareness of the Rx problem, the risks of misuse, resistance strategies, and methods for proper storage and disposal. The Wellness Initiative for Senior Education (WISE) is a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process.

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

addictionologists provided MAT treatment to individuals with opioid use disorder.

#### Other Efforts or Information

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

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

Another RBHA recognized a salient opportunity to engage the older adult population and will continue to work on their efforts for Fiscal year 2021.

One TRBHA stated that their efforts included the ongoing review of referral procedures both internally and externally.

#### Outcomes Measured

One RBHA examined the community stabilization, demographics, COE, and other measures to ensure that the crisis system and

subacute facilities were working efficiently and appropriately. This RBHA also gathered outcome measure data through 2 coalition sidewalk surveys.

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

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

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

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

#### Progress/Barriers Identified

One RBHA noted that COVID-19 pandemic that has restricted the ability to host events, facilitate coalition meetings and teach curricula. An additional noted barrier was that some older adults have limited knowledge about computer usage. The Coalition to Improve Health and Increase Awareness of Medication Management through Prevention assisted with a brief training on ZOOM meeting and other basic operational pieces to engage the population and promote participation. Treatment providers are also making virtual platforms and telemed available due to the impact of COVID19. Attendance for coalition meetings, virtual trainings, treatment provider meetings and collaboration meetings has improved as the community realizes that the pandemic is not going away.

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

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

#### Success Stories Shared

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

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

**Priority #:** 6

**Priority Area:** Pregnant Women and Women with Dependent Children

**Priority Type:** SAT

Population(s): PWWDC

Goal of the priority area:

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

Strategies to attain the goal:

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

Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Annual Performance Indicators to measure success on a yearly basis.  
**Baseline Measurement:** Number of those with a substance use disorder and received treatment who were pregnant and/or women with dependent children. SFY18 was 30.2%.  
**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2020), 30.5%  
**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2021), 30.8%

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

**Data Source:**

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

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No Data related issues identified

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

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

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

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

Outreach

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

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

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

## Collaboration

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

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

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

years of age.

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

An example of an outcome of these collaborations includes:

- To date, one RBHA's transitional living program has served 39 parenting individuals with 18 successful completions from the program. From August 2019 until January 2020, the provider has outreached 43 pregnant and parenting individuals in the medical center and detention settings.

## Targeted Interventions

The following efforts are reported by the RBHAs and TRBHAs as targeted interventions for PPW and women with dependent children:

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

## Other Efforts or Information

The Northern RBHAs attends collaborative forums, coalitions, crisis systems meetings, and others to ensure education and resources are readily available in all service areas for pregnant and parenting individuals. There are multiple specialized service providers who have the ability to accept into residential treatment any PPW, with or without their dependent children.

Other efforts designated to impact the PPW population involve targeted secret shoppers calls for SABG-Contracted and Non-SABG Contracted network providers regarding the provision and accessibility of services. This affords opportunities to offer technical assistance and training to provider staff to ensure they are leveraging knowledge of the service availability through network partners as well as the urgency associated with coordinating care for this priority population.

For FY21 one RBHA is looking to leverage a partnership with Department of Child Safety (DCS) to facilitate trainings on MAT with the hopes reducing stigma around MAT as a modality of treatment for parents with DCS involvement.

One TRBHA reports that nurses continue to do urine pregnancy testing for all newly admitted women to make sure we identify pregnant women who may have tested negative on routine testing a few months prior to admission.

## Outcomes Measured

RBHAs and TRBHAs may measure outcomes in terms of provider performance measures, % of members served that are pregnant, SABG dollars expended for pregnant women, ASAM level of care scores, treatment plan achievement, number of women receiving services,

number of patients delivering health babies during treatment, number of PPW sent to residential treatment, services received in outpatient clinic, and NOMs (employment status, enrollment in school of voc ed, housing status, arrests within 30 days, abstinence from drugs/alcohol, participation in social support recovery in prior 30 days).

#### Progress/Barriers Identified

Progress includes:

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

Barriers include:

- The barrier most commonly reported by RBHAs and TRBHA is fears of many PPWs that DCS may remove their children from the home if they test positive for substances or seek treatment
  - o One RBHA reported combined efforts from the RBHA staff, provider network, and other organizations to educate mothers about treatment and providing care coordination/communication with DCS will assist in alleviating concern.
- Challenges related to transitioning from the criminal justice system and detention centers.
- Impacts of the COVID-19 Pandemic
- In the Northern GSA, the rural nature of the area creates a barrier to sufficient number of providers who are specific to PPW. Many locations that can accept PPW are in the Central GSA and although Northern providers can send and “sponsor” their members at these locations, causing PPW to uproot their lives to receive specialized treatment can be a huge barrier to treatment. The North GSA did add a few new providers of this nature, but none are exclusively serving PPW
- A lack of the OB/GYN providers willing to provide services to PPW who use substances, particularly if they are on MAT services.
- Social determinants of health
- Community awareness of resources

#### Success Stories Shared

RBHAs and TRBHAs report many success stories including the following:

- Member transitioned to a Transitional Living Setting program in later stages of her pregnancy from an inpatient rehab program. With support of the program, she was able to stay sober for the remainder of her pregnancy and gave birth to a healthy baby. The member gained employment several weeks after having her baby. As her recovery strengthened, she felt she was ready to begin therapy services. She continued to work the program, and remain employed, while parenting her newborn child and working on personal issues. After gaining confidence, she applied and was hired for a job that she wanted for quite some time. Around the one-year mark in treatment, she felt that she was ready to transition out of the program, into a place of her own with her child. She continues to do well and remains substance free.
- Member enrolled in a program after being referred by her therapist. She arrived with an open DCS case, involving her multiple children. She was in the early stages of pregnancy, struggling with sobriety, and trying to end an abusive relationship. She was able to find stability in the program, found employment and was able to establish home visitation with her children. As she continued to progress, she was granted full custody of one of her children, and shared custody with the others. She recently gave birth to a healthy baby. She looks forward to being cleared to return to work, and working towards her program goals. She often expresses gratitude to staff for the milestones she has reached while in the program.
- The creation and formation of Oxford houses was implemented and one of the new locations is exclusively for women, and within this house, 2 bedrooms are set aside for parenting women who have dependent children. Oxford house is a sober-living environment initially funded through SABG, while residents pay for the house expenses independently and share the expenses equally.

Provider agencies under one GSA served the following unique members:

- Provider 1 served 160 unique members.
- Provider 2 served 424 unique members.
- Provider 3 served 103 unique members.
- Provider 4 offers 24 beds for members and 32 beds for children and is nearly always at capacity.
- Oxford House - 120 new admissions into their Women’s Homes.

The TRBHA was notified of a pregnant patient struggling with opioid addiction. The TRBHA made immediate arrangements to have MAT initiated for the safety of the mother and unborn child. The mother successfully remained on MAT throughout the pregnancy and delivered a healthy baby. The mother remains sober and engaged with counseling and MAT services.

**Priority #:** 7  
**Priority Area:** Tuberculosis (TB) Screening  
**Priority Type:** SAT  
**Population(s):** TB

**Goal of the priority area:**

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

**Strategies to attain the goal:**

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Annual Performance Indicators to measure success on a yearly basis.  
**Baseline Measurement:** Fiscal Year18 data on the number of members receiving substance abuse treatment with document screening for tuberculosis (TB), hepatitis C, HIV, and other infectious diseases was at 69%  
**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2020), 75%  
**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2021), 80%  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Independent Case Review

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues anticipated.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

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

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

Outreach

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

In central Arizona the Mercy Care RBHA, TB testing is completed for members receiving residential services, particularly if they are placed on the waitlist. Mercy Care provides oversight of providers through policy review tool to include TB early intervention and services.

Mercy Care evaluates provider's ability to provide TB services or their referral process for TB services and intervention at annual site visits. Mercy Care provides Technical Assistance for providers when needed regarding TB early intervention and services. At Gila River Health Care, individuals are referred to substance abuse residential programs are referred to complete TB screenings, as a criteria of admission. During this screening they are also screened for hepatitis C, HIV and other infectious diseases.

#### Collaboration

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

#### Targeted Interventions

AzCH-CCP targeted interventions are to increase the number of members receiving TB testing and information. One of their providers, Community Medical Services (CMS) has provided Hepatitis C since September 2019. Due to the COVID-19 pandemic, this program temporarily stopped due to lack of Personal Protective Equipment (PPE). Additionally, CMS provides TB testing to every member at intake. AzCH-CCP through the Reach-In program ensures coordination of care upon release for incarcerated members with complex needs, to include chronic illness, HIV, and substance use/opioid use disorders.

For Gila River Health Care, counselors and case managers assist to identify individuals with obtaining TB screenings, through coordination with GRHC primary care. HCA and its subcontractors provide a continuum of care that offers screening for tuberculosis, testing for tuberculosis as needed and referrals to treatment for any members identified as having tuberculosis. HCA requires that all members presenting with substance use be offered tuberculosis screening and testing as a routine part of intake assessments, especially if the member has not been tested for communicable diseases recently. Testing for tuberculosis is required prior to admission to a chemical dependency residential treatment facility (CDR) or inpatient facility for any HCA member entering one of these facilities. If TB is found, treatment interventions begin and the member is referred to an appropriate medical provider for TB treatment services prior to admittance into an inpatient or residential treatment facility. When treatment services for tuberculosis are completed, the member can resume their admission process into a CDR or inpatient facility. Members may be identified as high-risk if they report intravenous drug use, report high-risk behaviors, or have any other accompanying medical conditions that might increase their risk of contracting tuberculosis. These members are educated about their increased risk due to these behaviors or conditions and should be educated about the benefits of being testing for tuberculosis and/or receiving treatment for tuberculosis if the member tests positive. Mercy Care conducts TB screenings to members in residential services and refer positive screenings to the appropriate medical providers as necessary. Screenings include PPD skin testing and chest x-rays. Testing and Education on HIV, TB, and Hep C is provided on a regular basis made possible through partnerships with Terros Health. HIV/TB and Hep C educational material are available from all Mercy Care providers.

#### Other Efforts or Information

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

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

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

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

#### Outcomes Measured



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

**Progress/Barriers Identified**

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

**Success Stories Shared**

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

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

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

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

**Priority #:** 8  
**Priority Area:** Suicide Prevention/Intervention  
**Priority Type:** MHS  
**Population(s):** SMI, SED, ESMI

**Goal of the priority area:**

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

**Strategies to attain the goal:**

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

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Annual Performance Indicators to measure success on a yearly basis.  
**Baseline Measurement:** The suicide rate in Arizona for CY17 was 18.1% per 100,000 population (1304 suicide/7,171,646 population).  
**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of CY20), 17.7% per 100,000  
**Second-year target/outcome measurement:** Second-year target/outcome measurement (Progress to end of CY21), 17.4% per 100,000

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

**Data Source:**

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

**New Data Source(if needed):**

**Description of Data:**

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

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues at this time.

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

**New Data issues/caveats that affect outcome measures:**

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

## Report of Progress Toward Goal Attainment

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

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

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

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

**Outreach**

RBHAs and TRBHAs collectively reported over 146 trainings implemented to over 1,889 individuals including trainers or trainers (TOTs). Suicide prevention education and activities were implemented through several mechanisms. One significant effort is the implementation of suicide prevention trainings such as Question, Persuade and Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), Youth and Adult Mental Health First Aid (Y/MHFA), and other suicide prevention trainings that provide education on adolescent suicide, suicide risk factors, screening and assessments. The RBHAs and TRBHAs offer these trainings often to a diverse array of organizations and groups. Examples of organizations and groups that receive these trainings include RBHA/TRBHA staff and health plan staff, contracted provider staff, Indian Health Services (IHS), county sheriff offices, community groups such as leadership groups and coalitions, teen groups, Boys & Girls Clubs, church groups, and elderly groups, college students and staff, suicide prevention panels, school districts, school resource officers, and homeless collaborative staff.

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

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

**Collaboration**

RBHAs, TRBHAs, and providers collaborate with a diverse array of partner groups including: suicide prevention providers, prevention coalitions, the AZSPC for meetings and events, local and state (AHCCCS) Suicide Prevention Taskforce the AHCCCS and the, American Foundation for Suicide Prevention and the "Out of the Darkness Walk", the ASU College of Journalism for suicide prevention documentary, ASU Active Minds Chapter for supporting college students, Johns Hopkins University Celebrating Life, and other college students and staff, school districts and Arizona Department of Education (ADE) and the ADE Project Aware team, ADHS Office of

Children with Special Health Care Needs, TeenLifeline, Crisis and Veterans' Services Dept, the American Foundation for Suicide Prevention to for their More Than Sad suicide prevention curriculum, IHS, Sherriff's Departments and other law enforcement agencies. On a local level, at least one TRBHA also collaborates with recipients of the Substance Abuse and Suicide Prevention Program-SASP funds for the Zero Suicide Initiative. The collaboration focuses on an integrated approach to enhance resources and response related to suicide prevention—Key community stakeholders include Community Members, Tribal Community Council, first responders and health care organizations.

#### Targeted Interventions

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

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

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

#### Other Efforts or Information

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

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

#### Outcomes Measured

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

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

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

Specifically, one RBHA reported:

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

Specifically, one TRBHA reported:

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

#### Progress/Barriers Identified

A major barrier for RBHAs, TRBHAs and contracted providers has been the COVID-19 pandemic and its impacts. A large number of staff are working from home, providing services virtually, which requires new training and preparation. In some cases, virtual options for programs and curricula were not available and trainings were cancelled. Further, a lack of access to a 24 hour observation facility was a challenge, and some members were likely to be challenged with social determinants of health such as unemployment and poverty. Despite these challenges, many providers found success in providing services virtually and some block grant recipients reported an increase in inter-agency participation, increased awareness among community members, and an increase in referrals and assessments with a decrease in attempts.

#### Success Stories Shared

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

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

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

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

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

**Footnotes:**

## C. State Agency Expenditure Reports

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

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

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type
\$5,789,298	\$9,928,433	\$7,937,237	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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

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

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**Footnotes:**

Please see attachment MHBG Description of Calculations, Table 3, Set-Aside for Children's Mental Health Services

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

**Table 6: Maintenance of Effort for State Expenditures for MHBG as required by 42 U.S.C. §300x-30(a);**

The calculations reflect the aggregate state expenditures spent on authorized activities at the State Mental Health Agency (SMHA), which directly administers the MHBG. The methodology is based on the requirements of 42 U.S.C. §300x-30(a). The methodology utilizes generally accepted accounting principles and is applied consistently each year. The calculation includes expenditures from the State General Fund (GF). The calculation excludes federal, city, and county funds.

**Table 3: Set-Aside for Children’s Mental Health Services;**

Calculations for the set-aside for Children’s Mental Health Services are based on the baseline for state expenditures in accordance with 42 U.S.C. §300x-2(c); the State will expend for such system not less than an amount equal to the amount expended by the State for fiscal year 1994 (\$5,789,298). The calculation includes expenditures from the Mental Health Block Grant.

The Chart of Accounts has a Major Program/Program structure set up in the AFIS Accounting System that tracks all disbursements for the MHBG Children’s Set-Aside. The amount reported reflects the total amount of expenditures on a cash basis of all SED grant expenditures during the state fiscal year.

**Table 3: Set-Aside for Children’s Mental Health Services**

Period (State Fiscal Year)	Base (A)	Actual (B) Excludes State Match for Children with SED	State Match for Children with SED
1994	\$5,789,298		
2008		\$7,038,779	
2009		\$7,185,646	
2010		\$7,740,645	
2011		\$6,510,140	
2012		\$4,638,570	\$92,817,129
2013		\$6,385,157	\$91,264,499
2014		\$4,538,626	\$93,745,761
2015		\$4,680,656	
2016		\$5,902,894	
2017		\$5,951,356	
2018		\$6,446,265	
2019		\$9,928,433	
2020		\$7,937,237	

Footnote: Please reference the June 20, 2015 letter from CMHS related to meeting the requirements for MHBG Table 4 – Set-Aside for Children’s Mental Health Services.

## C. State Agency Expenditure Reports

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

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

Period	Expenditures	<u>B1(2018) + B2(2019)</u> 2 (C)
(A)	(B)	(C)
SFY 2018 (1)	\$487,588,076	
SFY 2019 (2)	\$531,583,256	\$509,585,666
SFY 2020 (3)	\$509,585,666	

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

SFY 2018	Yes	<u>  X  </u>	No	_____
SFY 2019	Yes	<u>  X  </u>	No	_____
SFY 2020	Yes	_____	No	<u>  X  </u>

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

2/26/2021

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

**Footnotes:**

The State will provide MOE Expenditures for SFY2020, by February 26, 2021