

Arizona

UNIFORM APPLICATION

FY 2020 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 805346798

Expiration Date

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Grants Administration

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City Phoenix

Zip Code 85034

II. Contact Person for the Grantee of the Block Grant

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

From 7/1/2018

To 6/30/2019

IV. Date Submitted

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

Submission Date 12/2/2019 5:18:27 PM

Revision Date

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Footnotes:

B. Implementation Report

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

Priority #: 1
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 who 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:

The Regional Behavioral Health Authorities (RBHAs) will continue efforts to promote access to substance abuse treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by the RBHAs have included components screening for substance abuse in the adolescent population, and effective substance abuse treatment such as Adolescent Community Reinforcement Approach (ACRA) and other evidence-based practices targeting the adolescent population. Block grant funds will be available for treatment services while the State Youth Treatment (SYT) grant funds are utilized in this final year for sustainability of the infrastructure created through previous year activities.

Additionally, providers continue to utilize substance abuse screening tools, including American Society of Addiction Medicine (ASAM) and Car, Relax, Alone, Forget, Friends, and Trouble (CRAFT). Arizona Health Care Cost Containment System (AHCCCS) will monitor enrollment number of youth diagnosed with a substance use diagnosis within the system of care.

The RBHAs 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 RBHAs 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) and Juvenile Justice agencies.

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

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 Fiscal Year 16, 8.9% 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 2018), 9.2%
Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2019), 9.5%
New Second-year target/outcome measurement(if needed):

Data Source:

CIS enrollment numbers/data.

New Data Source(if needed):

Description of Data:

CIS data can be stratified by age group, diagnosis, and services received. CIS captures all elements needed to measure outcomes for this population.

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:

How first year target was achieved (optional):

AHCCCS has implemented several strategies to achieve the goal of increasing the number of youth in the behavioral health system identified as having a diagnosed Substance Use Disorder (SUD). The goal of 9.2% of those who received SABG SUD services was exceeded, as per CIS data youth under 18 years of age represented 10.45% of the population served in SFY 2018. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) are continuing efforts to promote access to SUD treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by the RBHAs and TRBHAs have included components on how to screen for SUD in the adolescent population, and effective treatment such as Adolescent Community Reinforcement Approach (A-CRA) and other evidence-based practices (EBPs) targeting the adolescent population. Additionally, providers continue to utilize SUD screening tools, including American Society of Addiction Medicine (ASAM) and Car, Relax, Alone, Forget, Friends, and Trouble (CRAFT).

AHCCCS monitors enrollment numbers for youth diagnosed with a SUD within the system of care. The RBHAs and TRBHAs will continue to collaborate and meet regularly with child/adolescent providers to share information on SUD screening, trends and best practices. AHCCCS and the RBHAs provide and promote access to SUD training initiatives available to child/adolescent providers including those employed through other Agencies such as the Department of Child Safety (DCS) and Juvenile Justice. AHCCCS also provides education to providers and teachers. AHCCCS, RBHAs and TRBHAs educate treatment providers, prevention providers, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and SUD treatment services. AHCCCS ensures the availability of a standardized, parent-friendly, screening tool to identify substance use/abuse in children and adolescents.

Outreach

The RBHA in Southern Arizona has several outreach initiatives related to transition-aged youth (TAY) to provide support and resources to assist with housing, services and to get youth off the streets. Outreach positions have been established and are dedicated to the youth with substance use disorder and provide assistance with navigating youth to the treatment services they need. These positions also outreach juvenile detention, probation, drug courts, schools, community events, coalitions and other youth providers. Training departments have partnered with schools to provide support to educators on signs and symptoms of substance use and how to refer to treatment. There has been an increase in communication with regard to the use of alcohol, marijuana and prescription drugs among youth through media resources utilizing the Youth Development Program Model. This program recruits youth to serve as peer educators on the dangers of substance use, provides leadership training and advertising/public service announcement (PSA) support for the youth on marketing material to create awareness of the dangers of marijuana, alcohol and prescription drugs in communities.

The clinical training department at the RBHA in Northern Arizona has partnered with local schools districts to provide support to educators on symptoms of substance use and referral to treatment. Ongoing outreach and educational efforts to adolescents have been offered to provide an understanding of the dangers of drugs and alcohol use.

The RBHA in the Central Geographic Service Area (GSA) established a referral process with the Maricopa County Juvenile Probation Department (MCJPD) for youth who are eligible for Medicaid and/or the Substance Abuse Block Grant to be connected to services. In conjunction with a Family Run Organization, the RBHA has worked with the probation department to ensure community and educational resources are readily available to families in places like the lobbies of the detention centers and in the juvenile court buildings. The RBHA's team is also available to help connect families identified from the probation department to services. The RBHA has also focused outreach with the school districts in Maricopa County. The RBHA and providers have participated in community forums and town hall events for various school districts.

Collaboration

Collaboration between Goodwill METRO and other integrated care providers exists to assist youth and young adults navigate various services throughout Pima County. Outreach workers are available at METRO, which is a popular TAY drop-in center located in downtown Tucson every second Tuesday of the month. This initiative has been going for almost a year. Through the year, the second Tuesdays has expanded to having a TAY event every Tuesday of the month. The first Tuesday is dedicated to housing resources for TAY, the second Tuesday includes behavioral health providers, the third Tuesday focuses on employment resources and the last Tuesday is dedicated to holding a dinner for the youth. The RBHA in the southern GSA continues to collaborate with the Juvenile Probation/Detention Centers within their service areas to receive TAY referrals for substance use disorder treatment and recovery services. In Pima County, their Program Development team has structured a program with local providers to deliver SUD treatment for virtually all youth who enter the detention

center needing SUD services.

Additionally, they have worked with the Probation Departments to educate contracted providers on the Risk Assessment tools used by probation to identify TAY at moderate to high risk, evaluating criminogenic factors that may lead to continued or increased substance use. The RBHA has developed a specific program for the opioid use population with a component of Medication assisted treatment for those youth 16-18. Additionally, the RBHA and the Pima County Juvenile Justice system continue to partner after developing a specific program for SABG youth in detention for Pima County made up of a coalition of providers to implement Evidence Based Practices.

In Northern Arizona, the RBHA and the Health Homes (Integrated Physical and Behavioral Health Care Providers) collaborate closely with Department of Child Safety (DCS), Division of Developmental Disabilities (DDD), and the Juvenile Justice System to ensure knowledge of resources, referral to treatment, and addressing any system barriers. The RBHA also collaborates closely with the school system to provide additional resources to educators and school counselors.

In Central Arizona, the RBHA has collaborated with MCJPD and Arizona Department of Juvenile Corrections (ADJC) to connect youth to services and prevent/decrease involvement in the Juvenile Justice System as a result of substance use. The RBHA holds regular collaborative meetings with stakeholder partners such as DCS and MCJPD. During these collaborative meetings the RBHA provides system updates regarding availability of service providers who offer SUD treatment and how these services can be obtained. Collaboration with other community based agencies occurred as well, including local coalitions, hospitals and schools. For example, the RBHA's Network Providers have collaborative agreements in place with 144 schools representing 39 school districts to provide treatment services for youth who are eligible for services under the Medicaid and/or the Substance Abuse and Mental Health Block Grants.

Targeted Interventions

Throughout Arizona the goal is to be able to meet youth and young adults where they are at in the community and immediately connecting them to behavioral health services, as needed. The RBHAs and TRBHAs continues to work with providers as well as the juvenile probation department to identify youth who have been detained and are in need of SUD treatment services, as this population exhibits a higher level of need for SUD treatment services.

All GSAs have providers utilizing A-CRA treatment for adolescents struggling with substance use. Providers utilize other EBPs including, but not limited to the following interventions: Matrix, Cognitive Behavioral Therapy – Substance Use Disorder (CBT-SUD), Multi-Systemic Therapy (MST), Seeking Safety, and Seven Challenges. There is also Medication Assisted Treatment (MAT) programs for adolescents struggling with opioid use disorder (OUD). Adolescents receive a standardized substance use screening, which includes the Substance Abuse Subtle Screening Inventory (SASSI), CRAFFT, or ASAM 3rd Edition.

Other Efforts or Information

There is continued participation in all TAY initiatives in covered service areas. At this time, the main projects are happening in Pima County. Northern Arizona provides trainings to health homes on symptoms of substance use, including coping with depression, shame, trauma, anxiety, and stress. These providers have the ability to screen and refer families to Medicaid and/or SABG funded programs for those uninsured/underinsured youth who have been identified as having an SUD.

Outcomes Measured

In Southern Arizona the Second Tuesday Collaboration is expected to engage with at least a minimum of 5 TAY and get them enrolled into a Health Home. The health homes monitor the success rate of adolescents completing the above mentioned EBP programs and the overall success rate is currently 82%. The RBHA monitors the use of the standardized screening tools on an annual basis. The overall score of the use of appropriate screening and referral is over 90%.

The RBHA in the Central GSA has offered several training options in order to increase the provider networks ability to identify and treat substance use disorder. The RBHA provided CBT –SUD Opioid Training and Advanced CBT-SUD Training to 80 clinicians over this past year. They have also offered a variety of trainings to provider staff, stakeholders and community members regarding Substance Use. These trainings include topics like Substance Use and the Family for Paraprofessionals, Substance Use Disorder Treatment and the LGBTQ Community, Substance Use in the Family and Adolescent Substance Use Disorder Clinical Pathways. The RBHA has also provided training specifically on the Substance Abuse Block Grant to 1002 staff from 40 different agencies from July, 2017 through June, 2018 on various topics related to substance use, misuse and SUD.

Progress/Barriers Identified

In Southern Arizona, the TAY have been receptive to the Second Tuesday events held at the drop-in center. The number of youth who participate in the events has slowly been increasing due to the familiarity & consistency of provider staff engaging with the TAY. The RBHA has developed a specific program for TAY with OUD with a component of MAT for youth aged 16-18. The referral volume for this program over the past fiscal year has been low. To address this issue, the RBHA and the youth treatment providers have increased education in the community to raise awareness of essential needs within this population and address stigma around MAT. Providers in the Central GSA identified their current substance use programs did not offer MAT services as a treatment option for adolescents who have OUD as a barrier. The RBHA has added two providers who offer MAT to meet the needs of youth with an OUD.

Youth are often identified through the collaborative processes in place with the detention center for those needing behavioral health

services. The RBHAs and TRBHAs have not been able to utilize the SABG funding in the past for youth who were in detention to provide treatment services. They have been able to use SABG to connect them to services prior to leaving the detention facility, but this has still posed a barrier. The RBHAs and TRBHAs brought this to AHCCCS attention and AHCCCS is working with SAMSHA to operationalize how services can be provided inside detention facilities that do not meet the definition of correctional institutions. The RBHAs and TRBHAs continue to utilize the SABG for those youth who are uninsured/ underinsured. Many times during the screening process providers find that the youth qualifies for Medicaid, so the use of the block grant funding often is very short term.

Success Stories

A TAY Native American came into treatment having used alcohol, marijuana, and prescription medication. The youth participated in Intensive Outpatient – Substance Use (IOPSA) services, worked one on one with a recovery coach, and participated in individual and family therapy. Youth was able to successfully complete classes and graduated from high school, obtain admission into college, and maintain sobriety over the period of the program. The youth connected with the talking circle and other cultural components of the treatment program including the Welbriety curriculum.

Another member was admitted in the spring of 2018 and self-referred by the member’s mother. The mom made the referral after hearing about Functional Family Therapy (FFT) from a teacher friend. The member was using marijuana, prescription pain medication, and alcohol as well as struggling with suicidal ideation. Other referral behaviors included physical aggression, verbal aggression, rule non-compliance and leaving without permission. These behaviors were occurring at home, school and in the community. The mom was also often worried about the member using substances and driving. Through doing family therapy with the implementation of the FFT model, the treatment team was able to assess the family’s risk and protective factors and identify relational functions and family dynamics. The FFT was able to develop plans for behavior change for the youth and the family and then generalize these changes and interventions to the larger systems involved such as school.

The family was able to discuss many of the recent losses and changes that had occurred within their family. This youth was able to become closer to the rest of the family and they were able to learn skills to help reduce the conflict in the home and increase positive communication within the home.

The aggression stopped, and the arguments and family conflict decreased substantially. This youth did have some relapses related to substances during treatment, but the family and youth were able to identify ways to get back on track to and use their plans to decrease the risk of using. At discharge, the youth was active in school, had high goals, increased positive peers, started sports again and was active in the church community. The youth and family were able to identify people in their support system that could help them, and the parents felt more confident in their parenting skills and decisions.

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

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

How second year target was achieved (optional):

AHCCCS has implemented several strategies to achieve the goal of increasing the number of youth in the behavioral health system identified as having a diagnosed Substance Use Disorder (SUD). The goal of 9.5% of those who received SABG SUD services was exceeded, as per CIS data youth under 18 years of age represented 35.19% of the population served in SFY 2019. The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) are continuing efforts to promote access to SUD treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by the RBHAs and TRBHAs have included components on how to screen for SUD in the adolescent population, and effective treatment such as Adolescent Community Reinforcement Approach (A-CRA) and other evidence-based practices (EBPs) targeting the adolescent population. Additionally, providers continue to utilize SUD screening tools, including American Society of Addiction Medicine (ASAM) and Car, Relax, Alone, Forget, Friends, and Trouble (CRAFT).

The Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) continued efforts to promote access to substance abuse treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by the RBHAs and TRBHAs have included components screening for substance abuse in the adolescent population, and effective substance abuse treatment such as Adolescent Community Reinforcement Approach (ACRA) and other evidence-based practices targeting the adolescent population. Block grant funds will be available for treatment services while the State Youth Treatment (SYT) grant funds are utilized in this final year for sustainability of the infrastructure created through previous year activities. Additionally, providers continue to utilize substance abuse screening tools, including American Society of Addiction Medicine (ASAM) and Car, Relax, Alone, Forget, Friends, and Trouble (CRAFT). AHCCCS monitored enrollment number of youth diagnosed with a substance use diagnosis within the system of care.

The RBHAs and TRBHAs continued to collaborate and meet regularly with child/adolescent providers to share information on substance abuse screening, trends and best practices. AHCCCS and the RBHAs 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) and Juvenile Justice agencies.

AHCCCS, the RBHAs and TRBHAs educated treatment providers, prevention providers, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and substance abuse treatment services.

Outcomes

In Southern Arizona, Outreach was done with various Transition Age Youth (TAY) initiatives in the community. The Pima County's Homeless Youth Committee and Youth On The Rise initiative were regularly attended. Goals for these meetings included providing support and resources to help get TAY off the streets and into housing, services as required, etc. Funds were allocated from the State Opioid Response grant to Sin Puertas to increase outreach to the youth population for Opioid Use. Designated providers were identified to receive targeted SABG funding to ensure effective services to Adult populations in jail/detention with children and youth/adult population involved with Family Drug Courts. There was also coordinated effort for providers to ensure populations in need of SUD services who were not eligible for AHCCCS, were being served through SABG funds.

Information, education and treatment were offered to this targeted group in the Gila River Indian Community GRIC. Students at GRIC schools are identified by teachers, as individuals in need of SUD treatment were referred to Behavioral Health Services, as needed. In addition, educational and informational booths were offered at Komatke Outpatient clinics and HuHuKam hospital, throughout the reporting year as another way to reach youth in need.

The Central Arizona RBHA continued to collaborate with the Maricopa County Juvenile Probation Department to connect youth to services and prevent/decrease involvement in the Juvenile Justice System. They are working with probation and detention to ensure community and educational resources are readily available to families in the lobbies of the detention centers. Processes have been implemented for youth who have touched detention to be connected to services. Youth who are Non TXIX Eligible and have been identified to meet the criteria for SABG funding, are connected to a behavioral health services through the JJET Process. The contracted providers continue to provide training and education to school staff in the various districts in an effort to increase their knowledge in areas such as mental health awareness, substance abuse, and suicide prevention. Providers hold formal partnerships with a total of 36 school districts.

In Northern Arizona, the RBHA worked with their Office of Individual and Family Affairs (OFIA) Children's Liaison to ensure SABG information was dispersed and community partners know who to reach out to for further information, questions, and technical assistance.

Collaboration

The Southern Arizona RBHA has continued its work to collaborate with the Juvenile Probation/Detention Centers within their service areas to receive TAY referrals for substance abuse services, as well as specific programming for SABG youth. In Pima County, the Program Development team structured a program with a coalition of providers (COPE, Touchstone, Sin Puertas) to provide SA treatment for virtually all youth who enter their detention center and are in need of SA services. Additionally, they worked with the Probation Departments to educate their contracted providers on the Risk Assessment tools used by probation to identify moderate to high risk TAY; evaluating criminogenic factors that may lead to continued or increased SA behaviors.

Collaboration between Goodwill METRO, Cope and PPEP Integrated Care exists to help youth and young adults navigate various services throughout Pima County. This partnership has now expanded to include El Rio & Pima Community College. They are also providing information about behavioral health services and where to go when in need of substance abuse treatment. Health Homes and outreach workers are available at METRO, which is a popular TAY drop in center located in downtown Tucson every 2nd Tuesday of the month. This RBHA also continues to support the work completed through the State Youth Transition Grant and continues to support these providers in the use of ACRA and continue the successful work of engaging and providing treatment to this population. During this period, the RBHA developed a specific program for the opioid use population with a component of Medication Assisted Treatment (MAT) for those youth 16-18.

Collaborative meetings with stakeholder partners such as Division of Child Safety (DCS) and Maricopa County Juvenile Probation Department (MCJPD) are held with the Central Arizona RBHA. During these collaborative meetings system updates are provided regarding availability of service providers who offer substance use treatment and how these services can be obtained. The adolescent substance abuse treatment providers who have been allocated funding through the SABG have collaborated with Arizona Dept. of Juvenile Corrections (ADJC) and MCJPD to provide treatment services for youth on probation or parole who are not eligible for Title XIX services. A Referral process has been established to ensure these youth are connected as outlined in the Collaborative Protocols. A partnership with Mesa School district and Community Bridges has been coordinated to secure services targeted to youth who are at risk or using substances. In addition, five other provider agencies and Mesa Public Schools came together to develop a shared Partnership model in efforts of covering the 80+ schools that are in the Mesa School District.

The Northern Arizona RBHA has ongoing collaboration with the Juvenile Justice system and is in the process of updating joint protocols with Juvenile Justice. The requirements and responsibilities outlined in the joint protocols apply to all members, including those receiving services through SABG funding.

Targeted Interventions

In Southern Arizona, their goal is to meet youth and young adults where they are in the community and immediately connecting them to behavioral health services, as needed. The continues to work with contracted providers and Juvenile Probation to identify youth who have been detained and are in need of SA services, as this population exhibits a higher level of need for services.

GRHC Oasis youth program has a dedicated youth substance abuse treatment program called 7 Challenges. Traditional counselors are utilized to connect with youth and their families, in a useful way which has helped increase and maintain youth participation as well as decrease community stigma.

In Central Arizona, the RBHA has required the adolescent SABG treatment programs to utilize a community-based Evidenced Based Practice (i.e. A-CRA, MST, Matrix Model, Seven Challenges, etc.) and has implemented screening tools to identify substance use/use in children and adolescents to better meet the needs of this population. There are a variety of programs to allow choice for recipients, referral sources and appropriate matching of services to individualized needs. In addition, training has been provided on several targeted substance use interventions for youth. Some of these interventions are Cognitive Behavioral Therapy Substance Use Disorder, ASAM and Adolescent and Community Reinforcement Approach (A-CRA). Providers also utilize screening tools such as the American Society of Addiction Medicine Criteria – ASAM, Substance Abuse Subtle Screening Instrument (SASSI) and CRAFFT to screen and assess for substance abuse.

Child & Family Support Services, a youth-focused treatment provider, received SABG funding for the first time to increase access to youth services in two separate counties in Northern Arizona. This is particularly important because this provider receives all juvenile probation referrals within these counties. All 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. The 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

Continued participation in all TAY initiatives in covered service areas of Southern Arizona has been a continued effort. At this time, the main projects are happening in Pima County.

The Central Arizona RBHA has expanded Medically Assisted Treatment Services (MAT) for youth with an opioid use disorder. At this time, there are four providers that will provide MAT services for adolescents. They have continued efforts with the T4T suicide prevention trainings targeting educators and community members working with children for Central Arizona. During this period, Five ASIST trainings were completed with a total of 50 community, provider and educators trained; four trainings completed with a total of 55 community, provider and educators trained; four trainings were completed with a total of 46 community, provider and educators trained on YMHFA; and 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 have continued.

The Northern Arizona RBHA is creating youth-focused marketing materials to distribute to schools and other youth-focused community organizations about SABG funds and available services. The also host Project ECHO focused on SUD & MAT and offer training on these topics to all Health Homes and Providers.

Progress/Barriers Identified

TAY has been receptive to the 2nd Tuesday events held at the drop-in center. The number of youth who participated in the events has slowly been increasing due to the familiarity & consistency of provider staff engaging with the TAY. Southern Arizona RBHA has developed a specific program for the opioid use population with a component of Medication assisted treatment for youth 16-18 years old. The referral volume for this program over the past fiscal year has been low. The RBHA and youth providers have increased education in the community to raise awareness of essential needs within this population.

Gila River Indian Community parental engagement and transportation continue to be ongoing issues/barriers.

The Central Arizona RBHA continues to hold regular meetings surrounding school-based services for all qualified service providers, regardless of their involvement with schools. There has been consistent attendance at this meeting from some of the other Arizona Complete Care has proven to be helpful for them. There are a total of 36 school districts that this RBHA holds formal partnerships with; 254 public schools, 15 Charter schools and 3 Community schools.

Central Arizona continues to identify the following barriers to treatment; provider continue to struggle with engaging families and youth in continued treatment and probation/courts can be a barrier to treatment by treating substance use as a criminal issue instead of an addiction having the outcome of the disruption in therapeutic processes.

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.

Success Stories

COPE and Community Medical Services (CMS) collaborated to assist member in receiving services. A 17 year old showed up at one of CMS adult clinics. CMS Staff outreached COPE and within an hour, the 17 year old was at COPE completing an intake for youth services and evaluation for MAT.

COPE has been able to outreach directly to youth at events like Goodwill METRO and completed intakes onsite, without the grant funding, they report that they would be unable to events such as this.

Three individuals referred by GRIC Drug Court completed the program successfully.

As a result of increased monitoring of utilization of funds, the Northern Arizona RBHA increased provider access to SABG funds and

added a new SABG youth-focused provider. There was also an increased community awareness of SABG funding and services. Many organizations informed the RBHA staff that they were previously unaware of SABG funding for youth, were excited to utilize this funding source.

Priority #: 2
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 RBHAs 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. Block grant funds will be available for treatment services to supplement the targeted efforts of Opioid State Targeted Response (STR) to address the growing population of people over the age of 55 with an Opioid Use Disorder as well as all other substances that are more traditionally associated with this population.

Additionally, providers continue to utilize SA 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 RBHAs will continue to collaborate and meet regularly with providers to share information on substance abuse screening, trends and best practices. AHCCCS and the RBHAs will provide and promote access to substance abuse training initiatives available to Arizona Long Term Care System (ALTCs) providers.

AHCCCS and the RBHAs 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 Fiscal Year 16, 13.1% 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 2018), 13.3%
Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2019), 13.5%

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

Data Source:

CIS enrollment data.

New Data Source(if needed):

Description of Data:

CIS data can be stratified by age group, diagnosis, and services received. CIS captures all elements needed to measure outcomes for this population.

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:

AHCCCS has implemented several strategies to achieve the goal of increasing the number of adults over the age of 55 in the behavioral health system identified as having a diagnosed Substance Use Disorder (SUD). The goal of 13.3% of those who received SABG SUD services was not met, as per CIS data adults over 55 years of age represented 12.8% for SFY 2018, but was an increase from the 12% for the same population served in SFY 2017. AHCCCS has implemented the following strategies to achieve the goal of increased screenings and service provision for adults over the age of 55 with a diagnosed substance use disorder. Statewide there is an effort to ensure people are screened and receive services as appropriate. Below are the activities and strategies currently being implemented.

Outreach

The RBHA in the Southern GSA has an array of contracted agencies which provide outreach to members who are presenting in hospitals but are not enrolled with a Health Home, including individuals who have SUD. Engagement Specialists go into the community, including hospitals and home addresses, to discuss services and facilitate intakes, AHCCCS and marketplace screenings, and transportation if necessary. The RBHA maintains an urgent engagement process where any individual who presents to a detoxification facility will receive a response within one-hour from a Health Home for engagement and enrollment into services. This one-hour timeframe ensures that members in the 23-hour observation chairs are linked with an agency prior to their discharge. During the engagement process, members are involved in establishing a service plan and services are arranged to begin once the person leaves the detoxification facility. The RBHA has increased outreach to the community, hospitals, first responders, and the criminal justice system. All age groups, including those over age 55, have been more effectively engaged through these efforts.

In Northern Arizona, the RBHA has worked with a provider to develop prevention materials focused on the dangers of the misuse and abuse of prescription drugs to older adults. These materials were distributed to senior peer participants, support group members, senior living communities and the general public. Twelve educational presentations at senior living centers, community service group meetings, and senior peer support groups as well as senior expositions. The program assigns Senior Peer Volunteers to provide temporary recovery support to Peer Support participants by weekly visits and phone calls. Six preventative support groups including men's, women's, and special needs support groups to the community facilitated by Senior Peer volunteers. Additionally, in September 2017, the RBHA held an annual grandparent outreach and education conference for the Gila River Indian Community.

In the Central GSA, SABG providers have reported an increase of individuals age 55 and older seeking care for substance use disorders. There has been a focus on providing collaboration of care with each primary care physician/medical practice involved with active patients. This process includes patient information, MAT treatment information, and a service survey. Additionally, they are developing relations with pain management clinics for coordination of care and transfer of members. One provider has engaged the older adult community by expanding community education activities which includes education regarding how to access services and various funding options, including SABG. Another provider has worked to outreach hospitals and the homeless populations as well as word of mouth and educating current patient on the potential for 55+ populations to struggle with medication mismanagement, abuse, and addiction.

Many providers include outreach efforts to the Veteran Affairs Department (VA) to address the needs of those 55 and older. Promotional materials and social media messaging include organizations with older adult populations. Providers continue to outreach to the older adult population as clinically necessary on an individual basis based on member need.

Collaboration

The RBHA in the Southern GSA identified a need for increased outreach from providers to courts, probation and other community legal systems to ensure individuals are being effectively met with services. Data from the community coalitions and from the Justice and Law Enforcement agencies in each county, as well as internal data were used to verify the need to outreach older adults released from jails/facilities that are not eligible for Medicaid and are identified as having a Substance Use Disorder. Each provider receiving SABG funding in each of the counties was tasked with developing a work plan specifying how they would better outreach their courts, legal systems and community to identify older adults that would benefit from SABG funded SUD services. The RBHA has also designated specific providers to receive targeted SABG funding to ensure effective services to the older Adult populations in jail/facilities and population involved with Drug Court.

Gila River Indian Community skilled nursing facility refers identified individuals and Primary Care providers refer individual for review by the pain committee to obtain treatment recommendations through the TRBHA. Additionally, in Northern and Central Arizona, SABG providers are outreaching primary care providers or health homes, pain management practices, residential facilities, and community agencies to ensure those aged 55 and older are able to access services.

Targeted Interventions

The RBHA in Southern Arizona is in the planning stages of development for specialty programs for older adults. In Northern Arizona, the RBHA utilizes Screening, Brief Intervention, and Referral to Treatment (SBIRT), Recover Wellness programs, Matrix Model, Seeking Safety,

and Staying Quit. A Gila River Indian Community addictionologist provides MAT treatment to individuals with Opiate Use disorder (OUD) through the TRBHA. ASAM screenings are completed routinely as an assessment tool to determine treatment needs of those within the older adult population to develop individualized treatment plans to best achieve their goals through treatment.

Targeted interventions through SABG funded providers in Central Arizona include: Living in Balance curriculum, Motivational Interviewing, Family Systems Interventions, Solutions Focused Treatment, MAT services, Matrix Model, Stages of Change, Cognitive Behavioral Therapy, Trauma-Informed Care, Trauma-Based Services, Motivational Enhancement, and Group and individual counseling.

Other Efforts or Information

In the Southern GSA, there is a Program Specialist who is overseeing program development for older adults. Development will include engaging providers in increasing age-specific programming and integrated care for older adults with substance use disorders, increasing collaboration with community service providers for older adults in the service areas, and monitoring outcomes for older adults.

In Northern Arizona, coalitions have partnered with the Emergency Department to ensure a referral to pain management or a Health Home when an individual is presenting with substance use concerns. Two health homes have created centers of excellence (COE) to include a "no wrong door" policy for individuals who may be overusing opioids and need MAT, which has been an increasing segment within the older adult population.

The RBHA in the Central GSA's SABG providers will see individuals who don't qualify for Medicaid or other insurance funded services at no/low cost and sliding scale for dental, medical and behavioral health services that are not covered through the MHBG or SABG. They are also coordinating with other grant providers to ensure all options are assessed to ensure access to care for those who are eligible through the available funding or other community based options.

Outcomes Measured

There are several measures utilized in the Northern Arizona GSA including, website traffic tally, social media and printed materials tracking. The number of community members reached with these materials and presentations, as well as the quantity of drugs collected at each site. The providers collect and evaluate internet traffic on the Senior Peer Prevention web page. The RBHA uses the Adult Connectedness SOM, pre- and post-intervention, to evaluate the changes in our Peer Support participants' feelings about their relationships with family and friends. Contacts between Volunteers and participants are captured monthly and entered into the Senior Peer data base. Use the Adult Connectedness survey twice per year to evaluate our Support Group members' feelings about their relationships with family and friends. Additionally, the providers use the Geriatric Depression Scale pre- quarterly- post following intervention to measure changes in depression levels. Contacts between Volunteers and participants are captured monthly and entered into the Senior Peer data base.

In Gila River, 17 individuals with substance use disorder diagnoses completed an intake and were enrolled in services, during the reporting year. Seven individuals with OUD are currently receiving treatment through Gila River Health Care (GRHC).

In Central Arizona, outcomes for the older adult population can be measured by goals identified by the member and documented in the member's treatment plan. National Outcome Measures (NOMs) 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, and participation in social support recovery 30 days prior. ASAM scores based on ASAM dimensional criteria can also be used to measure outcomes.

Progress/Barriers Identified

The RBHA in the Southern GSA indicated that system development will continue to reshape the need for special services for older adult populations within the service area as well as to continue to outreach to this population.

At the end of June 30, 2018, the Senior Peer Prevention Program had 42 volunteers who made 350 contacts with senior participants, for a total of 879.50 hours of contact. This was the largest team of volunteers in program history, with more growth on the horizon. Plans to add a second Low Vision Support Group are in the works. The Volunteer Training Manual was updated and reorganized, along with a Community Resource Guide for Seniors that volunteers utilize with participants. The Program Manager was a regular speaker on the area Hospital's Speaker Bureau, to include a presentation on Misuse and Abuse of Medications among Older Adults. A barrier/area for improvement would be the "dump the drugs" events targeted at older adults; only one collection was made this year in conjunction with a large Community Health Fair. The level of participation was apparently quite small, causing us to reevaluate how we offer this opportunity in a way that resonates with older adults. Successfully recruiting and retaining male volunteers is an ongoing challenge. In the Gila River Indian Community, elders are more likely to engage in traditional services verses behavioral health.

In Central Arizona, SABG providers consistently report the greatest barrier identified is lack of funding to cover other critical needs for this population – such as physical health, medications, and permanent supportive housing.

Success Stories

In Southern Arizona a male over the age of 55 presented to the COE clinic as the first person to enroll in the after-hours program. He came in for treatment for active use of opiates and meeting criteria for an OUD. Since starting the program he has remained in recovery.

As he was working with the provider he began to titrate from his Methadone as he felt he was past the urges to use opiates. He continued to work as a supervisor at his employer and now works as an advocate for his fellow coworkers. He hopes to fully titrate from Methadone and spend more time with his wife as they get older together.

In Northern Arizona, a member is being followed under the Recover Wellness Program due to having more than 15 ED visits in the past 12 months, diabetes, being prescribed opiates and benzodiazepines for chronic use with a Morphine Equivalent Daily Dose (MEDD) score > 120, and having high risk suicide attempts in the past 12 months. This member was brought to the Integrated Care Manager's attention in the course of a psychiatric inpatient discharge. A review of medical records showed a pattern of going to the ED with blood sugar above 500, stating that he had not taken diabetes medications due to suicidal ideation. Lack of income, homelessness and an inability to store Insulin were identified as barriers to care. The Integrated Care Manager reached out to the treatment team, and member was discharged to temporary housing at an apartment complex managed by the health home, where he has daily staff contact and safe storage of his Insulin. The team has applied for financial benefits and is currently looking for permanent housing. The member now has daily visits with the PCP staff at his Integrated Health Home to support compliance with his diabetes care regimen.

An adult female was referred to residential treatment for OUD. The treatment consisted of MAT, residential and outpatient services. As a result of the treatment, this individual is currently reporting 8 months clean and sober from heroin and is on a maintenance program with Gila River Indian Health Center.

In Central Arizona, a provider has developed a collaborative relationship with the Arizona Ash-line to assist the population served with smoking cessation services.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

According to AHCCCS Client Information System (CIS) claims data, 48,507 adults aged 55 and older had a Substance Use Disorder (SUD) diagnosis, and of those diagnosed 9,856 (20.3%) received treatment.

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 include community forums and meetings such as the Adults & Child Services Committee meetings, Department of Justice Collaborative meetings, and meetings of the AZ Coalition for Veterans and Families, as well as outreach to hospitals, the criminal justice system, and the general community.

Outreach efforts by one TRBHA include providing older adults with education materials at senior centers, referrals by primary care physicians to a pain committee to identify individuals for treatment recommendations. Additionally, skilled nursing facilities refer identified individuals to treatment, and counseling is provided either in-office or on-site. This TRBHA also conducts care coordination with Elderly Services and participates in their events.

One provider reports that 300 members aged 41 and older are diverted from detention into a substance abuse facility (this age category of 41 and older is the closest age category captured to 55 and older from this particular data source).

COLLABORATION

RBHA staff coordinates with contracted community organizations as well as others to ensure SABG treatment information is provided to community partners, and to provide contact information for grant-covered services.

Staff at one particular RBHA identified a need for increased outreach to courts, probation, and other community legal systems, for Non-Title XIX individuals needing SUD treatment. This need was verified through internal data as well as data from coalitions, justice and law enforcement agencies in each county. Each SABG-funded provider in each county was tasked with developing a work plan specifying how they would better outreach their courts, legal systems and community to ID this population and provide treatment under SABG as appropriate.

Coalitions serving older adults under this RBHA also requested that members in their counties complete a Sidewalk Survey to measure community attitudes around substance use. This survey is done quarterly and it includes items related to perceptions of medication misuse, favorable attitudes towards sharing medications, knowledge and use of disposal sites, awareness of messaging regarding medication misuse, and disposal methods. Collaboration between the RBHA, coalitions, and the members themselves was required to complete conduct this survey.

The RBHA participates in a monthly collaboration meeting with system partners to address substance misuse across Pima County, to include overdose and treatments for all ages. They utilize data submitted by the health department that breaks out specific age categories to determine gaps and needs for programming.

For TRBHAs, collaboration between primary care providers and the pain committee and between skilled nursing facilities and treatment providers are useful in identifying older adults to be screened and treated for SED. Collaboration between the TRBHAs and Elderly Services has also been important for SUD treatment.

TARGETED INTERVENTIONS

One RBHA has assisted in policy development within subacute facilities that allow for law enforcement drop off of members, speeding up the process of getting older adults with SUD into behavioral health services.

Some health homes in one GSA offers a "whole health" program for older adults, encouraging the use of exercise, movement, yoga, and other mindfulness activities as alternatives to pain medications. These activities are a proactive strategy to prevent the development of Opioid Use Disorder (OUD) in older adults, a group that commonly deals with chronic pain. One of these health homes offers a Senior Peer Program to address substance abuse in the senior population, while another health home has opened a new Behavioral Health Residential Facility specifically for older adults in May of 2019.

Other providers simply provide SUD treatment including Medication Assisted Treatment (MAT) to individuals with OUD regardless of age.

One RBHA facilitates a quarterly Substance Use Providers meeting, which addresses the 55 and older population specific programming allows the RBHA and providers to determine gaps and needs for programming. This RBHA began working with high risk "against medical advice" (AMA) member population who leave hospitals, and found that 51-75 year olds discharge AMA at higher rates. By identifying this, providers are able to try to wrap these individuals with services for outreach and harm reduction. This RBHA has implemented a chronic pain management program for members, including the older adult (age 55 and older) population, and also continues to partner with a community coalition to assess substance use across generations. While the coalition's work focuses on safe disposal of medication and education for older adults, it also provides a component of provider follow up for treatment for older adults.

OTHER EFFORTS

One RBHA has been active in overseeing programs for older adults and engaging providers in age-specific substance use programming and integrated care for older adults. In addition, they have worked to increase collaboration with community service providers for older adults within the service area, and monitor outcomes.

A provider for older adults distributed and received back 465 surveys during the grant year. Survey results indicated that nearly all respondents believed medication misuse was a problem in the community, nearly 75% were aware of messaging about safeguarding medications, 62% said they safeguarded medications due to the messaging they received. Over 1/3 reported having used medication disposal sites for their medications. Of those who did not use medication disposal sites, more than half responded that they didn't need them, while about 1 in 5 were not familiar with the location of the disposal sites.

Another provider of older adult services received 361 completed surveys. These survey results indicated that 86.8% believed medication misuse was a problem in their community and only about 5% believed it is okay to share medications with others. Just over half of respondents said they were aware of messages about safeguarding medications, and of these 76.4% said they safeguarded their medications because of the messaging. Just over 60.7% reported not using medication disposal sites for their medications, over half (55.1%) of which said they were unaware of drop box locations and 27.5% felt they did not need them.

Although these surveys are more geared toward prevention of SUD, the results were encouraging. Many people see the messaging and either safely store or dispose of medications or due to the messaging efforts.

OUTCOMES

One RBHA reports that, of all members receiving services funded by SABG, 246 (16.6%) of them were over the age of 55 at the time of service within this reporting period.

One TRBHA reports eight elderly individuals with OUD are currently receiving MAT treatment through one provider. In addition, an opioid safety and overdose prevention presentation was offered to all seven district elder service groups and 20 elders participated. Narcan nasal spray education and overdose kits were provided to 25 elders and locking medication bags were provided to 20 elders.

PROGRESS/BARRIERS IDENTIFIED

Progress

One health home has identified that they will open a Behavioral Health Residential Facility specifically for older adults.

One RBHA reports a trend in year to year increase in the number of members served via the crisis system and subacute facilities.

One TBRBHA recognizes that tribal elders are more likely to engage in traditional services as compared to behavioral health services.

SUCCESS STORIES

One RBHA reports a success story about an older adult receiving SUD services. After having used substances intravenously for over one year, the patient attended his first induction and assessment. The patient began MAT services, and at the time had 6 days clean. A staff

member who accompanied the patient to his first meeting also met his family during transportation to services. The family had been very concerned, expressing how his substance use had worsened, to the point that the family would not allow him to use the bathroom without being patted down first. The patient was not confident in treatment, as he had an unsuccessful attempt at treatment previously. After starting treatment, including Suboxone and attending groups, he began to look better and feel better and began mending damaged relationships family, rebuilding trust. So far, the patient has been successful in MAT treatment, participating in groups 3 times a week and attends weekly follow up appointments with the doctor.

One program has implemented efforts to increasing diversity and cultural competency across staff members. They recruited a representative member from the Pascua Yaqui/Sewa U'uisim tribal community, and also welcomed a new member from a Hospice program. Staff also participated in the Diverse Voices in Prevention (DVIP) conference, and also scheduled an evidence-based Spanish version of the WISE workshop. This diversity in staffing is an enhancement to the behavioral health workforce, and thus, an enhancement to services provided to the community.

In collaboration with the county health department, a provider presented on medication misuse to a rural retired community of 200 participants and raised awareness of the importance of safe medication use, storage and disposal.

This RBHA and provider also facilitated delivery of Deterra medication disposal bags to the community and engaged the interest and support of the District Supervisor in supporting/promoting safe medication use and disposal in older adults.

Priority #: 3
Priority Area: Suicide Rate
Priority Type: MHS
Population(s): SMI, SED, ESMI

Goal of the priority area:

Reduce the Arizona Suicide Rate to 19.0% per 100,000 by the end of calendar year (CY) 2018.

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 CY15 was 19.4 per 100,000 population 1320 suicide deaths/6,818,000 population.
First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of CY 2018), 19.0 per 100,000
Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of CY 2019), 18.6 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 complete calendar year (i.e. CY 2018 data will be made available in Fall 2019). 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 identified.

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):

The goal of having a suicide rate per 100,000 of less than 19.0 was met as the suicide rate per 100,000 for Arizona was 17.6 per 2016 data based on the most recent, CDC data as cited in the American Foundation for Suicide Prevention's Suicide: Suicide Facts & Figures: Arizona 2018 document. Arizona Health Care Cost Containment System (AHCCCS) continues to implement the strategic direction to achieve the goals in the 2018 End to Suicide in Arizona State Plan focusing on the reduction of the suicide rate across multiple populations of focus across the state.

The 2018 End to Suicide in Arizona State Plan provides recommendations including objectives and strategies specific to our state. The four strategic directions are the same as those given in the National Strategy with the goals, objectives, and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Arizona Suicide Prevention Coalition and AHCCCS.

An End to Suicide in Arizona 2018 State Plan was written to identify and outline the plan for Arizona to reduce deaths by suicide. The State plan provides a guideline of activities aimed to prevent suicide in Arizona. The State plan is aligned with the 2002 National Strategy for Suicide Prevention: Goals and Objectives for Action, a joint report from the US Surgeon General and the National Action Alliance for Suicide Prevention. The Strategic directions include:

1. Healthy individuals and communities,
2. Ready access to prevention resources for clinicians and communities,
3. Treatment and support services available to clinicians, communities, survivors, and
4. Continued evaluation and monitoring of prevention programing.

During 2018, AHCCCS connected with health care professionals and the community to complete targeted activities. AHCCCS collaborated with groups to promote the best practice, Zero Suicide at public events, organized suicide prevention month events and engaged in positive safe social media activities. AHCCCS worked in partnership with the Be Connected movement to prevent military suicides and joined with community organizations for dialogue of suicide prevention within their own neighborhoods. Additional highlights regarding contractor, provider and Tribal partners funded through the MHBG and SABG are detailed below.

Outreach

Throughout Arizona the RBHAs and TRBHAs as well as the providers participated in and provided information and resources at a variety of community forums, town halls, and events related to suicide prevention, including: Veteran's Administration resource fair, HEAAL Community Forum on Bullying and Suicide 12/17 in Maryvale, "Teen Suicide: Take Action and Save Lives" 5/18 at Mesa Performing Arts Center, "Suicide: the Ripple Effect" Screening in Avondale and Queen Creek, Suicide Prevention Discussion for the Town of Queen Creek 12/17, Community Conversation about Research on Youth Suicide in Phoenix 3/18, and town halls in Gilbert and Queen Creek.

The RBHA in the Central GSA presented an overview of how to access school-based prevention, treatment and crisis services to the Chandler Unified School District. They also met with Tempe Unified School District to describe available prevention programs and discuss district-wide strategic planning including training for staff and students. The RBHA Participated on an ongoing basis with a district-wide Prevention Collaborative in Deer Valley. They presented on Best Practices and Safe Messaging for Suicide Prevention at Northern AZ Suicide Prevention Conference in 8/17, held four Lunch and Learn Presentations for Medical Management staff on Suicide Prevention and Safety Planning 8/17 and Bullying & Self Injury 3/18, presented on Psychological First Aid and Trauma Coping Strategies at the 4th Annual Emergency Preparedness Conference in 9/17, and spoke on a panel for Suicide Prevention at Women's Empowerment Summit at Mesa Community College in 3/18. The RBHA facilitated media interviews with Cronkite News and other local outlets to share information and resources related to suicide prevention efforts and services. Additionally a press conference for suicide prevention was held at the Governor's Office in 1/18.

Prevention Providers conducted outreach within their targeted communities as part of their strategic plans, including health fairs, town halls and community forums, educational workshops and trainings, presentations and collaborations with schools and other organizations. During the reporting period, 1,661 community members, peer/family, staff, stakeholders, faith-based groups, youth and provider agencies participated in suicide intervention gatekeeper trainings in the southern part of the state. The participants nearly double the number reported from last contract year. The participants reported increased knowledge about suicide prevention in the post-tests. Suicide Prevention Specialists worked closely with diverse populations such as: first responders, native communities, school districts, community college staff and students and County Attorney Offices, facilitating trainings in their respective communities. A provider's Senior Peer Program served men and women over the age of 60 in the Prescott and surrounding area who are at risk for depression. A Coalition provided youth and students service referral cards for treatment service and educational information to talk to someone about their feelings which can include suicide ideations. The card includes the suicide hot line phone number.

Over 4000 social media impressions through Facebook and Twitter have provided information about referral phone lines, available 24/7 to those seeking help around the topics of substance abuse, coping and suicide. Created an online awareness program during National Prevention Week through Twitter with a hashtag attached (#NationalPreventionWeek2018) to spread suicide awareness. The providers conducted 20 activities to distribute Yes 2 Life door hangers in neighborhoods throughout the community. Additionally, a TRBHA showed multiple screenings of the Gila River Indian Community produced Yes 2 Life Video. The TRBHA also conducted community events during Suicide Prevention Awareness month with youth as a focus.

Collaboration

The RBHAs, TRBHAs and providers maintained collaborations with the following organizations addressing suicide prevention: Arizona Suicide Prevention, American Foundation for Suicide Prevention AZ Chapter (AFSP-AZ), Teen Lifeline, EMPACT/LaFrontera SPC, Phoenix Indian Center, Tanner Community Development Corporation (TCDC), TERROS, MIKID, Not My Kid, and Project Connect 4. They served as members and partners of Arizona Suicide Prevention Coalition (AZSPC) and its Training Committee for the planning of the annual HOPE Conference, helped sponsor awareness walks for survivors of suicide as well as conferences and events, and helped coordinate care provided to schools and communities following a suicide. Other sponsored community events included the US Vets walk, EMPACT/LaFrontera Rally Point walk, EMPACT/LaFrontera Survivors of Suicide Day and Jeremiah Walk for Survivors of Suicide, and the AZSPC LOSS and HOPE Conferences.

Various contracted providers and community coalitions have collaborated to host ASIST and safeTALK trainings in their communities, lending trainers and facility space to increase access to community members across the central geographic service area. They have achieved a huge success on training provision to a variety of community sectors including schools, faith based organizations, law enforcement, primary care clinics, behavioral health, youth serving organizations, older adult serving organizations, and more. They have conducted eight ASIST trainings hosted at Phoenix Indian Center, Touchstone, Laveen Elementary School District, MARC Community Resources, Native Health, Crisis Preparation and Recovery, Chrysalis, and Childhelp. Additional ASIST trainings were conducted including: Hope Lives, Family Involvement Center, EMPACT/LaFrontera, and Community Bridges In (CBI). The RBHA also provided ongoing support to other stakeholder organizations implementing ASIST, such as Not My Kid, Arizona National Guard, and other agencies.

The RBHAs, TRBHAs and providers also hosted 37 safeTALK trainings for AHCCCS, MIKID, Crisis Preparation and Recovery, Southwest Behavioral & Health Services, Childhelp, Oasis, Southwest Human Development, Arizona Culinary Institute, Mercy Maricopa/The RBHA in the Central GSA, TERROS, Touchstone, Teen Lifeline, Tanner Community Development Corporation, Area Agency on Aging, Phoenix Indian Center, CBI, Jewish Family and Children's Services (JFCS), and Crisis Response Network (CRN) also implemented safeTALK trainings at their organizations. The RBHA provided ongoing support to all trainers in the service area including other stakeholder organizations. A Prevention Specialist also worked with Tucson Pascua Yaqui Tribe Centered Spirit and Tohono O' Odham Native Connections program co-facilitating two day ASIST Trainings quarterly. A Prevention Specialist collaborated to deliver an ASIST training with the Laveen school district following a loss.

The Prevention Specialist served as an active member in the San Carlos Suicide Prevention Task Force to facilitate Question, Persuade and Refer (QPR) trainings and provide technical assistance on best practices and resources, such as the Suicide Prevention Resource Center, SAMHSA, CDC, and community readiness. The RBHA provided the accommodation arrangements and conference registrations for a prevention staff member from the San Carlos Apache Tribe Wellness Center to attend the HOPE conference in 2016. The Southern GSA Suicide Prevention Specialist served a member of the Out of the Darkness Walk Planning Committee.

In the Northern GSA the West Yavapai Guidance Clinic (WYGC) Sr. Peer Program partnered with other agencies such as MATFORCE, Yavapai County Sheriff's Office and Yavapai Suicide Prevention Coalition to execute initiatives that aim to improve connectedness for men and women over the age of 60. The MATFORCE Coalition conducted community trainings to provide information and tools to community members or gatekeepers. Some of the trainings included: Motivational Interviewing in collaboration with Adult Probation where 25 individuals attended, Opioid Overdose: What it Looks Like and How to Respond with 35 attendees, Reentry & Recovery: A Second Chance for Life with 105 attendees, Trauma Informed Care with 19 attendees, and Erase the Stigma with 220 attendees. Additionally, the RBHA Collaborated on Meth and Suicide Prevention Initiative Healing and Hope short film debut in June 2018. Seven youth attended the THRIVE conference which has a focus on suicide prevention through the RBHA as well. The BHS Prevention Program is collaborating with Gila River Health Care staff at the hospital and at behavioral health facilities to enhance processes and educational activities related to suicide prevention. The BHS Prevention Program also collaborates with first responders and schools related to referrals and connections to services.

Targeted Interventions

The RBHAs and TRBHAs led targeted suicide prevention efforts through Help Enrich African American Lives (HEAAL), Maricopa Elder Behavioral Health Advocacy Coalition (MEBHAC), LGBTQ Consortium, Urban Indian Coalition of Arizona (UICAZ), and AZSPC coalitions targeting African Americans, older adults, LGBTQ young adults, Native Americans, and schools throughout the service areas. Prevention efforts included youth peer leadership, alternative activities, education and training, social media and awareness campaigns, information dissemination, and information and referral/screening.

Teen Lifeline had incredible success collaborating with and providing education and awareness events at over 30 schools during TSPAM (Teen Suicide Awareness Month) in September. Teen Lifeline provided workshops on depression and suicide, self-injury, bullying, stress and coping, Signs of Suicide, and outreached schools to provide education through an online e-learning series on developing prevention policies and procedures. AZSPC, Teen Lifeline, and EMPACT/LaFrontera continued the "Man Therapy" campaign to raise

awareness, reduce stigma, and increase help seeking behavior among middle-aged adult males (45-55 and up), a population with rising suicide rates. The "Man Therapy" campaign has been well received and has generated partnerships from law enforcement, military, and veteran-serving organizations. "Man Therapy" strategies included posters and print materials disseminated at health fairs, barber shops, and community sites, billboards, and articles that were featured in male-targeted publications, and an online risk assessment and links for resources.

The Suicide Prevention Specialist and the Supervisor of Tribal Programs attended monthly meetings to support the San Carlos Apache Suicide Prevention Task Force. The Suicide Prevention Task Force enhanced collaboration and resources to reduce and eventually eliminate suicide on the San Carlos Indian Reservation. Additionally, the Sr. Peer Program prepared education materials such as (pamphlets, brochures, display materials, presentation materials, websites) describing the risks of geriatric depression. They distributed educational materials to Sr. Peer participants, support group members, senior living communities and the general public. They conducted 12 educational presentations at senior living centers, community service group meetings, senior peer support groups and senior expositions. Senior Peer Volunteers provided temporary recovery support to Peer Support participants by weekly visits and phone calls. Volunteer monthly reports describe each contact with participant. The volunteers also facilitated six preventative support groups including men's, women's, and special needs support groups to the community.

MATFORCE selective education included 1056 students that were provided with the evidenced based Life Skills ® school-based curricula. Life Skills ® is a 6 session curricula which include educational topics on self-esteem and coping mechanism, providing students with skills necessary to navigate adolescent challenges that can lead to suicidal thoughts. 646 elementary school students participated in the Good Behavior Game ®. The Good Behavior Game ® is an evidenced based program that teaches self-management.

ASIST and youth developed messaging was provided for Pascua Yaqui Tribe Members through the Pascua Yaqui TRBHA. Gila River Health Care BHS Prevention Program staff delivered targeted interventions through three ASIST trainings were delivered with 18 participants, 27 safeTalk trainings were delivered with 403 participants, 33 QPR Trainings were provided with 237 participants, and four Suicide Prevention Strategies for youth were provided with 194 participants.

Other Efforts or Information

The RBHA created an ad-hoc Taskforce this year in response to the rising number of youth suicides, especially in the East Valley of the central GSA. The Taskforce included representation from the Prevention, Children's, and Crisis teams as well as the school-based crisis providers (Teen Lifeline and EMPACT) and AZSPC. There was a designated email created for suicide prevention training requests in the Southern GSA. The RBHA in the southern GSA designed three 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. The posters were distributed throughout southern Arizona. They also sponsored the Out of Darkness suicide prevention walk in Tucson and had 20 staff members participating, and the 11th Annual Jeremiyah Memorial 5K Walk/Run in Tempe to support survivors of suicide.

In the Northern GSA, the WYGC program assigned Senior Peer Volunteers to provide temporary emotional support to Peer Support participants by weekly visits and phone calls as necessary. MATFORCE led 275 students who participated in the 'Say it Out Loud' classroom presentations. This research based program provides information to students on mental health issues. The RBHA sponsored the Yavapai Reentry Project. The project provides support and life skills to individuals returning to Yavapai County from the Department of Corrections. The program provided skills for their transition in gaining the confidence to be successful community members. The northern GSA RBHA's clinical training department partnered with the school system to provide additional training in Youth Mental Health First Aid (YMHFA) and triage options for educators. They provided YMHFA to educators and community members on tribal lands, including Hopi and Havasupai. Crisis counselors have been deployed to the canyon and to the Hopi lands to provide additional support and resources to their community.

The Pascua Yaqui Tribe Lutu'Uria Youth Group, Guadalupe Prevention Partnership (GPP) summer camp each year has presentations on Bullying and suicide prevention. Gila River Health Care BHS Prevention Program contracts with Hoofbeats with Heart to provide Equine Assisted Learning. During the year 9 sessions took place with 87 youth and 126 adult participants. Gila River Health Care is in the process of full implementation of Zero Suicide best practices under the auspices of other funding with 194 participants.

Outcomes Measured

Outcomes are measured on the efforts to reduce the suicide rate through a comprehensive approach including education, social marketing and awareness campaigns, gatekeeper training, screening, increasing access to effective care, increasing collaboration efforts, advocating for policy change, etc. Providers measure outputs in terms of numbers of youth and adults served and number of educational sessions held. School-based suicide prevention outputs (combined data from Teen Lifeline and EMPACT/LaFrontera) included 129 schools served within Maricopa County (148,092 students; 396 workshops; 3,731 students participated in Signs of Suicide); 3,056 youth screened; 198 face to face interventions; 303 referrals to behavioral health for youth, parents, and/or families; 932 staff members and parents trained as gatekeepers (Signs of Suicide, safeTALK); 63 schools participating in ID initiative; and 23 schools, 35 individuals completed postvention e-learning.

The RBHA in the Southern GSA worked with the University of Arizona Evaluation Research and Development (ERAD) Department who created a database to measure outcomes for the QPR trainings. Suicide prevention training post-tests reflected that the majority of participants "strongly agreed" that they increased their knowledge about suicide prevention. In the Northern GSA, the WYGC Sr. Peer Program measured copies of materials provided including: quarterly reports, website traffic tally, social media and printed materials

tracking, community members reached with the materials, community members reached by the presentations, internet traffic on the Senior Peer Prevention web page, the Adult Connectedness SOM, pre- and post-intervention, to evaluate the changes in Peer Support participants' feelings about their relationships with family and friends, contacts between volunteers and participants, and the Geriatric Depression Scale pre- quarterly- post following intervention to measure changes in depression levels.

MATFORCE collected data and outcomes demonstrating that over 90% of the students completing the Life Skills Curricula self-reported an increase in coping skills. Good Behavior Game outcomes were a 60% + decrease in symptoms or negative classroom behavior for the year. They collected utilization data regarding trainings including Motivational Interviewing in collaboration with Adult Probation with 25 individuals attending, Opioid Overdose: What it Looks Like and How to Respond with 35 attendees, Reentry & Recovery: A Second Chance for Life with 105 attendees, Trauma Informed Care with 19 attendees, and Erase the Stigma with 220 attendees.

Through the TRBHA, 91% of youth agreed that they could help a friend after participating in the Gila River Health Care suicide prevention strategies workshop. 85% of participants of ASIST rated their preparation level to help someone who might be thinking about suicide as a 4/5 based on a scale of 1 (not at all prepared) to 5 (very prepared). 92% of QPR participants agreed they felt more prepared to help someone in need. 100% felt they had the knowledge to connect individuals to resources. 89% of safeTalk participants agreed they felt more prepared to help someone in need.

Progress/Barriers Identified

Some of the barriers or concerns regarding suicide prevention included that in this year period there appeared to be an increase in youth suicides around the start of the school year, some "cluster" suicides happened in East Valley schools of the central GSA, and the community demanded action and mobilization engagement as there were some inaccurate and potentially unsafe messages being shared with media and the community. The RBHA worked in partnership with AZSPC, Teen Lifeline, EMPACT, CRN, and others to provide information about resources and efforts. Funding limitations for MHBG and SABG regarding suicide prevention limited the approach and populations that the RBHAs, TRBHAs and providers could use with the funds. Also, data for suicide rates in Guadalupe (as well as other regions of the state) are difficult to determine due to cultural stigmas and reporting.

Progress has been identified given participant numbers nearly doubled between 2016/17 and 2017/18, the awareness of suicide prevention programming is spreading in the southern GSA. MATFORCE identified progress made with raising awareness about the high number of suicides in Yavapai County. The updated health department's community health improvement project plans will include objectives for addressing suicide in all goal areas.

Success Stories

Two great collaborative successes occurred this year including fostering the partnership with Teen Lifeline to provide a series of safeTALK trainings to Tempe Union School District's administration during an in-service week, and connecting TERROS and Touchstone to provide safeTALK for Department of Child Safety, Comprehensive Medical and Dental Program (DCS CMDP) staff. The RBHA continued providing safeTALK for providers and community stakeholders, but a monumental success this year was institutionalizing safeTALK training for RBHA staff who work directly with members. They trained over 600 staff in a 10 month timeframe. This work extended beyond the training room, as it provided opportunities to enhance workplace culture to support employees with thoughts or suicide experience. The RBHA partnered with AZSPC through its Training Committee to receive a grant from LivingWorks Education to support an annual ASIST and safeTALK Trainer Conference in October, bringing trainers together for professional development opportunities.

Overall, one of the most notable successes this year was the increasing success in school-based partnerships. Teen Lifeline's "ID Initiative" to include the crisis hotline on every student's identification badge was a low-cost but innovative strategy that resulted in increased calls to the hotline and opportunities to provide support and education to schools and students. Schools have been increasingly reaching out and requesting training and education services, and we have been working hard to meet this demand and community need.

According to the QPR Annual Report created by University of Arizona ERAD QPR trainings were effective in increasing knowledge across both fiscal years. When asked if they learned new skills 75.3% (2016-17) and 68.0% (2017-18) strongly agreed they had, while 83.7% (2016-17) and 76.5% (2017-18) strongly agreed the training increased their knowledge about suicide prevention. There was broad agreement that the trainer was an expert in conducting QPR. For instance, 88.8% (2016-17) and 89.3% (2017-18) strongly agreed the trainer was knowledgeable about the subject matter, while 89.5% (2016-17) and 88.2% (2017-18) indicated that the trainer communicated the information clearly. Participants strongly agreed the materials were easy to understand (87.7%: 2016-17 – 84.3%: 2017-18) and the length of the session was appropriate (78.6%: 2016-17 – 71.2%: 2017-18).

The West Yavapai Guidance Center's Sr. Peer Program was a recipient of the 2019 Kendall Grant that allowed them to re-examine their process for measuring annual performance indicators.

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

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

How second year target was achieved (optional):

Based on Arizona Department of Health Services (ADHS) Vital Health Statistics data, Arizona, achieved this goal with a reported suicide

rate of 18% per 100,000 populations in a specified age group, for 2017. Data for 2018 is currently still being tabulated by ADHS and is currently unavailable., but will be reported once it has been finalized.

AHCCCS and its providers implement a myriad of strategies to combat suicide in AZ, targeted at multiple populations. Mental Health First Aid, Question Persuade and Refer, Applied Suicide Intervention Skills Training (ASIST), and SAFE Talk are just a handful of the trainings and events that are implemented statewide, and at AHCCCS for staff and the community, to curb suicide deaths.

Arizona continues to follow the the 2018 End to Suicide in Arizona State Plan, which provides recommendations including objectives and strategies specific to our state. The four strategic directions are the same as those given in the National Strategy with the goals, objectives, and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Arizona Suicide Prevention Coalition and AHCCCS.

An End to Suicide in Arizona 2018 State Plan was written to identify and outline the plan for Arizona to reduce deaths by suicide. The State plan provides a guideline of activities aimed to prevent suicide in Arizona. The State plan is aligned with the 2002 National Strategy for Suicide Prevention: Goals and Objectives for Action, a joint report from the US Surgeon General and the National Action Alliance for Suicide Prevention. The Strategic directions include:

1. Healthy individuals and communities,
2. Ready access to prevention resources for clinicians and communities,
3. Treatment and support services available to clinicians, communities, survivors, and
4. Continued evaluation and monitoring of prevention programming.

Priority #: 4
Priority Area: IV Drug Users
Priority Type: SAT
Population(s): PWID, Other ()

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

Indicator #: 1
Indicator: Annual Performance Indicators to measure success on a yearly basis.
Baseline Measurement: 2016 measurement of members who report IVDU who received MAT services.
First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2018), 54%
Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2019), 55%
New Second-year target/outcome measurement(if needed):

Data Source:

Client Information System (CIS) data.

New Data Source(if needed):

Description of Data:

CIS report on the number of IVDU members with a SUD receiving MAT services out of number of members receiving MAT services.

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:

How first year target was achieved (optional):

SFY 2018 CIS data shows 9,350 members received one or more medically assisted treatments, out of 14,568 members who reported using substances intravenously, which represents 64.2% of the population, exceeding the goal of 54%. AHCCCS has implemented the following strategies to achieve the goal of increasing availability and service utilization of MAT for individuals that this method of treatment would be clinically indicated, with a special emphasis on those who have intravenous drug use (IVDU). These strategies have been a part of a comprehensive statewide effort to address the opioid epidemic with the resources available through the SABG, Opioid State Targeted Response (STR), Medicaid, and Medication Assisted Treatment Prescription Drug Opioid Addiction (MAT-PDOA). Naloxone training and distribution has been part of a strategic statewide initiative to prevent overdose fatalities. Below is a description of the activities conducted through the RBHAs, TRBHAs and SUD providers.

Outreach

The RBHA in the Southern GSA continues to provide outreach and services through the MAT-PDOA Grant to ensure MAT accessibility for Jail Reach-In efforts in Pima County. These individuals are then connected with services through SABG or Medicaid funding in the community as needed. The main focus of this program is to connect those involved with the criminal justice system to medication-assisted treatment and creating a bridge between incarceration and treatment. The RBHA and providers have increased outreach to the community, first responders, the criminal justice system and hospitals.

In the Northern GSA, the RBHA has provided first responders with Naloxone to decrease the incidence of overdose related fatalities. Through the use of STR funding, SHCA has imbedded care coordinators in jails, EDs, and FQHCs to support the identification of possibly misuse and referral to treatment and eligibility screening for funding for SUD services. The RBHA is in the process of developing informational billboards regarding the dangers of opioid misuse.

The Central GSA SABG providers outreach members in hospitals, jails, homeless campuses, justice initiatives, crisis/first responder services, and through navigation services. Social media is also used to promote MAT services. Gila River Indian Community's general information and education on behavioral health services is provided community-wide to their community members addressing intravenous drug use and medication assisted treatment through the TRBHA.

Collaboration

The RBHA in the Southern GSA has increased Medication assisted treatment availability to members and has successfully increased member participation in these services through education and community outreach. The RBHA has established MAT services in rural areas, such as Nogales, Cochise and Graham counties to ensure MAT accessibility to members through co-locations to provide Buprenorphine through telemedicine. The RBHA also has integrated an Access Point in Pima County through Community Bridges 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. The RBHA continues to work with providers to expand and enhance access to medication assisted treatment services for persons with criminal justice involvement that have an opioid use disorder and are seeking or receiving MAT through the MAT-PDOA grant. At the end of this State Fiscal Year the RBHA received accepted allocation from AHCCCS to expand these services in Pima County and into Graham County with the addition of Community Medical Services as a provider.

In Northern Arizona several hospitals and FQHCs are utilizing brief intervention and referral to treatment model to address opioid misuse. MAT services are available in all Health Homes. MAT services have been developed for adolescents 16 and older and collaboration between health homes and jails, EDs, FQHCs, and the community.

The RBHA in the Central GSA providers have collaborative relationships with the Maricopa County Sheriff's Office, Arizona Department of Corrections, Adult Probation, the Governor's Office, and AHCCCS. Several hospitals work with a provider and fast tracks all members who are pregnant and have an OUD into treatment. The hospital inducts members and then warm-hands them off to a clinic. Collaboration with the Felony Diversion Program in collaboration with the Maricopa County Attorney's office provides treatment in-lieu of incarceration. Maricopa County Jail has a provider that currently manages pregnant incarcerated individuals and accepts warm hand offs from county jails. The Maricopa County Re-entry Center (MRC) for post-release prisoners has Peer Supports who enters MRC once per week and receives members into a clinic for induction. The clinic then delivers MAT to the center 3 times per week and conducts all other services via

telemedicine. Maricopa County Drug Court has a provider that attends Drug Court staffing four times per week to provide guidance on those diagnosed with OUD and helps navigate people into treatment with the provider's clinic, other OTPs, or higher levels of care. An OTP is the sole provider for methadone treatment for a number of residential programs throughout Maricopa County. A clinic is the chosen provider to create and implement necessary workflows to fulfill the governor's order to provide Vivitrol to inmates pre-release and transition them into continued services after release for those who elect to participate in the program. The Alhambra (ADC) Transition Center currently transports members daily to a clinic, with the plan to transition to delivering medications to ADC. In Perryville Prison pregnant women are transported weekly to a clinic to see a medical provider and counselor. The clinic then delivers medication once per week to the prison and the prison stores the medication and dispenses them to the inmates. Post-delivery, the inmates are managed with a 30-day withdrawal management protocol.

Targeted Interventions

Throughout Arizona the RBHAs, TRBHAs and providers have established the goal of increasing the number of members receiving access to MAT and substance use treatment as well as to decrease the number of overdoses and deaths due to substance use and opioid use. Targeted interventions statewide include MAT interventions – including Methadone and Suboxone, Matrix Model, Seeking Safety, Naloxone prescriptions with every opioid prescription, HIV prevention and Hepatitis/TB screening.

The TRBHA, Gila River Health Care Addictionologist has clinic hours and provides MAT treatment at GRHC various sites. Some individuals may attend GRHC residential treatment in conjunction with MAT outpatient treatment. The RBHA in the Central GSA has eight MAT providers, all of whom also provide additional individual and group counseling (including IOP). MAT providers primarily utilize Methadone, but are increasingly using Suboxone and some are using Vivitrol. Additionally, Narcan/Naloxone is being increasingly distributed by providers. Terros and Ebony House, both SABG providers, host testing for infectious disease, including HIV, hepatitis C, and tuberculosis and counseling sessions in the community and in partnership with other SABG providers.

Other Efforts or Information

The RBHAs and TRBHAs have submitted budgets to AHCCCS and SAMHSA for the State Opioid Response (SOR) grant to expand and sustain Substance Use Disorder treatment services, peer support, street based outreach, Jail Diversion and Reach In, MAT in rural areas, and workforce development for the opioid use population. With the SOR grant, the RBHAs and TRBHAs will expand access to care for MAT services for IV drug users, and all who need substance use disorder care. Providers will be asked to extend hours to include a second dosing shift, and additional sites will be opened to meet demand. Currently, Arizona has multiple 24/7 MAT locations.

Outcomes Measured

Throughout Arizona, the number of members enrolled with IVDU, members with an OUD and those receiving MAT are identified. MAT accessibility and network capacity are measured as well. The RBHAs have increased MAT prescribers and referrals, as well as developed COEs for opioid treatment and increased Naloxone distribution. During the reporting year, through one of the TRBHAs, 12 individuals completed intake and enrolled in services through the Gila River Indian Health Center. Their addictionologist met with 2 individuals, on average, per quarter.

For the RBHAs and TRBHAs 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, and achievement of treatment goals as identified by member. National Outcome Measures (NOMs) 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, and participation in social support recovery 30 days prior. ASAM score based on ASAM criteria can also be used to measure outcomes. Providers also report monitoring drug screens, retention, recidivism, and that clients are receiving care prescribed at intervals established in their treatment plans.

Progress/Barriers Identified

The increased outreach and ability of providers to serve this population has resulted in positive outcomes and an increase of the number of members enrolled. A barrier that they often face with this population is transition from the criminal justice system and jails as members often will meet criteria for AHCCCS. SABG providers report the greatest barrier identified is lack of funding to cover other critical needs for this population – such as physical health, medications, and permanent supportive housing.

Gila River Health Center is exploring a comprehensive method to collect, and complete a needs assessment, for this population to identify potential barriers and progress that can be enhanced or sustained.

Success Stories Shared

The Pima County State Targeted Response Team focuses on Opioid and Jail Diversion Outreach. A member's life was saved when two STR Outreach Specialists were doing street outreach at a local park. They came across a group of people attempting to revive a woman. The group had initially told CBI that she was in diabetic shock, but thankfully one of the men in the group told CBI that she was overdosing on heroin and that he had already administered Naloxone. A provider staff immediately called 911 and began to do chest compressions. A second dose of Naloxone was administered and EMT's stabilized the patient and she was taken to Tucson Medical Center.

A female member came in to a provider in severe withdrawal. The member was feeling very down on herself on top of feeling extremely

sick. She stated that she was hoping to feel better because she had a job interview later that day. She also has a son and wanted to get help so she could feel better for him. During her intake process, she received another phone call for another job interview. Even though she was feeling sick and depressed, she completed her intake and started on methadone treatment that same day. Two weeks later the member reported she was offered both jobs. She now says she is feeling a lot better and said she feels ready to start titrating her methadone dose. The member is also still currently working both jobs.

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

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

How second year target was achieved (optional):

According to UMC (Unique Member Characteristics) Portal Data 17,159 IV Drug Users had a Substance Use Disorder (SUD) diagnosis, and of those diagnosed 15,324 (89.3%) received treatment.

Outreach

Outreach to identify individuals who have a high risk of IV drug use and to provide referrals and resources to prevent relapse and treatment under the Substance Abuse Block Grant (SABG).

RBHA's were able to peer supports to conduct outreach in the jails to assist in the coordination of care once an individual is released. Providers are also sub-contracted to engage in street outreach to assist in the engagement of individuals into treatment.

RBHA's efforts are being made to coordinate with hospital emergency departments and inpatient units for care coordination for individuals visiting a hospital due to opioid use related medical issues.

One provider that works throughout the state outreaches to substance users and encourage treatment engagement and awareness of services such as MAT, additionally, other MAT providers have been recently added to the network and these providers have multiple funding sources to provide MAT treatment, including SABG.

TBHA's have provided ongoing collaboration with community stakeholders and with off-reservation providers.

Collaboration

RBHA's work with organizations who are funded through SABG and other opioid-specific grants allows the sharing of information surrounding MAT treatment options available. Additionally, peer support services are being encouraged in conjunction with MAT services to increase long-term recovery success in urban and rural areas of Arizona.

One RBHA has integrated an Access Point in Pima County through Community Bridges 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.

Another RBHA works with the County Correctional Health Department in giving access to their providers inside the jail setting to help engage the OUD using population (inclusive of the IV Drug Using population) and coordinate into care upon their release from jail with sub-contracted Navigators

TBHA provide ongoing collaboration with community stakeholder and with off reservation providers. Behavioral Health Services and Primary Care staff members work to identify and refer individuals with OUD.

One TRBA reported that they now have 8 Primary Care providers with the ability to prescribe Suboxone at 3 clinics. This TBHA has 2 addictionologists providing OUD treatment at 4 locations.

Targeted Interventions

A concerted effort has been taken to increase access to Medication Assisted Treatment to address the physiological aspects of providing treatment to the target population. Increased monitoring is occurring, and being advanced, to monitor the implementation behavioral health services (i.e. counseling) for individuals receiving MAT services.

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.

Other Efforts or Information

RBHA's have been coordinating with Oxford House, Inc. to open homes throughout Arizona. At this time there are 11 Oxford Homes that are currently open since July 1, 2019.

Outcomes Measured

RBHA's and TRBHA's 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

RBHA's have reported that a barrier with IV Drug Use population is the transition from the criminal justice system and jails as members often will meet criteria.

One RBHA reported that not all rural locations in Arizona have MAT providers, therefore in some cases patients are travelling long distances to obtain their daily doses and sometimes have to take the entire day to travel and receive care. This poses a particular problem for patients who are newly employed and have to coordinate around their schedule or take time off work (sometimes without pay) to obtain their MAT doses.

Success Stories

Two brothers were charged with felony possession of heroin while living out of their car where they were using intravenously daily. They had previously been staying with their parents but due to their struggles with substance use, their relationship with their parents had completely eroded. Both were connected with a provider through Felony Diversion referrals and were immediately admitted to Tucson's Toole Access Point, transitioned to Inpatient detox, then transferred to Residential Treatment (one in Tucson and one in Yuma). Neither had established with a PCP despite significant abscesses on their arms and other chronic physical health maladies.

The provider connected both with PCPs and started them on MAT medications while in residential treatment.

Post residential, the brothers were connected with the provider's outpatient clinics where they continued their treatment. Their primary care needs were treated by their PCPs, they continued their MAT, and they engaged in Intensive Outpatient Programming.

As of today, both brothers have reconciled with their parents, and one of the brothers has returned home to live with them.

One of the brothers is tapering off Suboxone and recently accepted a management role at a grocery store. The other brother has completely tapered off Suboxone and was accepted into an apartment with the help of CBI. He has been maintaining his portion of the rent by working in construction.

Both brothers had their felony charges dismissed.

Patient relates the story of having infections due to IV drug use. He came to Intensive Treatment Systems, provider in April 2018 addicted to heroin and methamphetamines. Since that time the member has gained weekend take-home privileges, not used any illicit substances, engaged in our group Intensive Outpatient Program (IOP) and is working with clinic manager to do an art show under the title "Art of Addiction. The art show will feature works displayed by artist in recovery at ITS clinics. Member thanks IOP and staff for their help.

Priority #: 5
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:

AHCCCS and the RBHAs will collaborate on ways to expand public awareness campaigns directed towards the priority populations. AHCCCS and the

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. SFY15 was 3.9%.

First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2018), 4.2%

Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2019), 4.5%

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

Data Source:

Client Information System (CIS) data.

New Data Source(if needed):

Description of Data:

CIS enrollment data on the number of pregnant and parenting women with dependent children receiving SA treatment is capable of stratifying data by gender, diagnosis, service received, number of children, pregnancy, etc.

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:

Per CIS data, enrollment went up by 10.8% from SFY 2017 to SFY 2018. During that same time period the percent of pregnant women receiving SABG services went down by 7.3% and the percent of women with dependent children receiving SABG services went down by 7.5%, not meeting the second year goal. There was a significant increase in utilization by the pregnant women and women with dependent children (PWWDC) population from 2015-2017, outpacing enrollment increases, so it is likely that the reduction is a balancing of the previous trend. Additionally, it is reported that because of Medicaid Expansion, there are few individuals who are pregnant or parenting who do not qualify for services through funding sources other than SABG. AHCCCS has implemented the following strategies to achieve the goal of increasing availability and service utilization for the priority populations PWWDC. These strategies have been a part of a comprehensive statewide effort to address the high risk for both the mother and child by treating the family as a whole and having specialized treatment services. Below is a description of the activities conducted through the RBHAs and SUD providers.

Outreach

The RBHAs and TRBHAs have increased outreach to the community, first responders, the criminal justice system and hospitals to identify pregnant and parenting women with an SUD. They communicate frequently with the Department of Child Safety (DCS), children's outpatient programs, and Family Run Organizations. The RBHA in the Northern GSA also created the Parent Support Now program, which involves community stakeholders such as county health departments, courts, and attorneys to support the reunification of families. The RBHAs also maintain a current list of gender-specific providers and programs in their networks.

Gila River Health Center's Behavioral Health workers provide information, education and refer to services within the community, for this population through the TRBHA. GRHC Behavioral Health response team frequently engages in the Women's clinic for outreach to pregnant and parenting women. The RBHA in the Central GSA providers reach out to coordinate care with OBGYNs. This outreach includes educating providers about MAT services for pregnant women. Another program offers on-site child care to women who are enrolled in the Center for Hope housing or outpatient clinics so they are able to attend recovery focused services.

Collaboration

The RBHA in the Southern GSA has identified an increased need to ensure pregnant woman (pre and post-partum) and their babies are receiving services while in the hospital and as they transition back to the community. The RBHA in the Southern GSA has worked with Health Homes, Tucson Medical Center (TMC) and the Polysubstance Abuse in Pregnancy and Newborn Task Force. TMC data showed there was a significant population of mothers who are using opiates who were in need of immediate MAT services and treatment. If these Women are identified as OUD or needing MAT assistance in addition to other services, the collaborating Health Homes and MAT OTP's work directly with the hospitals to ensure services. The RBHA in the Southern GSA is also outreaching rural hospitals. PCP's and OBGYN's are outreached for this population to educate them regarding the available services in their community and how to connect the women to services.

One of larger Health Home agencies, a birth – 5 specific treatment provider, and TMC has developed a Memorandum of Understanding (MOU) to serve these women and their babies inside the hospital. The Health Home was given a designated room with in the TMC NICU to complete groups, intakes, and other treatment needs for the women, families, and babies identified needing this service. The RBHA in the Southern GSA, the identified Health Home, Banner Hospital, and St. Joe's Hospital in Tucson have also met and are in the process of developing MOU's for similar services. For those mothers who do not qualify for Medicaid benefits, the provider can access SABG funds to ensure services. Also, if any women and their babies are identified as needing rural area follow up, one of our Medication Assisted Treatment providers have been working with the hospitals to assist with transition.

The RBHA in the Southern GSA has increased MAT availability to members and has successfully increased member participation in these services through education and community outreach. The RBHA has established MAT services in rural areas, such as Nogales, Cochise and Graham counties to ensure MAT accessibility to members through co-locations to provide Buprenorphine through telemedicine.

The RBHA in the Southern GSA has integrated an Access Point in Pima County through Community Bridges 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.

The RBHA in the Northern GSA participates regularly in community coalitions that include agencies that provide services to pregnant and parenting women, including Coconino Coalition for Children & Youth (CCC&Y) and the Continuum of Care meeting.

Referrals are accepted from Gila River Indian Community Tribal Social Services and Family Drug (Healing to Wellness) Court. There are weekly meetings with the Healing to Wellness court, for the purpose of reviewing services and accepting referrals. Patient Health Questionnaire two and nine (PHQ2/PHQ9) are administered annually, by medical providers. Referrals are made to BHS for patients who require additional assessment and screening. Specific attention is given to those who indicate moderately severe depression or higher. Gila River Health Center's women's clinic identifies and refers individuals, as needed.

In Central Arizona, Center for Behavioral Health (CBH) Tempe continues to work with current patients as well who become pregnant while in services to continue treatment. Community Medical Services (CMS) collaborates with hospitals and OB/GYNs in the area to provide education and coordination of care for pregnant women. The RBHA collaborates with local correctional health to provide MAT services to pregnant women who are incarcerated. Several Hospitals fast track all pregnant OUD patients into treatment. The hospital inducts patient and warm-hands them off to a CMS clinic. CMS medical providers participate in Grand Rounds at hospitals in Maricopa County.

Targeted Interventions

The RBHA in the Northern GSA assists in care coordination for pregnant and/or parenting women to ensure all women in these priority populations receive the indicated services within the corresponding wait times. Safe Mom Happy Baby program, which is a program developed to partner OB/GYNs with treatment providers when a mother indicates substance use or the infant was born with Neonatal Abstinence Syndrome (NAS). The Parent Support Now program has decreased the length of time for reunification for parents struggling with substance use. Pregnant women and women with dependent children in Gila River Indian Community are offered substance use disorder 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.

The Central GSA SABG providers focus on working with members in this category to decrease IV use, tobacco use and illicit substance use, and increase access to prenatal care for mother and baby, while treating the opiate issue. The National Council on Alcoholism and Drug Dependence, Inc. (NCADD) provides substance use disorder treatment (IOP/SOP); individual counseling; Dialectical Behavioral Therapy (DBT); trauma group; vocational services; dual diagnosis group; 12 step meetings/sponsor, supportive housing along with wrap around substance use disorder treatment and psychiatric services. There is also a clinic which also provides supportive housing for IV Drug Using pregnant women and women with dependent children.

Other Efforts or Information

The RBHA in the Southern GSA has submitted a budget request to AHCCCS to expanded services to pregnant women and parenting population to include a full continuum of care model with TMC and CODAC Health, Recovery and Wellness for transitional living; OBGYN and Medication assisted treatment availability. The RBHA in the Northern GSA provided multiple trainings on medication assisted treatment, which included information regarding the efficacy of MAT during pregnancy. The RBHA is looking to develop a specialized residential program for families. Additionally, the RBHA in the Northern GSA has developed a Project ECHO to assist in facilitating improved communication and treatment outcomes for this population. Gila River Health Center Behavioral Health Services is working with their IT department to design a method within their system to help identify those eligible for services. A provider has established a

collaborative arrangement with Arizona Ash-line for additional smoking cessation service at no cost to the patient.

Outcomes Measured

In Arizona outcomes are measured by the members ASAM level of care scores based on the ASAM criteria. Treatment plan achievement is another indicator of outcome achievement. The number of women receiving services is another outcome measured. ASAM score based on ASAM criteria can also be used to measure outcomes. The RBHAs, TRBHAs, and providers have been successful in most cases in assisting patients who meet the SABG criteria to obtain insurance through the state to cover all their needs, but historically, for the few patients in this population who could not, they have been able to utilize SABG funding and provide resources. The providers regularly monitors drug screens, retention, recidivism, and clients are receiving care prescribed at intervals established in their treatment plans. The RBHAs and TRBHAs monitor and measure the use of EBPs in treating this population. The RBHA in the Southern GSA has served 55 women and their families through the hospital collaboration with TMC. In Gila River Indian Community there were 16 women, four of which were pregnant, that completed an intake and were enrolled in services through the TRBHA.

Progress/Barriers Identified

The increased outreach and ability of providers to serve this population has resulted in positive outcomes and an increase of the number of members enrolled in Arizona. A barrier often faced with this population is transition from the criminal justice system and jails as members often will meet criteria for AHCCCS. The RBHA in the Northern GSA continues efforts to partner more closely with OBGYNs and Maternal Health programs. Gila River Health Center plans to identify and disseminate informational brochures related to risk associated with drug use, postpartum depression and how to get services.

The Central GSA SABG providers report the greatest barrier identified is lack of funding to cover other critical needs for this population – such as physical health, medications, permanent supportive housing, and access to affordable prenatal services.

Success Stories

A member was struggling with severe alcoholism while being pregnant until May when she medically detoxed. She went to a program that she successfully completed in June. She has since gave birth and is currently meeting all of the Department of Child Safety (DCS) requirements due to her early use in pregnancy and history. She is currently attending IOP for parenting and ongoing relapse prevention. She also receives Doula services through the RBHA once a week. She has done really well even though recently things have been stressful due to the DCS case.

A Family Support Partner (FSP) met a mom at her first court hearing in February this year as part of the Parent Support NOW program. The mom had her three children removed by DCS due to an addiction problem that had led her down a dark path of destruction and wreckage. She was also facing felony charges. The mom was also facing prison time and was scared that she might lose her children to the system. FSP talked with mom about her addiction and was able to assist her to a point of connection due to the FSP's own recovery. The mom slowly began to see her addiction for what it was. She admitted that she had a problem and was willing to go to any lengths for her children and her recovery. She walked away from her old life, boyfriend, friends, job and connections to begin her new journey. The FSP supported the mom in her choices, but would always help mom identify her healthiest options, love others and thank God daily for her new life. The mom engaged in all services with the Health Home and worked with the FSP regularly to assist her in completing her DCS case plan requirements in a timely manner. She also faced the judge for her felony charges. Due to her engagement in services and her willingness to leave her old life and ways behind, she was granted probation with no jail time. The mom has sustained recovery and is working hard to maintain her sobriety. She worked with a provider and was provided housing to help her transition back into society. She also regained custody of her children and the case was dismissed. She reports having a new life now and is grateful to the FSP for supporting and encouraging her when she felt like no one else was on her side.

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

According to AHCCCS Client Information System (CIS) claims data, 12,309 Pregnant Women had a Substance Use Disorder (SUD) diagnosis, and of those diagnosed 3,719 (30.2%) received treatment.

Outreach

RBHA's provide outreach to the community, first responders, the criminal justice system and hospitals for PWWDC.

One RBHA visits all SABG providers with site visits on an annual basis; part of the site visit includes ensures providers have the appropriate posters promoting SABG service availability. Mercy Care has developed a poster specifically targeting pregnant women/women with dependent children.

Another RBHA uses pregnancy resource centers and prenatal care providers throughout Northern AZ. Providers have been made aware of the SABG grant funding through SHCA and have been given public awareness materials.

TBHA use behavioral health workers provide information, education and refer to services within the community, for this population. Behavioral Health response team frequently engages in the Women's clinic for outreach.

Collaboration

One RBHA is planning the 2nd Annual Opioid Symposium, having a large focus on providing services to pregnant/parenting women. Through the planning process several collaborations were made/enhanced with organizations having key roles in addressing substance use in pregnant/parenting women.

Another RBHA has identified an increased need to ensure our pregnant woman (pre and post-partum) and their babies are receiving services while in the hospital and as they transition back to the community. This RBHA has worked with Health Homes, Tucson Medical Center (TMC) and the Polysubstance Abuse in Pregnancy and Newborn Task Force. TMC data showed there was a significant population of mothers who are using opiates who were in need of immediate MAT services and treatment. If these women are identified as OUD or needing MAT assistance in addition to other services, the collaborating Health Homes and MAT OTP's work directly with the hospitals to ensure services. This RBHA is also outreaching our rural hospitals. PCP's and OBGYN's are also outreached for this population to educate them regarding the available services in their community and how to connect the women to services.

TRBHA's collaborate with the use of referrals. The referrals are accepted from Tribal Social Services and Family Drug (Healing to Wellness) Court. There are weekly meetings with the Healing to Wellness court, for the purpose of reviewing services and accepting referrals.

Targeted Interventions

RBHA's and TRBHA's utilize multiple specialized service providers who have the ability to accept pregnant or parenting women, with or without their dependent children, into residential treatment exist within the SHCA network. These providers are utilized as necessary to meet the needs of this specialized population.

Other Efforts or Information

RBHA's utilize specialized Oxford Houses that gear specifically for PWWDC.

Outcomes Measured

Members enrolled into services within this population. At this time RBHA's and TBHA's monitor outcomes through internal data reports and the monthly performance tracking templates for the grants.

Progress/Barriers Identified

RBHA's One of the primary barriers to providing services to pregnant/parenting women is their reluctance to acknowledge substance use issues due to their concern of having DCS (Department of Child Safety) involvement or children removed from the home. Combined efforts from the provider network additional RBHA staff to educate not only mothers of MAT treatment and substance use disorder treatment, but also careful coordination/communication with DCS will assist in alleviating concern.

There is also a lack of the OB/GYN network that is willing to provide services to pregnant/parenting women using substances, particularly if they are on MAT services.

Another RBHA reports with the rural nature of Northern AZ, providers who are specific to PPW are few and far between. 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.

Success Stories Shared

A female member entered the Las Amigas program in 8/2018 while she was about 7 months pregnant. Prior to admission, she was using heroin daily, with her methadone dose, but she has been sober since her admission into the program. She gave birth to her daughter while in treatment, and she was able to live with her while she completed the program. She graduated Las Amigas in January 2019, entered the Connie Hillman transitional living program with her daughter, graduated from there, and has remained sober, continues to have her daughter in her care and is now working.

Parenting PATIENT

Navigator received referral from crisis/detox unit. Navigator made contact with PATIENT and offered to assist PATIENT with connecting to outpatient treatment services available including medication assisted treatment. PATIENT had a history of recidivism at crisis unit. PATIENT admitted to suffering from opioid use disorder and expressed interest in medication assisted treatment. Navigator coordinated with CBI outpatient office staff to schedule a full intake assessment and addiction medication consultation appointment. PATIENT missed the scheduled appointment and stated he had recently used heroin but wants to stop. Navigator built rapport with PATIENT by sharing personal experience recovering from opioid use disorder. PATIENT responded well and noted "being the best father I can possibly be for my son" as the primary motivating factor for seeking treatment. Navigator assisted PATIENT with transportation to outpatient appointments and provided peer support services to PATIENT. PATIENT has since maintained recovery, is an active part of his son's life and regularly attends intensive outpatient treatment groups.

Priority Area: Use of Prescription Drugs without a Doctor's Recommendation

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 who do not perceive use of prescription drugs without a doctor's recommendation as being harmful from the current level of 13.3% of those in the 8th grade, 9.7% of those in the 10th grade, and 11.3% of those in the 12th grade, as measured by the 2016 Arizona Youth Survey.

Strategies to attain the goal:

Through Primary Prevention strategies, conduct youth driven media campaigns to promote positive youth values and community pride. Campaigns will include: youth developed social messaging (radio; PSA poster contests; billboards; murals as well as information on prescription drug abuse).

- Collect samples of youth created posters with anti-drug messages.
- Host a statewide youth prevention media display and recognition event.
- Verify that all prevention programs incorporate education on perception of harm into their prevention programs.

Implement afterschool and leadership programs for youth.

- Host annual statewide and regional conferences/retreats/youth camps.
- Develop a statewide venue for recognition of youth prevention projects and other successes.

Implement an adult targeted media campaign to educate parents about risks.

- Community media campaign
- Proper disposal of medication education
- Resources to safely store and dispose of medications

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: The current percentage of youth who do not perceive use of prescription drugs without a doctor's recommendation as being harmful from the current level of 13.3% of those in the 8th grade, 9.7% of those in the 10th grade, and 11.3% of those in the 12th grade, as measured by the 2016 Arizona Youth Survey.

First-year target/outcome measurement: Reduce the percentage of youth who do not perceive use of prescription drugs without a doctor's recommendation as being harmful to 13.0% of those in the 8th grade, 9.4% of those in the 10th grade, and 11.0% of those in the 12th grade, as measured by the 2018 Arizona Youth Survey.

Second-year target/outcome measurement: Reduce the percentage of youth who do not perceive use of prescription drugs without a doctor's recommendation as being harmful to 12.7% of those in the 8th grade, 9.1% of those in the 10th grade, and 10.7% of those in the 12th grade, as measured by the 2020 Arizona Youth Survey.

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

Data Source:

Arizona Youth Survey (AYS)

New Data Source(if needed):

Healthy Families Healthy Youth: Year Two Final Program Evaluation Report

Description of Data:

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

New Description of Data:(if needed)

Program evaluation report from Arizona State University's Southwest Interdisciplinary Research Center prepared for The Governor's Office of Youth, Faith, and Family completed on March 30, 2018.

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

AYS data is not available before 12/1/2018 for the SABG 2019 report, so the numbers will be used for the SABG 2020 report and an alternative data source will be identified in the upcoming application and plan that has annual outputs.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

AHCCCS is using an alternative data source to evaluate the goal of Reduce the percentage of youth who do not perceive use of prescription drugs without a doctor's recommendation as being harmful to 13.0% of those in the 8th grade, 9.4% of those in the 10th grade, and 11.0% of those in the 12th grade, as measured by the 2018 Arizona Youth Survey (AYS) due to the data not being available in time for this report. The 2018 AYS data will be used to evaluate the Primary Prevention Goal for the 2020 SABG Report and then an alternative data source will be identified for an ongoing basis due to the AYS being released every two years. Based on the scores for the youth included in the Health Families, Healthy Youth outcome report conducted through the Governor's Office of Youth, Faith, and Family this goal was achieved. On page 66 of the report, the pre-test scores showed 10.4% of the youth did not perceive use of prescription drugs without a doctor's recommendation as being harmful, the post-test scores showed that number was reduced to 6%, and was further reduced to 4.7% at time of follow up. The following sections contain information related to prevention activities from regions that collaborate as a part of the statewide effort that addressed the goal during the current reporting period.

Outreach

In the Central GSA, outreach was conducted in South Phoenix and Maryvale communities that included working with faith based organizations, schools, parents, community members, healthcare organizations, and others through the Tanner Community Development Corporation, Help Enrich African American Lives (TCDC/HEAAL) Coalition. TERROS conducted outreach working with LGBTQ-serving organizations in a variety of community sectors through the Safe Out Youth Coalition. The Phoenix Indian Center (PIC) conducted outreach among schools with Native American youth groups, Native-serving organizations focusing efforts on Mesa, Tempe, and Phoenix areas.

The Southern GSA identified outcomes through comprehensive evaluation using the Strategic Prevention Framework (SPF). The outreach activities conducted included the following components: community surveys in English and Spanish; paper and online Surveys; retrospective post-test community surveys administered at events; detailed implementation plans for coalition work; adolescent instruments administered pre and post-test; coalition assessments; Evidence Based Practices; and data dashboards.

In the Northern GSA, the RBHA worked with the West Yavapai Guidance Clinic Sr. Peer Program outreach activities, which included: recruitment and ongoing training of volunteers age 60 and over to provide one-to-one visits to isolated seniors and facilitate community support groups regarding safe medication practices; securing referrals from relevant agencies of seniors appropriate for programs and providing comprehensive assessments for each; providing referral services by maintaining a Service Providers' Resource Manual to help people who call from the community and for participants; providing ongoing prescription information presentations and classes facilitated by staff and volunteers. While MATFORCE Coalition conducted Lunch 'n Learns on Prescription Drug Misuse; and Walk with Me, Be Drug Free event focusing on Prescription Drug use and misuse. In addition, the Arizona Youth Partnership facilitated presentations and trainings regarding Prescription Drug Use and Misuse; and distribution of prescription medication disposal bags and drug safes for storage of medications. The Southeastern Arizona Behavioral Health Services provided educational community presentations on prescription use and misuse.

The Pascua Yaqui Tribe facilitated the implementation of the RX360 training during National Prevention Network to Elders who also raise grandchildren. Gila River's BHS Prevention Program Staff coordinated and facilitated 61 community events to provide information to community members about the harm of youth substance use (including prescription drugs) and to inform community members about the Gila River Prevention Coalition and related activities. These events included teen workshops, a Veterans' Conference, community Halloween event, wellness fairs, and events at schools.

Collaboration

In the Central GSA the TCDC/HEAAL collaborated with other area coalitions, including the Arizona Suicide Prevention Coalition (AZSPC), Urban Indian Coalition of Arizona (UICAZ), South Mountain Works (SMWORKS) Coalition, and additional stakeholders. Staff of the coalition attended Substance Abuse Coalition of Leaders in Arizona (SACLA) meetings to stay abreast of other coalitions' efforts statewide. Also, the TCDC/HEAAL coalition received Drug-Free Communities (DFC) funding and collaborated with other DFC grantees on shared initiatives and coalition building. Two of the notable partnerships TCDC has are with Walgreens and the Mountain Park Health Clinic. In addition, TERROS/Safe Out collaborated with other area coalitions, including AZSPC and UICAZ. The staff collaborated with other LGBTQ-serving organizations and worked to provide education to a variety of community sectors that serve LGBTQ young adults. While the PIC partnered with Phoenix Indian Medical Center (PIMC), the City of Phoenix Police Department, the Salt River Pima-Maricopa Indian Community (SRP-MIC) Police Department, and The Inter Tribal Council of Arizona, Inc. (ITCA) on a Take Back event. The PIC staff invited pharmacists as speakers for the event. The PIC also collaborates with the AZSPC and other area coalitions.

In the Southern GSA all coalitions collaborated between agencies and leaders of the community, in order to improve the quality of life while reducing the number youth and families who use or misuse substances. The Northern GSA's West Yavapai Guidance Clinic's Sr. Peer Program partnered with multiple prevention coalitions and county departments to distribute materials and provide presentations. Furthermore, the MATFORCE staff partnered with schools, police departments, county public health departments and state employees to distribute information and resources. While the Southeastern Behavioral Health Services created partnerships with the Gila County Health Department and the Gila County Sheriff's Office. The Pascua Yaqui Tribe partnered with MATFORCE staff and provided training to PYT staff on the RX360 training. The Gila River Indian Community has an active partnership with the Gila River Prevention Coalition that provides the opportunity for collaboration with a variety of sectors throughout the community including health care, behavioral health, education, community elders and community members, the community's governance, first responders and other stakeholders. The coalition participated in community events and participated in planning of community events and other activities.

Targeted Interventions

In the Central GSA TCDC implemented Youth RX360 educational sessions with 384 participants trained during basketball camp, media camp, and other community events. Youth Town Hall events were implemented in partnership with the SMWORKS Coalition (75, 45 youth, 30 adults). Basketball tournament Youth participants (83) and Adult attendees (35), signed anti-substance use pledge forms (79). Adult RX360 educational sessions reached 83 parents and community-faith based organizations. Coalitions conducted the DEA Rx Drug Take back event; and the social marketing "Lock it Up" campaign, which included newspaper ads through the AZ Informant (60000), Billboard South Phoenix (82989), Facebook impressions (1270), and a radio ad through The Beat 101.1 (320000). There were 18 total community events attended for information dissemination, 3550 individuals were indirectly reached. Also in Maricopa County, TERROS completed all four cohorts of youth leadership academy, two at One in Ten, one at the Deer Valley High School, and one at a group home. The reached a total of 278 youth, completed eight prevention education workshops. There were social marketing campaigns, which included social media (Twitter, Facebook, and Instagram), and print articles/ads in Echo magazine. Information dissemination took place at community events including Phoenix PRIDE, Rainbows Festival, and others. The PIC had the Rx360 Presentation/Drug Take Back Day with more than 100 participants. The UICAZ social media campaigns included Facebook page, Twitter, website, Instagram, theatre advertisements, and print literature dissemination (2,647) at 24 community events, and six Rx360 workshops were completed. The coalition retreat and youth leadership day events were held as well.

The Rx 360 program was implemented in 3 Southern Arizona Coalitions including the Southern Arizona AIDS Foundation (SAAF), Youth Empowerment and LGBTQ Leadership (Y.E.L.L.), La Frontera Center (LFC), Refugee and Immigrant Services Provider Network of Tucson (RISP-NET), and Southeastern Arizona Behavioral Health Services, Inc. (SEABHS) in Douglas, AZ. MATFORCE in the Northern GSA had multiple Lunch and Learn events with an average of 75 people attending each event. The staff had a "Community Coach" Training event that focused on developing coaches skills' for working one-on-one in helping provide referrals, and addressing use of prescription drugs without a Doctor's prescription and prevention resources for former inmates.

RX 360 has been implemented in Pascua Yaqui Tribe, and the Gila River targeted interventions including 24 cycles of Life Skills provided with 333 youth participants, 20 cycles of Active Parenting provided with 172 adult participants, and 82 community education sessions. The topics varied from current drug trends, specific substances of which four were focused on prescription drugs including opioids, self-care, parenting as prevention, and mindfulness. A total of 843 participants attended the sessions.

Other Efforts or Information

The Southern GSA had Rx 360 curriculum designed to educate parents, high school, and middle school students on the risks of the misuse and abuse of prescription drugs. The curriculum provided parents with tools to educate themselves about medications that children could be misusing, how to talk to kids about the risks of using drugs, and how to safeguard and dispose medications at home properly. The Gila River Health Care BHS Prevention Program implemented Prescription Take Back events in various locations in the community. Since 2016, eight events have been held and 97 pounds of prescription drugs have been dropped off at events.

Outcomes Measured

The Central GSA had three program outputs as the primary measurement (number of youth, adults served, and number of trainings held.). RX360 pre/post-tests were administered as well. The 2018 AYS data also will provide outcome data for youth perception of harm for prescription drugs, but this data is not yet been available.

In the Southern GSA the RBHA measured outcomes included comparing changed in knowledge from prior to after participation, there were significant changes on approximately all of the items from the Rx360 survey. For instance, there were significant gains in knowledge about where there were permanent drop box locations (96.0%) and awareness of "take back" events (71.2%). The only area that did not indicated a significant change was in the importance of communicating with prescribers on understanding medication though the change was positive. Lastly, there was a significant decrease of -14.3% in agreeing it is "OK" to share prescription drugs with others, however this is typically the direction desired.

The Northern GSA RBHA's outputs were measured by information distributed and community members participating in Prescription Drug Misuse and Education events or services through the Coalition efforts including: the number of attendees at events; pre and post-test on events and training; copies of materials provided, website traffic tally, social media and printed materials tracking; number of community members reached with these materials and presentations, internet traffic on the Senior Peer Prevention web page, and the number of

Pascua Yaqui reported that 11 elders completed Rx360 training. Gila River measured that during the For EL Life Skills training, 88% of participants indicated that they learned ways to say no and 92% indicated that they now have a goal not to use drugs; for MS Life Skills, 90% of participants indicated they know more about the negative impacts of drug use and 88% reported that they now have a goal not to use drugs. For Active Parenting, 96% of participants reported that the program was valuable, and 97% indicated that they learned new skills about communicating with their children about not experimenting with drugs. 90% of individuals who participated in substance use prevention focused community education indicated they intended to talk with their children or children they interact with about the information they learned in the workshop.

Progress/Barriers Identified

In the Central GSA, providers indicated that workforce adequacy and development were barriers to expanding prevention services in addressing the opioid epidemic in addition to the other prevention efforts taking place. In the Southern GSA, a barrier included low participation in RX360 presentation by families. While in Northern areas a barrier was identified of stigma associated with substance use disorder that continues to impact the amount of people who reach out for services. Some community members have a lack of knowledge on accessing resources, and a significant number of individuals with substance use disorders refused to access treatment services that were available to them.

Pascua Yaqui indicated progress as the staff obtained specific knowledge in the area of Rx misuse prevention. A barrier identified was the stigma attached to prescription drug abuse in elder community causes lack of engagement. The Gila River Indian Community reported progress as an active prevention coalition for many years. Each year prevention efforts have become more coordinated and supporting each other. As an example, as life skills occurs, Active Parenting is also offered to provide parents with information that will support what their children are learning. In addition, community events are wrapped around those activities to reach the broader community. Regular meetings take place with community elders to inform them about prevention strategies and engage their support. Coalition members are active in planning and participating in community events.

Success Stories

In the Central GSA, TCDC developed posters, post cards, banners, wrist bands, t-shirts, etc. with Lock It Up prevention messaging that was combined with Rx Disposable Pouches and disseminated at area pharmacy, health care facilities and community information settings. TERROS' Safe Out continued to meet and engaged in coalition work, creating the renamed Safe Out LGBTQ Youth Coalition and building activities and coalition infrastructure specifically around supporting LGBTQ youths' health. The Coalition was able to re-establish previous relationships and create new relationships, while continuing meeting as a community coalition at TERROS Health locations. A notable success was the decision of a prevention program to expand efforts to target opioid use/misuse. The PIC's successful partnership with Phoenix Indian Medical Center on Opioid use/misuse, created a roll-out plan to address Opioid Misuse in the Tribal communities. In Northern Arizona, schools continued to be willing and open to partnerships with prevention coalitions covering prescription drug use and misuse education. Lastly, Gila River Health Care received funding to build infrastructure and develop education for Opioid Use Disorder through the State Target Response and Tribal Opioid Response.

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

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

How second year target was achieved (optional):

Based on 2018 Arizona Youth Survey (AYS) data, Arizona achieved this goal. Data shows that when asked about 30 day use of prescription drugs ("In the last 30 days, have you used prescription pain relievers without a doctor telling you to take them (e.g., codeine, Oxycontin, Vicodin, Percocet, Hydrocodone, fentanyl)?"), 8th graders reported use at 3.2%, 10th graders at 3.0% and 12th graders at 12%. When asked about prescription sedative use ("In the last 30 days, have you used prescription sedatives without a doctor telling you to take them (e.g., bars, Valium, Xanax, Klonopin, Ambien, Lunesta)?"), 8th graders reported use at 1.1%, 10th graders at 1.7%, and 12th graders at 1.5%.

Based on 2018 Arizona Youth Survey (AYS) data, Arizona achieved this goal. Data shows that when asked about 30 day use of prescription drugs ("In the last 30 days, have you used prescription pain relievers without a doctor telling you to take them (e.g., codeine, Oxycontin, Vicodin, Percocet, Hydrocodone, fentanyl)?"), 8th graders reported use at 3.2%, 10th graders at 3.0% and 12th graders at 12%. When asked about prescription sedative use ("In the last 30 days, have you used prescription sedatives without a doctor telling you to take them (e.g., bars, Valium, Xanax, Klonopin, Ambien, Lunesta)?"), 8th graders reported use at 1.1%, 10th graders at 1.7%, and 12th graders at 1.5%.

Outreach

Service providers throughout Southern Arizona under contract with Arizona Complete Health-Complete Care Plan (AzCH-CCP), worked with community coalitions to address substance use and misuse among youth. The framework guiding these efforts is the Strategic Prevention Framework (SPF). The SPF is a data-driven planning process that is comprised of five stages, including assessing needs, building capacity, planning, implementing, and evaluating. Prevention programs responded to community needs identified by local data. By reducing risk factors, increasing protective factors, and changing community norms, service providers and community coalitions

strategically developed prevention efforts to meet the needs of the community in addressing substance use among youth. Outreach strategies included:

community-based processes, youth leadership, public information, social marketing, personal and cultural development, mentoring, life skills, community education, and environmental strategies.

Central Arizona providers conducted outreach to faith based communities, LGBTQ serving organizations, Native youth groups, and schools throughout the provider's targeted areas.

Tribal prevention providers utilized youth RX prevention campaign with Rx abuse message and instilling cultural pride, which is currently airing at local movie theaters until February 2020. Quarterly newsletters delivered to 2500 community members shared messages about opioid prevention as well as informed the community about opportunities for education and prevention activities. Students at Gila River Indian Community (GRIC) schools are identified by teachers, as individuals in need of substance abuse (SA) treatment and then referred to Gila River Health Care (GRHC) Behavioral Health Services (BHS), as needed. Educational and information booths were offered at Komatke Outpatient clinics and HuHuKam hospital, throughout the reporting year. Referrals are accepted by anyone in the community such as Primary Care physicians, Teachers, Tribal social services and Probation Department. GRIC drug court will refer identified individuals to GRHC BHS.

Northern Arizona service providers utilized a plethora of methods to conduct outreach, which included: social media campaigns, radio PSAs, open coalition meetings, attending and tabling at health fairs and related community events, newsletter dissemination, school assemblies and related events, as well as "Lunch and Learns" open to the community.

Collaboration

All AZ prevention providers actively work to retain and recruit members of the community to serve on their coalitions, following the CADCA 12 Sectors for coalition membership. These sectors include: youth, parents, businesses, media, schools, youth-serving organizations, law enforcement, religious or fraternal organizations, civic or volunteer groups, healthcare professionals, state, local, or tribal governmental agencies with expertise in substance misuse, and other organizations involved in reducing substance misuse (treatment providers). In addition, all providers work to involve other populations that may experience health disparities (such as the LGBTQ population) within their collaboration efforts

Targeted Interventions:

In Southern AZ, Five coalitions work with youth focusing on refusal skills around substances. These groups are in Ajo, Yuma, Douglas, Sierra Vista and Maricopa. In Pima County, Youth Empowerment and LGBTQ Leadership (Y.E.L.L) aims to support LGBTQ youth and their allies in identifying risk reduction techniques around substance use. Refugee Integrated Services Provider Network (RISP-NET) illuminates issues influencing the successful acculturation of refugee families in Tucson, including youth substance use. Two coalitions focus on older adults. The vision is to educate older adults and their caregivers about the safe use, storage and disposal of medications. Often youth can access medication from a grandparent or older adult in their life. The coalitions located on tribal land in GuVo and San Carlos, utilize effective prevention strategies, activities, and evidence based curriculum to promote healthful behaviors, decisions, and environments that will reduce, postpone, or eliminate the problematic use of alcohol and illicit substances.

In Central AZ, providers utilized the following targeted interventions: youth leadership events and council, life skills development, LGBTQ specific life skills development and leadership development, Rx 360 training and education, take back and safe storage events and interventions, and alternative activities such as basketball tournaments and drug free dances.

Northern AZ utilized similar strategies as their Southern and Central counterparts, as well as education strategies for youth, parents, and families, hosting and implementation regional trainings and conferences, and trauma informed approaches to preventing substance abuse in their region.

Outcomes Measured

In Southern AZ, 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 2019, 2716 surveys were completed.

Results common to all 4 Counties:

- Problem medication misuse increased
- Marijuana and meth use increased
- Adults think it is easy for youth to obtain substances – youth think it is not easy
- Adults view use as more severe

Messaging:

Most messages come from social media and live events
Awareness that it is harmful to use others' medications

Additional Trends:

- Binge drinking has shown increased perception of risk
- Adults view meds and e cigarettes as risky

In the Southern Native Coalitions on the San Carlos and Tohono O’Odham nations, a Cultural Identity Survey is conducted. Family and link to native culture and community are the focal points of this survey. It is a multi-item instrument designed to gauge community member’s attitudes around their own community. In FY 2019, 312 surveys were completed. Research supports that native populations who feel linked to culture and community have lower rates of substance use and misuse.

Results from San Carlos:

- 92.3% said they have a lot of pride in their heritage and accomplishments and had a strong sense of belonging to their own culture.

Results from GuVo:

- Over half (58.1%) strongly agreed they had a strong sense of belonging to their culture
- Regarding youth using medications, over half (54.1%) viewed it with great risk.

In Central and Northern AZ, outputs are the primary measurement (number of youth, adults served, number of trainings held, etc.). Some RX360 pre/post tests administered but no analysis conducted due to limited evaluation resources.

Tribal prevention providers track their activities related to Problem ID and Referral, include the number of referrals made to treatment for youth. Other outcomes tracked include the number of views for targeted messaging through various mediums and forms, as well as the number of those at trainings and community events.

Progress/Barriers Identified

Throughout AZ, similar barriers have been identified, including the following: staffing changes at the sub-state and coalition levels, member recruitment from certain sectors, lack of physical resources (such as internet connection) in some rural areas of the state, engaging youth in meaningful ways, transportation, parental engagement, time taken to negotiate and implement contracts for services, and the need for additional prevention funding.

Success Stories Shared

After youth attended the University of Arizona’s NNI Youth ACT training they were inspired to learn how to create their own film regarding opioid abuse and gang activity. When asked by the facilitator why they chose this topic they said they were tired of seeing these problems in the community and wanted to do something about it. Due to conflicts with contracts and other internal systems they got a late start in the fiscal year but they are currently wrapping up the filming of this project and will be hosting a screening in the community next year.

Phoenix Indian Centered partnered with Phoenix Indian Medical Center and Tohono O’odham Nation Police Department on October 20, 2018 to provide a Drug Take Back event. The goal for the event was provide education and awareness regarding breast cancer, women’s wellness check, sex trafficking, and prescription drugs use and abuse. There were approximately 500 adults and 150 youth at the event.

Priority #: 7
Priority Area: TB Screenings
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:

Focus on developing mechanisms to document and verify TB screening of those entering substance abuse treatment that were implemented this past year.

Strategies that providers are and will continue implementing include: integrating education on TB (along with other communicable diseases) into member orientations, providing educational materials on TB to members, providing members with referral handouts for TB and HIV testing at specified locations, as well as including elements to capture TB screening documentation in contractors’ audit tools.

In addition, AHCCCS will provide guidance to the RBHAs regarding accurate documentation on screening and referrals for TB services. Communications on block grant CFR requirements related to TB are more specific to RBHAs and providers.

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: FY16 data on the number of members receiving substance abuse treatment with documentation of TB services documented in their chart. Current baseline is 24.6%

First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2018), 25.6%

Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2019), 26.6%

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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:

How first year target was achieved (optional):

Based on the 2017 Independent Case Review (ICR), the percent of clients entering substance abuse treatment who are screened for tuberculosis increased from 37.3% in FY16 to 50% in FY17, which exceeds the goal of 25.6%. The Arizona Health Care Cost Containment System (AHCCCS) partners with the contractors and provides technical assistance as well as identifies available resources to enhance the management of the SABG implementation of early intervention programs with specific emphasis on Tuberculosis in addition to HIV and Hepatitis B & C. These efforts include:

Outreach

The RBHAs throughout Arizona continue to complete training and audits in addition to ICR Peer Reviews to ensure completion of TB testing and referrals. The RBHAs meet regularly with network providers of SUD services and provides information and feedback about policies and initiatives. Individuals referred to substance use residential programs are required to complete TB screens, as criteria of admission in the Gila River Indian Community. Providers have direct contact with the county health departments and if there are any concerns for TB positive patients and provide testing upon intake. Additionally, they provide TB screening and test for all patients served. Providers have enhanced internal data reporting to be able to identify individuals in need of TB screenings and they have implemented TB screening services across the Patient Centered Medical Home clinics. TB screening is done for all intakes. Screening is explained to every client during the initial history and physical exam.

Collaboration

The RBHA in the Southern GSA met with, and will continue to meet with, health homes to collaborate on improving TB screenings and documentation for TB screenings. The Health Homes in the Northern GSA partner with the county health departments to create informational handouts on HIV and TB. The RBHA's medical management, quality management and clinical services department work actively with providers to provide support and technical assistance to provide and enhance service provision. Gila River primary care provides TB screenings, upon request of individuals referred to SUD treatment. Behavioral health staff has access to these medical

records, for coordination of care. Providers refer members for a chest x-ray if they have a positive PPD (skin test) throughout Arizona. If there is an issue, the provider coordinates care with their primary care physician. Any abnormal results are referred to the client's primary care provider or other resource for further testing and treatment.

Targeted Interventions

Throughout the RBHAs, TRBHAs and providers additional training and communication have been targeted to increase the number of members receiving TB testing and information. The RBHA in the Northern GSA ensures TB testing for all individuals that enter SUD residential treatment services. The RBHAs, TRBHAs and providers have focused on engagement with at risk individuals for screening of other communicable diseases like HIV and Hepatitis B&C in addition to TB. Gila River Health Care counselors and case managers assist to identify individuals with obtaining TB screenings, through coordination with GRHC primary care. SABG providers test each member as they enter treatment and provide resources to obtain chest x-ray if needed.

Other Efforts or Information

The RBHA in the Southern GSA continues to hold substance use disorder and medication assisted treatment meetings to exchange information and collective strategies that also address communicable disease testing, treatment, and prevention. In the Central GSA, the RBHA's members are educated on the symptoms of TB and the importance of being tested and having a chest x-ray. Members are tested at intake and during their annual physical.

Outcomes Measured

All of the RBHAs, TRBHAs and providers identify the number of members receiving TB testing and/or information on TB testing and referrals. They ensure all members that complete intake are successfully tested for TB and there have been no active TB cases during the reporting period. Additionally, the Independent Case Reviews conducted measure the documentation of compliance with the TB referral and testing requirements.

Progress/Barriers Identified

Progress has been identified by the RBHA in the Northern GSA, which has been able to expand Hepatitis C screening throughout Northern Arizona.

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

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

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

Based on the 2018 Independent Case Review (ICR), the percent of clients entering substance abuse treatment who are screened for tuberculosis increased from 50.0% in FY17 to 69.4% in FY18, exceeding the goal of 26.6%. The Arizona Health Care Cost Containment System (AHCCCS) partners with the contractors and provides technical assistance as well as identifies available resources to enhance the management of the SABG implementation of early intervention programs with specific emphasis on Tuberculosis in addition to HIV and Hepatitis B & C. These efforts include:

Outreach

The Southern Arizona RBHA completes audits and ICR Peer Reviews to ensure completion of Tuberculosis testing and referrals. As a criterion of admission, Gila River Indian Community substance abuse residential programs are required to complete TB screens on all members. The Northern Arizona RBHA 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 testing is available and encouraged. Outreach occurs with hospitals, crisis teams, and schools in the Central Arizona RBHA as well as with Maricopa Integrated Health System inpatient teams, schools, as well as health centers. The Central RBHA TB testing is completed for members receiving residential services, particularly if they are placed on the waitlist.

Collaboration

The Southern Arizona RBHA meets with health homes to collaborate on improving TB screenings and documentation for TB screenings. The primary care provides TB screenings, upon request of individuals referred to substance use treatment. Behavioral health staff has access to these medical records for coordination of care. The Central Arizona RBHA providers collaborate with Maricopa County and Primary Care Physicians to assist with TB screenings and/or referrals for positive TB tests. Many providers are also transforming to becoming integrated facilities.

Targeted Interventions

Counselors and case managers assist to identify individuals with obtaining TB screenings, through coordination with Gila River Health Center's primary care. All RBHAs conduct TB screenings for members in residential services and refer positive screenings to the appropriate medical providers as necessary. Screenings include PPD skin testing and chest x-rays. If TB is found, treatment interventions begin immediately and the member is referred to an appropriate medical provider for TB treatment services prior to admittance into an inpatient or residential treatment facility.

Other Efforts or Information

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.

Outcomes Measured

Outcomes measured include screening all members receiving a residential level of care. Further, referrals are provided for members having a positive TB screen result.

Progress/Barriers Identified

The Health Homes have demonstrated improvement with TB referrals from the Quarterly Audit to the Bi-Annual. Challenges with TB testing are three-fold. SABG covers substance use treatment, but does not cover medical needs. If a member tests positive for TB, they do not have the means to receive medical care for their positive test. Coordination with PCP's can be difficult for providers. Lastly, members do not always follow-up 72 hours after the initial test to have their results read, making it difficult to ascertain the actual prognosis.

Priority #: 8
Priority Area: 8
Priority Type: MHS
Population(s): SMI, SED, ESMI

Goal of the priority area:

Increase the number of members served with FEP EBPs.

Strategies to attain the goal:

AHCCCS will work collaboratively with RBHAs, Behavioral Health Service Providers, and communities to assist in increasing knowledge related to FEP and the resources available for treatment following a FEP. Strategies will include but are not limited to: social media messaging, social market/public awareness, provider outreach, strategic partner identification, improved data surveillance, and ongoing collaboration with stakeholders and 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 utilization and expenditure rates for SFY 2017.
First-year target/outcome measurement: First-year target/outcome measurement (Progress to end of SFY 2018), by increasing utilization and expenditure rates by 2% above SFY 2017 rates.
Second-year target/outcome measurement: Second-year target/outcome measurement (Final to end of SFY 2019), by increasing utilization and expenditure rates by 2% above SFY 2018 rates.

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

Data Source:

CIS data and RBHA reports.

New Data Source(if needed):

Description of Data:

CIS data is collected related to demographics and expenditures, which will be cross-referenced with reports that are due from the RBHAs annually.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

No data related issues identified.

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):

SFY 2017 CIS data shows a 79% increase in utilization of First Episode Psychosis (FEP) services compared to SFY 2016, exceeding the goal of a 2% increase. The number of providers of FEP providers actively engaging members has also significantly increased reaching all three GSAs throughout Arizona. This significant increase can be attributed to a ramping up period of developing expertise and infrastructure regarding the EBPs for FEP to ensure appropriate quality of care to members who have recently experienced a first episode of psychosis. AHCCCS has implemented the following strategies to achieve the goal of increasing accessibility and service utilization of FEP services for eligible members. These strategies have been a part of a comprehensive statewide effort to reach and treat members with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) in addition to FEP. Below is a description of the activities conducted through the RBHAs and MHBG funded providers.

Outreach

FEP providers conduct outreach to multiple venues throughout the state. FEP contractors communicate with crisis providers, first responders, schools, PCPs, and hospitals in an effort to increase awareness of FEP services, and to better educate potential referral sources. Additionally, FEP providers in Arizona outreach their other lines of business and community partners as referral sources.

In addition to traditional outreach activities, FEP providers are also conducting intensive clinical trainings for rural providers, and Ending the Silence classes in schools. The intensive clinical trainings help disseminate FEP practices and treatment modalities to rural providers that would not otherwise receive this material. The Ending the Silence classes help to build relationships with schools, and work to destigmatize seeking mental health treatment as well as encourage students and teachers to refer others for FEP services.

Collaboration

Arizona FEP providers collaborate with their internal and external providers throughout the state. Likely referral sources are communicated with to help identify members who may benefit from FEP services. Additionally, FEP contractors that utilize the case management model to address their communities' FEP needs collaborate with health homes and other clinic settings in order to ensure all aspects of the person is addressed. Lastly, FEP contractors collaborate with stakeholder interest groups in an effort to permeate FEP resources into the community, and to decrease stigma around seeking services.

Targeted Interventions

The RBHA and FEP providers have targeted public and private schools, colleges, and juvenile correction facilities as a way to reach new populations that may need FEP services. They remain committed to creating new ways to target the uninsured and underinsured, and getting them engaged in services. Additionally, they have targeted various EBPs related to FEP services including DBT, CBT, Cognitive Remediation, and Dealing with Psychosis curriculum.

Several FEP providers in Arizona have implemented the Coordinated Specialty Care (CSC) program. CSC emphasizes shared decision making as a means for addressing the unique needs, preferences, and recovery goals of individuals with FEP. CSC services are also highly coordinated with primary medical care, with a focus on optimizing a client's overall mental and physical health.

Other Efforts or Information

The RBAHAs and FEP providers developed their program models to positively impact the members' perception of their recovery, member engagement in employment or school, and reduce member reported suicidal ideation or hospitalizations. Additionally, community engagement, and identifying new systems or contacts to increase the number of members enrolled in FEP services is always an ongoing effort. Satisfaction surveys are also an effort practiced by FEP contractors to help ensure satisfaction and adequacy.

Specifically, there are current efforts to provide a follow up training to Ending the Silence (ETS) called Text, Talk, and Act (TTA). The benefits of having a 2-part training are that it allows young people time to absorb and understand the information offered through the ETS component, and the TTA discussion activity reinforces the information learned. Lastly, there are efforts in place to develop and implement more FEP providers across the state. As the referrals continue to increase, additional capacity will be needed. FEP contractors continue to monitor this and proactively identify areas of heightened need.

Outcomes Measured

The RBHAs monitor and measure member populations (SMI, SED, and FEP), number of referrals and discharges, living and employment status, hospital and jail admissions, counseling and medication utilization, and member and family engagement. Contractors that provide trainings monitor outcomes based on how many trainings were held, pre-test/post-test evaluations and how many community members

were reached.

Progress/Barriers Identified

Creating new partnerships with community members and providers has been identified as a barrier statewide. Additionally, the expenditure of training dollars was also identified as a barrier. Also, since many of the trainings are provided through the school system, the summer months tend to yield lower numbers.

Success Stories

One young adult being served in the FEP program who was homeless at the time of enrollment was able to move into supported housing. Another individual went from experiencing acute psychosis, to being able to fully manage their symptoms with medication and support services and is now employed. Another young adult being served in the FEP program is employed in a vocational program through the Health Home. Several members have successfully completed FEP programs, as they felt they no longer needed the intensity of services provided by the FEP team. Several members with FEP, who identify as LGBTQ+ youth/young adults have been engaged in LGBTQ+ focused groups.

For additional success stories, please see the following links:

<https://kjzz.org/content/636662/first-episode-center-avondale-trying-catch-psychosis-early>

<https://tv.azpm.org/p/azill-recent/2018/7/13/133189-epicenter-of-hope/>

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

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

How second year target was achieved (optional):

AHCCCS has implemented the following strategies to achieve the goal of increasing accessibility and service utilization of FEP services for eligible members. Many strategies have been a part of a comprehensive statewide effort to reach and treat members with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) in addition to FEP. Below is a description of the activities conducted through the RBHAs and MHBG-funded providers.

FEP OUTREACH

Regional Behavioral Health Authorities (RBHAs) and their subcontractors conduct outreach for First Episode of Psychosis (FEP) programs through a variety of methods. Mental health trainings and suicide awareness/prevention trainings have been an opportunity for RBHAs to provide information on MHBG-funded programs such as FEP programs. School-based trainings and collaborations with school districts are particularly useful in educating about programs and service availability, as they can impact students, staff, as well as parents. School staff in Flagstaff Unified School District were trained specifically on early psychosis through a partnership with the RBHA and given information on FEP programs in the region.

RBHAs also conduct outreach to the crisis system, police and fire departments, health centers, hospitals, and among inpatient teams. The Hearing Voices training on psychosis was provided to law enforcement professionals in four counties, as well as to university police. At least one RBHA participates in the crisis collaborative meeting to inform about FEP services. Additionally, RBHAs and their subcontractors reach the general community through community presentations, health fairs, community forums, town halls, and other events to educate on the signs of early psychosis.

One notable outreach effort is collaboration between one RBHA and the National Alliance on Mental Illness Southern Arizona (NAMI-SA) that brings mental health trainings to middle schools, high schools, and communities across Southern Arizona. NAMI-SA delivers a two-part training series titled "Ending the Silence" and "Text Talk Act". Through 50-minute presentations, these trainings teach participants mental health warning signs, facts, statistics, and how to get help for themselves or a friend, student, or family member, and has been shown to be effective in changing knowledge and attitudes about mental health conditions and reaching out for help. Participants receive take-home materials to share with their families. The presence of these trainings in schools not only increases education and awareness of mental health issues among students and staff, but also creates a relationship which functions as a resource and referral pathway between schools and community-based mental health services. Each Ending the Silence and Text Talk Act training specifically includes an element dedicated to educating trainees and community members on the region's Early Psychosis Intervention Center (EPICenter) program and services. This program has expanded into reach wider geographic areas, both urban and rural. Between July 1, 2018 and June 30, 2019, over 100 trainings were implemented, training about 8,000 youth and young adults in the school and/or community setting.

Finally, Connections Access "Early Connections" Program, a new Coordinated Specialty Care program for FEP clients has opened in Southern Arizona, with a licensed clinician team lead, a Family, Education, and Employment Support Specialist, an Outreach Coordinator/Therapist, and a Nurse, and plans for a Behavioral Health Medical Practitioner. Connections Access places outreach staff in the Crisis Response Center, managed by Connections Access. Brochures and referral packets have been created for the new program, and program staff has begun conducting outreach to local hospitals, health homes, and other community providers. At the time of the

report ending June 30, 2019, the Early Connections program had begun accepting new patients.

FEP COLLABORATION

Arizona's RBHAs collaborate with school districts, community colleges, law enforcement, contracted behavioral health and FEP providers, crisis services, and the National Alliance on Mental Illness. For example, many of the outreach activities for FEP services are done in collaboration with these partners (Hearing Voices training with law enforcement, trainings and presentations in school). Successful outreach and problem identification and referral relies on successful collaborations.

TARGETED INTERVENTIONS

RBHAs contract with providers to serve individuals with FEP with targeted interventions, particularly the Coordinated Specialty Care (CSC) model, delivered by a team of specialists who offer psychotherapy, medication management, family education and support, case management, and work or education support, depending on the individual's needs and preferences. Arizona has 3 EPICenters, 5 health homes, and 1 new FEP program (Connections Access) that all utilize the CSC model for interventions for FEP. These FEP programs utilize the evidence-based programs NAVIGATE, OnTrack, and Fast Forward, and often utilize consultation services from these programs in order to implement with fidelity and maintain up-to-date knowledge on the programs. Additionally, the RBHAs utilize other EBPs such as cognitive remediation, CBT, CBT-p, CET for individuals with FEP.

One RBHA also utilized funding to target minority groups such as African Americans, Native Americans, LGBTQ young adults, and older adults to provide education, information dissemination, risk assessment, referral/screening, and other resources related to mental health.

OTHER EFFORTS

One RBHA has planned and has begun preparation to implement the Early Psychosis Intervention (EPI) Project ECHO program. The goal of this program is to provide additional support and resources to the region's FEP programs and other providers that currently do not have a dedicated FEP program, and to further enhance the knowledge, skills and abilities of the staff who implement the FEP program.

Another RBHA has developed its own process for step-down from CSC services. This process moves clients to an integrated community mental health clinic which is conveniently co-located with the FEP program. Clients stepping down from CSC services are offered a variety of group therapies that focus on continued social skills building, socialization, expressive arts, vocational support, case management and peer support as well as health-focused activities and medication management. Individual therapy becomes optional after this step-down transition, and many opt for group therapy and peer support. In addition, this FEP program has expanded services to address extensive family needs and also provides family and couples therapy.

FEP OUTCOMES

FEP program providers track service utilization and outcomes for individuals in their programs. Examples of services and outcomes tracked include education, employment, and housing status, utilization of medication, individual therapy, group therapy, and crisis services, as well as hospitalizations, emergency department (ED) visits, and incarcerations. Additionally, providers may measure levels of social functioning, family involvement, family functioning, perception of symptoms and recovery, and member satisfaction of services.

Among two EPICenters in one GSA, 83% (90/108) program participants reported participating in either individual therapy, group therapy, or both, and 76% (81/106) reported receiving medication treatment. The vast majority of participants either lived at home with family, or independently. The majority are students or employed, 28% unemployed, and 9% disabled.

In another GSA, the RBHA reported that most of the FEP enrolled members reported improvements in at least tracked one area. Again, the vast majority of participants lived at home with family or independently. The most common outcome reported was engagement in school or work (37/51 or 75% in one quarter), and in one quarter, 22% (10/46) reported improvements in social functioning. Although generally, number of ED visits and hospitalizations was low as we would hope, the highest number of reported ED visits and hospitalizations in any given quarter was 5% (3/56) and 8% (5/59), respectively. Even though a few members reported suicidal ideation, there were no suicide attempts reported among participants throughout the year.

Additionally, one of the FEP providers in another GSA examined the medical impact (outcomes) for EPICenter program participants compared to individuals with early psychosis who were not EPICenter program participants (non-participants). The analysis found the following outcomes: 1) medical claim costs for program participants was lower after enrollment compared to before enrollment, 2) program participants had fewer ED visits after enrollment compared to before enrollment, 3) medical claim costs was lower for program participants compared to non-participants, and 4) program participants had fewer psychotic related claims compared to non-participants.

PROGRESS/BARRIERS IDENTIFIED

Progress

In an effort to increase services, one RBHA has begun implementing a process to increase enrollment by identifying more Non-Title XIX individuals and also identifying children ages 12 and up that may be eligible for services. One strategy for this has been to establish internal ID and referral processes such as during the intake process at a health home.

Another item identified as progress and success in the existence of FEP team meetings at health homes, which specifically, in which BHMPs and prescribers are reportedly actively involved. This weekly touch base is an important opportunity for team members to conduct case consultation, collaborate, and provide comprehensive care coordination.

Barriers

In one case, a challenge was low participation in family psychoeducation families. The providers addressed this challenge by utilizing a NAVIGATE training. After consideration, the providers decided to focus more on 1:1 family psychoeducation which is what the families seem to prefer. Another challenge in this region was a lack of success engaging families for all age ranges of members. Although the families of child members were engaged, older members' families were less engaged. This was also addressed in the NAVIGATE training.

One provider reportedly struggled with implementation of one program model and has since switched from the Breitborde model to CSC model. The provider is anticipating that more services, including case management, will be provided with the CSC model.

Although scheduling had been an issue for some FEP contractors and providers to implement trainings to law enforcement and teachers, this is being addressed by the RBHA working to create an online training track for FEP to overcome the scheduling issue. This is anticipated to allow for more services and more or better care coordination to be provided to members. Scheduling issues were further identified as a barrier to due summer schedules, vacations, and holidays have reportedly been a barrier to implementing some trainings.

SUCCESS STORIES

Story 1

One individual began services at an EPICenter in March 2018, referred for symptoms of psychosis. He was hospitalized several times, once during his current episode of care. Upon his release from the hospital, he began FEP services including metacognitive therapy, symptom management, and parent education program (multifamily group). He attended therapy twice a week, focused on cognitive remediation and after completing the program, showed improvements in at least 4 areas out of 7 assessed by the MATRICS Consensus Cognitive Battery (MCCB). He continues to maintain stability and has not been hospitalized. He will continue services 2 times per month for maintenance and continued symptom management, with the goal of returning to school and seeking part-time employment.

Story 2

An individual was referred to an EPICenter program in April of 2019 as he had been petitioned due to paranoia, psychosis as well as received several legal charges in the community while experiencing his first break. He was discharged from the hospital May of 2019. Shortly after he was discharged from the hospital, his family had to move abruptly. Despite the last-minute move, he returned to his job while he maintained the requirements of his court order. He began participating in Cognitive Enhancement Therapy at an EPICenter to sharpen his cognitive skills that had been dampened during his untreated psychosis. He obtained a 6-month gym membership which he uses as a positive outlet. He continued to have the stressor of legal charges involving several court dates in which his team specialist accompanied him for advocacy and support, and eventually his case was sent to community court as he was also facing losing his job if the charges were upheld. At his first court date in community court he learned of the death of a close family member. The staff surrounded him with support and offered grief counseling, in spite of this loss, he continued his treatment plan, including therapy sessions, meeting with a psychiatrist, exercising, and working full time. Recently a judge ruled that all charges and all fines be dismissed, given a glowing report from the EPICenter. He received a certificate of completion from community court, which he has presented to his employer and now his job is no longer in jeopardy. This individual is a great role model to his younger brothers and his peers at the EPICenter. He plans to return to college and provide a better life for himself and his family.

FEP ENROLLMENT AND EXPENDITURE RATES

According to AHCCCS Client Information System (CIS) claims data, 3,605 individuals ages 12-35 with eligible FEP diagnoses were served under the Mental Health Block Grant (MHBG) between in State Fiscal Year 19 (SFY19: July 1, 2018 and June 30, 2019). This is about level with the numbers served during the previous year, State Fiscal Year 18 (SFY18: July 1, 2017 – June 30, 2018), which totaled 3,622 of the same age range and diagnoses.

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

Arizona Healthcare Cost Containment System (AHCCCS) State Report for SABG/MHBG Administrative Supplement for Technical Assistance

Notice of Award: 3B08TI010004-18S2

The Arizona Healthcare Cost Containment System (AHCCCS) utilized the SABG Administrative Supplement for Technical Assistance for various technical assistance (TA) and training needs as decided by AHCCCS and SABG subrecipients throughout the state. Utilizing a collaborative approach through existing SABG provider monitoring meetings and information provided to AHCCCS through the latest SABG/MHBG core reviews and site visits from the Substance Abuse and Mental Health Services Administration (SAMHSA), AHCCCS designated the TA supplement to be focused on the following areas:

1. **SABG and MHBG** - Data collection through integrated care providers utilizing the Social Determinants of Health ICD-10 codes.
2. **MHBG** - Integration of MHBG Serious Emotional Disturbance (SED) funding into AZ's children's System of Care.
3. **SABG and MHBG** - Allowable activities for suicide prevention/intervention related to individuals eligible for block grant funding.
4. **SABG and MHBG** – Provide assistance to AHCCCS and its contractors with development of standard work policies, protocols and systems to manage and meet SABG and MHBG grant requirements.

AHCCCS identified vendors to complete these TA requests through a competitive bidding process. The TA vendors, Mercer and Navigant, were identified and started work in July 2019. Activities related to this TA Supplemental award are outlined below.

Technical Assistance Priorities

1. **(AWARDED TO NAVIGANT) SABG and MHBG - Data collection through integrated care providers utilizing the Social Determinants of Health ICD-10 codes.**

Data collection through integrated care providers utilizing the Social Determinants of Health (SDoH) ICD-10 codes.

Population: Statewide behavioral health recipients include: Serious Emotional Disturbance (SED), Serious Mental Illness (SMI), youth, adults, co-occurring populations, general mental health, and tribal population at the tribe's discretion.

Data Sources: National, Statewide

Deliverables and Vendor Activities:

- Complete a thorough survey and review of national best practices, including journals, literature reviews, and other state's best practices, in relation to data collection through integrated care providers utilizing the Social Determinants of Health ICD-10 codes. Review will include how other states are addressing this topic, as well as the organizational structure of other state's agencies (i.e. other states may have dedicated bureaus/offices to this topic). Survey recipients should include all behavioral health service types, tribal partners, and related behavioral health partners as appropriate.
- Utilizing data collected from national best practices report, prepare a comparison report related to current Arizona efforts. Report to include a complete review of AHCCCS's

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current data collection protocol, current SDoH initiatives, as well as recommendations for improvement and current strengths in Arizona.

- Utilizing data collection, develop an Arizona specific SDoH Report. SDoH Report will include potential ways for AHCCCS to build agency policy to strengthen SDoH data collection efforts. Addressing the following areas of emphasis in addition to the general information:
 - Capturing SDoH data that are representative of the member’s status at the beginning of treatment as well as at time of entering into maintenance stage of change to show change over time for the individual member as well as the aggregate of the population.
 - The use of incentives or increased rates for providers who meet benchmarks of using the ICD-10 Z Codes.
 - Quality measures to ensure that the use of codes are accurate and consistent.
 - How to demonstrate change by the absence of the use of a Z Code following the use of it at a prior interval.
 - Identification of alternative forms of data other than ICD-10 Z Codes to utilize in the measurement of SDoH.
 - Methods of combining different data sources to ensure accuracy and prevent duplication.
 - Provide an analysis of the current data collection efforts of ICD-10 Z Codes, the DUGless, and other data sources used by AHCCCS for efficiency and areas for improvement.
- Provide recommendations for the consistent use of specific codes and the possible addition of new Z Codes to address any potential gaps in the existing available options to obtain SDoH data. Develop a presentation for AHCCCS staff and related providers regarding report findings and recommendations for enhanced data collection. Presentation materials shall be informed by the data collected and reports developed. Presentation shall be developed in a PowerPoint format.

3. (AWARDED TO MERCER) SABG and MHBG - Allowable activities for suicide prevention/intervention related to individuals eligible for block grant funding.

SABG and MHBG - Allowable activities for suicide prevention/intervention related to individuals eligible for block grant treatment.

Population: Statewide youth, general mental health, co-occurring, Substance Use Disorder (SUD), tribal populations at the tribe’s discretion.

Data Sources: National, Statewide

Deliverables and Vendor Activities:

- Provide AHCCCS with a review of national best practices, other state practices, and approaches that SAMHSA has deemed allowable for SABG and MHBG funding. The review shall include, but is not limited to: innovative approaches, approaches that use media dissemination for suicide prevention/education, and approaches that utilize the

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integration of interventions in schools, including the process of referring children in need of services.

- The report shall include a comparison of AZ suicide prevention/intervention programming with other western states programs (SAMHSA region 9), with an emphasis on Medicaid expansion states. Report will include the following:
 - How other states work to shift the culture of suicide prevention/intervention,
 - How states try to reduce the stigma associated with suicide,
 - What methods states use to identify technical assistance needs in high risk populations (i.e. American Indian/Alaska Natives),
 - How states provide suicide prevention/intervention services to SABG and MHBG eligible populations,
 - How states utilize programming that focuses on dual outcomes related to SUD treatment and Mental Health to implement suicide prevention/intervention programming,
 - Other state’s infrastructure for billing of suicide prevention/intervention related activities to the block grants, and
 - Other state’s methods for sustainability for suicide prevention/intervention efforts, including non-grant dollars allocated by states for suicide prevention.
- Provide AHCCCS with a comprehensive review of available online trainings, resources, education available both nationally and with other states and/or organizations. The review will include a document that can be disseminated to AHCCCS contractors, providers, and the general public regarding resources that are available. Resources should be broken out into sections by high-risk populations, and frontier vs. rural vs. urban areas.
- Review current AHCCCS policy guidance documents as they relate to suicide prevention to ensure alignment with SAMHSA requirements, best practices, and needs of contractors, and provide recommendations for AHCCCS to achieve better alignment to these items.
- Prepare a presentation incorporating all findings geared towards AHCCCS, stakeholders, and contractors as applicable. Presentation shall be developed in a PowerPoint format.

4. (AWARDED TO NAVIGANT) SABG and MHBG – Provide assistance to AHCCCS and its contractors with development of standard work policies, protocols and systems to manage and meet SABG and MHBG grant requirements.

SABG and MHBG – Provide assistance to AHCCCS and its contractors with development of standard work policies, protocols and systems to manage and meet SABG and MHBG grant requirements.

Population: *Statewide SABG and MHBG providers, and tribal population at the tribe’s discretion.*

Data Sources: *National, Statewide*

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Deliverables and Vendor Activities:

- Have a demonstrated knowledge of AHCCCS funding structures related to SABG/MHBG expenditures, as well as tribal spending, fee for service and capitated funding models, and current AHCCCS programs and policies and procedures. Contractor shall also have a background in organizational development, business management, and/or project management.
- Develop an inventory and timeline of all SABG and MHBG grant requirements to be used as a tool for AHCCCS and contractors. The inventory will include all levels of requirements (AHCCCS, Tribal and Regional Behavioral Health Authorities (T/RBHAs), and providers).
- Research and develop a document of findings related to best practices that are being used nationally and at other states to operationalize standard work policies. The document shall include, but is not limited to, the following:
 - A subset of practices that have been reviewed and deemed acceptable by SAMHSA, as applicable,
 - Data collection methods and/or data management systems that are currently being used,
 - Accounting policies and procedures that are being used to manage SABG/MHBG spending and reporting,
 - Employee level policies currently implemented as it relates to SABG/MHBG spending and reporting tracking,
 - Description of how each practice/protocol relates to the different block grant funding sub-recipients including RBHAs, TRBHAs and other contractors,
 - Sample policies and procedures templates, as applicable, and
 - A review of past and current templates used for SABG/MHBG deliverables and provide recommendations for improvement.
- Develop training(s) related to SABG/MHBG deliverables and how to operationalize standard work protocols to meet deadlines. Training(s) shall include a “mapping” to current scopes of work for SABG and MHBG contractors and provide a link to deliverables and federal requirements. Contractor shall survey the field for preferred training modalities, utilizing the most popular option(s). Trainings shall use any/all modalities as appropriate, including but not limited to in person and online. Contractor will record at a minimum one (1) training for future training purposes. Contractor will provide AHCCCS with all training materials no more than two (2) weeks before the training(s) for review.
- Provide AHCCCS with a document that shows “mapping” to current scopes of work for SABG and MHBG contractors and provides a link to deliverables and federal requirements. This document will be provided in addition to training materials developed.

Monitoring and Oversight of Vendor Activities

AHCCCS actively monitored and was a collaborative partner throughout the implementation of services related to this supplement. AHCCCS staff served as project managers, Subject Matter Experts (SMEs), and utilizing current partnerships with the current workforce in Arizona to ensure the information gathered and reported was comprehensive in nature. AHCCCS held weekly meetings with both vendors to discuss progress made towards project deliverables, as well as used meeting time to mitigate

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challenges or barriers that were encountered by vendor staff. All deliverables are scheduled to be finalized and submitted to AHCCCS on 9/30/19, with many deliverables having already gone through multiple rounds of review with AHCCCS staff and SMEs. Once final deliverables are submitted, AHCCCS will utilize the information gathered and the reports to influence needed system changes as necessary, and share the information through the appropriate channels (i.e. tools and deliverables may be posted on AHCCCS' website to ensure the information is disseminated throughout the system and community). AHCCCS will be holding trainings and information sessions on the reports as needed during the coming year to ensure broader information dissemination throughout the system.

C. State Agency Expenditure Reports

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

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2018	Estimated/Actual SFY 2019	Expense Type
\$5,789,298	\$6,446,265	\$9,928,433	<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.

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

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

MHBG Description of Calculations for SFY2019, Reporting Due 12/1/2019

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	

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

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2017) + B2(2018)</u> 2 (C)
SFY 2017 (1)	\$490,763,158	
SFY 2018 (2)	\$487,588,076	\$489,175,617
SFY 2019 (3)	\$489,175,617	

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

SFY 2017	Yes	<u>X</u>	No	_____
SFY 2018	Yes	<u>X</u>	No	_____
SFY 2019	Yes	_____	No	<u>X</u>

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

2/28/2020

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:

11/29/2019: The State will provide MOE Expenditures for SFY2019 by February 28, 2020.

MHBG Description of Calculations for SFY2019, Reporting Due 12/1/2019

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

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