Arizona Spending Plan
American Rescue Plan 2021

Substance Abuse Prevention and Treatment Block Grant (SABG)

July 30, 2021

Revision August 17, 2021

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July 30, 2021

Dr. Miriam Delphin-Rittmon

Assistant Secretary for Mental Health and Substance Use
Department of Health and Human Services
Substance Abuse Mental Health Services Administration (SAMHSA)

Dear Dr. Delphin-Rittmon:

Thank you for the opportunity to provide the attached narrative and spending plan proposal for implementation of Public Law 117-2, the American Rescue Plan Act of 2021 (ARPA) for the Substance Abuse Prevention and Treatment Block Grant (SABG).

The Arizona Health Care Cost Containment System (AHCCCS), which serves as the Single State Authority, has worked with stakeholders to identify the strategies that would best support substance use disorder primary prevention, intervention, treatment, and recovery services. The COVID-19 pandemic created unprecedented substance use disorder related needs in our state. With thoughtful consideration to the most urgent needs, the strategies outlined in this proposal are intended to enhance services in these key areas.

With your approval of this spending plan, AHCCCS can increase service capacity and improve access to care for Arizonans and help our state recover from the pandemic.

I welcome any further questions or requests for additional information.

Sincerely,

K. Allen Challacombe

Kristen Challacombe

Arizona Single State Authority Director

EXECUTIVE SUMMARY

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) (Pub.L. 117-2) into law. Within this document, the Substance Abuse and Mental Health Services Administration (SAMHSA) was directed to provide additional funds to support states through the Substance Abuse Block Grant (SABG) in order to address the effects of the COVID-19 pandemic for Americans.

Through member and stakeholder feedback, data, and needs assessment reviews, Arizona has identified initiatives that will support substance use disorder primary prevention, intervention, treatment, and recovery services through the SABG. The opportunities to enhance the services in these key areas will allow for increased service capacity and improved access to care for uninsured and underinsured Arizonans to aid in the unprecedented behavioral health needs experienced due to the impact of COVID-19.

IDENTIFICATION OF NEEDS AND GAPS FOR PRIMARY PREVENTION

Utilizing an outside vendor, Arizona Health Care Cost Containment System (AHCCCS) completed a comprehensive substance abuse prevention needs assessment in 2018. The data collected as part of that needs assessment contributed to the following ten (10) major findings related to substance use and mental health needs:

1. An increasing number of Arizonans of all ages and in all regions are suffering from untreated mental health issues that are leading to substance use and/or misuse.
2. LGBTQ identified individuals in all regions are experiencing significantly more risk factors for, consequences of, and issues with substance use and/or misuse as compared to non-LGBTQ identified individuals.
3. Vaping (e-cigarettes, etc.) is increasing in Arizona for youth in middle and high schools and is significantly higher than national averages.
4. The counties that are experiencing the most severe consequences of substance use in Arizona are: (1) Gila County, (2) Navajo County, (3) Mohave County, and (4) Pima County.
5. A lack of social support and/or someone to turn to/talk to is a protective factor for substance use and/or misuse to which many Arizonans do not have access.
6. The normalization of marijuana and other substances may be leading to increased substance use.
7. Reductions in funding and resources for schools prohibit effective prevention programs from being delivered to high needs communities.
8. Recent efforts to combat the prescription drug opioid crisis in Arizona are leading to increased street drug use.
9. Prevention programs that are culturally competent, engaging, and up to date are more effective and should be prioritized.
10. If basic needs are not being met (e.g., shelter, food, safety, physical health, mental health, social support) then prevention programs and efforts often fail.

While this assessment was completed prior to the onset of the COVID-19 pandemic, AHCCCS has noted an increase in these and related substance use and mental health needs among Arizonans through both administrative and anecdotal data sources. Statewide data sources and survey implementations have been impacted and/or delayed by COVID-19 but preliminary data indicates an increased need for additional services within the state due to the pandemic.

The 2020 Arizona Youth Survey administered by the Arizona Criminal Justice Commission (ACJC) during the COVID-19 pandemic shows that alcohol, E-cigarettes, and marijuana use are the top three substances used by Arizona youth in grades eight through 12 for more than 30 days. When asked for the reasons for using substances, youth cited the following reasons, in order of prevalence:

1. To have fun,
2. To get high or feel good,
3. To deal with the stress from my school,
4. To deal with the stress from my parents and family,
5. I was feeling sad or down.

It should be noted that each of these reasons for use have increased by approximately 4-5 percentage points from the previous survey administration in 2018. The reason for use with the largest increase in 2020 was “I was feeling sad or down.” This preliminary data corroborates anecdotal data AHCCCS has received from stakeholders and contractors stating that Arizona’s youth are experiencing increased mental health needs that lead to increased substance misuse, especially in the wake of isolation resulting from COVID-19. The closure of

schools, after school activities, youth groups, sports, and faith-based activities has contributed to the feelings of isolation and the reduction of protective factors for substance abuse and mental health needs among Arizona youth. Efforts have been made statewide to continue services virtually using teleconferencing, social media, and various online platforms, yet access to reliable internet connections and the necessary technological infrastructure continue to be an issue, especially in rural and remote areas within the state.

Through a collaboration with the Arizona National Guard's Counter Drug Task Force and other stakeholders including the Governor's Office of Youth, Faith and Family; Arizona Department of Health Services (ADHS); local substance abuse prevention leaders; and Banner Health Poison and Drug Information Center, Arizona has begun identifying areas of "prevention deserts'' within the state. These are areas of high need based on substance abuse rates, substance abuse related consequences, rate of population growth in the last 10 years, and location within the state. For example, border towns or regions considered frontier (meaning the location is sparsely populated and is geographically isolated from population centers and services) have little or no prevention services or infrastructure such as community mobilization, e.g., coalition development. Through the development of a mapping tool that includes the identification criteria listed above, Arizona has identified and prioritized the following areas as prevention deserts that must be targeted for enhanced development and prevention service infrastructure building:

- Avondale,
- Casas Adobes,
- Gilbert,
- Goodyear,
- Queen Creek,
- San Tan Valley,
- Surprise,
- Winslow/Holbrook, and
- Yuma.

While AHCCCS has made SABG prevention services available to the entire state, it should be noted that the areas identified above did not submit a bid for prevention services during the last procurement opportunity in December 2020. Through fact-finding meetings with local stakeholders, it was discovered that while the need for services is apparent within these communities, they do not have the basic infrastructure to complete a grant application. This fact is driven by a lack of prevention champions and organizations, which are critical and necessary in order to lead mobilization efforts; and lack of mentoring from nearby established coalitions to build local prevention efforts, hold town hall meetings, and mobilize training for active community members. Adding these infrastructure building activities will ultimately lead to the formation of coalitions and /or community-based organizations that can lead prevention efforts in their areas.

SPENDING PLAN FOR PRIMARY PREVENTION

All AHCCCS Primary Prevention efforts are currently, and will continue to be, administered utilizing the Strategic Prevention Framework (SPF) Model from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the use of these funds. AHCCCS currently utilizes a variety of providers to implement prevention services, including community-based coalitions, schools, and various state agencies. AHCCCS prevention efforts currently focus on several substances, including alcohol, tobacco, prescription drugs, and opioids. AHCCCS prevention efforts include focusing on a Risk and Protective Factor Theory, which includes reducing risk factors, and increasing protective factors, in a variety of settings. In order to address the unique needs of the state with these funds, AHCCCS will also address Adverse Childhood Experiences (ACEs) and trauma to ensure all high-risk individuals are receiving the appropriate types of services. AHCCCS will continue to support all prevention providers in offering services virtually, as appropriate, to ensure the health and safety of all participants. All primary prevention services will serve populations according to the Institute of Medicine (IOM) categories as follows: Universal (Indirect and Direct), Selective, and Indicated.

All primary prevention activities will be quantified into the six Center for Substance Abuse Prevention (CSAP) strategies, as outlined below. It should be noted that AHCCCS requires the utilization of all strategies, as each strategy alone has not been proven to be effective in the reduction of substance use, misuse, and/or abuse. Some strategies to be used by AHCCCS prevention providers as part of this funding include, but are not limited to:

- **Information Dissemination:** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
    - Tabling/booth events at health fairs, school parent nights, and local community events.
    - "Sticker Shock" campaigns, which is often a youth-driven project that seeks to inform, educate, and remind the community of the implications of selling and providing alcohol to underage youth. Prevention Education staff create a message, which is then printed onto stickers, and placed on products in liquor stores.
    - Dissemination of prevention flyers, posters, brochures, and other informational media at local grocery stores, doctor's offices, schools, etc.
    - Media campaigns aimed at increasing knowledge of local substance use and abuse trends and data, as well as focusing on risk and protective factors to reduce substance use and abuse within high-risk populations.
- **Education**: This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.
    - Parenting/Family Education curriculum, such as *Strengthening Families*, *Guiding Good Choices*, and *Triple P.* These programs aim to enhance parenting behaviors and skills, enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and reduce adolescent problem behaviors.
    - Curriculum that teaches youth life skills, such as *LifeSkills*, which are designed to prevent teenage drug and alcohol abuse, tobacco use, violence, and other risk behaviors by teaching students self-management skills, social skills, and drug awareness and resistance skills.
- **Alternatives**: This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to, or

otherwise meet the needs usually filled by, alcohol and drugs and would therefore minimize or obviate resort to the latter.
    - Drug-free community and/or youth events, including drug-free dances, sports tournaments, after-school youth groups/programs/clubs, etc.
    - Mentoring programs, such as *Big Brothers/Big Sisters*, that provide at risk youth with opportunities to connect with positive adult role models, and engage in healthy, drug-free activities.
    - Connection and engagement in cultural activities, tribal practices, and learning cultural and/or tribal ways.
- **Problem Identification and Referral:** This strategy aims to identify those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
    - Programs/classes for youth who have broken school campus rules regarding alcohol, tobacco, and other drugs (ATOD), such as being in possession of ATOD or related paraphernalia. Classes aim to educate youth about the dangers of ATOD use, offer alternatives to substance use, and prevent future infractions.
    - Driving Under the Influence (DUI) education classes for first time offenders, that educate individuals around DUI, and includes steps to prevent future DUIs from occurring, harm reduction techniques, etc.
- **Community-based process:** This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
    - Building and sustaining of community-based coalitions (there are currently 24 SABG funded coalitions within the state).
    - Community mobilization training and capacity building within “prevention desert” areas to build primary prevention infrastructure.
    - Strategic planning at state and local levels, which includes bringing together key stakeholders from the following sectors to the table to engage in effective planning:
        - Youth,
        - Parents,
        - Law enforcement,
        - Schools,
        - Businesses,
        - Media,
        - Youth-serving organizations,
        - Religious and fraternal organizations,
        - Civic and volunteer groups,
        - Health care professionals,
        - State, local, and tribal agencies with expertise in substance abuse, and
        - Other organizations involved in reducing substance abuse.
    - Gathering of Native Americans (GONA), a culture-based planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports American Indian (AI) and/or Alaskan Native (AN) tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices.
- **Environmental**: This strategy establishes, or changes, written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

- The passing of local ordinances that affect the sale, manufacturing, or availability of ATODs, including alcohol tax increases, moratoriums on alcohol/marijuana advertising around schools, parks, or places where youth are present, and moratoriums on the establishment or placement of medical marijuana stores in local areas.
- The review of current ATOD policies within schools and/or communities, including the review of policies related to prevention of ATOD use amongst youth, review of policies regarding "punishment" of youth who use or are caught, what prevention strategies are used to decrease repeat behavior, and the eventual revision of policies to be prevention focused, rather than punishment focused.

In addition to the above strategies and activities, AHCCCS proposes to implement the following activities with these funds:

- Enhance current data collection efforts statewide and facilitate data collection amongst individuals aged 18-25 years old to gather data to show the scope of the substance abuse use rates and related consequences. This data will allow AHCCCS to further enhance programming to reach this group of individuals, as well as incorporate equitable approaches to reaching this population. This will also allow AHCCCS to gather data on populations aged 18-25 years old that do not attend an institution of higher education to target approaches to reach this population. AHCCCS will accomplish this through a State Contractor that will provide statewide evaluation services, including evaluation tool development, data analysis, and data reporting mechanisms. This activity will build upon the current work being completed statewide to evaluate AHCCCS's community-based coalitions effectiveness and build data collection tools.
- Build and implement a prevention evaluation system that allows for "real-time" prevention data collection and coordination between the state and local prevention providers. This will allow AHCCCS to better track and monitor local providers' efforts to implement services within their target populations, as well as pull data reports to measure process and outcome data to inform decision-makers, statewide plans, and future prevention service implementation targets. This activity will also include exploring opportunities to build prevention data into existing data collection tools within the state to enhance data sharing and communication with prevention stakeholders and other providers to ensure service coverage, and reduction of service duplications, gaps, and barriers. AHCCCS will accomplish this through a State Contractor, similar to the contractor utilized in the above bullet, to provide these services and enhance this infrastructure.
- Technical Assistance for statewide and local primary prevention service implementation, including data collection assistance, standardized reporting development, strategic planning assistance, prevention evaluation, and evidence-based practice selection and implementation. AHCCCS staff will provide Technical Assistance in relation to contract deliverables, with AHCCCS also utilizing an outside vendor to provide focused trainings related to capacity building, prevention strategies, and evaluation/data collection.

AHCCCS currently requires the use of Evidence Based Practice (EBP), Research Based Practice (RBP), or Promising Practice (PP) and allows providers to utilize Promising and Innovative Interventions at a ratio of one Evidence, Research and/or Promising Intervention to every Innovative Intervention. AHCCCS currently accepts the guidance provided by the SAMHSA document "Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners" as the standard to follow when selecting programs and practices, including the best practices lists and resources. AHCCCS is aware that every community is unique and has unique needs to be addressed with prevention programming. To support innovation within communities to meet these unique needs, AHCCCS has developed parameters regarding the use of these interventions. Like with the SABG Primary Prevention funding, AHCCCS will utilize the "AHCCCS Innovative Prevention Program Intervention Protocol" for all ARPA Supplemental Primary Prevention Activities that are not currently designated as Evidence or Research Based. The protocol, developed by AHCCCS staff, requires the prevention

providers to formally submit documentation related to the intervention they are proposing to use, prior to the use of the intervention, for review and approval by AHCCCS. This protocol includes pertinent intervention information, including but not limited to:

- Program outcomes,
- Program setting,
- Intervention length,
- Description of the conceptual and practical fit of the proposed intervention,
- Explanation of how the proposed intervention is the best choice over other evidence and/or research based and promising interventions available for use in the community,
- Current Intervention evaluation methodology, and
- Protocol to mitigate/remove risks of innovative program/practice implementation on the priority population, including a process for referral to appropriate services as needed.

Upon review, AHCCCS designates an evidence-based status to the proposed intervention and provides feedback to the prevention provider regarding implementation.

All ARPA Supplemental SABG funding Primary Prevention services will be tracked and evaluated, using tools such as needs assessments, logic models, action plans, strategic plans, and evaluation plans, as well as regular check-in meetings and technical assistance sessions between AHCCCS and prevention providers. All ARPA Supplemental SABG Primary Prevention funds will be tracked separately, as per SAMHSA guidelines. AHCCCS will assess barriers and capacity building needs regularly through check-in meetings, data/report monitoring, and through annual site visits and/or Operational Reviews. AHCCCS will support capacity development activities, such as prevention related training needs (i.e., Substance Abuse Prevention Skills Training (SAPST)) with ARPA Supplemental funds as appropriate and necessary for proper prevention service implementation.

BUDGET FOR PRIMARY PREVENTION*

PREVENTION SERVICE Description (Primary Prevention)	FUNDING	Partners/Contractors	YEAR
AHCCCS will expand and increase primary prevention services statewide to those who have been impacted by COVID-19. Services will include Information Dissemination, Education, Problem Identification and Referral, Environmental, and Alternative Activities. Evidence Based Practice (EBP), Research Based Practice (RBP), or Promising Practice (PP) will be utilized depending on individual community need. These services will include community-based prevention service providers, such as coalitions, as well as school-based prevention services that will assist youth with dealing with the effects of substance abuse and provide prevention resources to offset the negative consequences of substance abuse. AHCCCS will continue and enhance the use of prevention services that utilize a Risk and Protective Factor Theory Approach, as well as programs that target Adverse Childhood Experiences (ACEs). Focus will be given to programs that have multiple outcomes in substance abuse and mental health to help mitigate substance abuse risks along with mental health promotion. This is a Coronavirus Response and Relief Supplement Appropriations Act (CRRSAA) project that will be sustained by ARPA funding to provide sustainability to these efforts.	$2,000,000.00	Current local substance abuse prevention coalitions, and Tribal Regional Behavioral Health Authorities (TRBHAs), and additional coalitions/ providers TBD through a competitive procurement process.	1,2,3,4,5
Capacity and infrastructure building activities for prevention providers and administrators, such as: primary prevention trainings (such as the SAPST), coalition building, community mobilization, and screening with evidence-based tools. AHCCCS will focus on the "prevention desert" areas within the state to mobilize these communities to begin pursuing funding to implement prevention services, build coalitions, etc. This is a CRRSAA project that will be sustained by ARPA funding to provide sustainability to these efforts.	$500,000.00	Statewide training contractors TBD through a competitive procurement process.	1,2
Partnering with institutions of higher education within the state to enhance and support prevention services for individuals aged 18-25. Services to include: the use of the Strategic Prevention Framework planning model, and implementing evidence-based practices, the six	$1,000,000.00	Statewide institutions of higher education TBD through	2,3,4,5

CSAP prevention strategies with an emphasis on environmental approaches.		planning processes.	
Enhance current data collection efforts statewide and facilitate data collection amongst individuals aged 18-25 to gather data to show the scope of the substance abuse use rates and related consequences. This data will allow for AHCCCS to further enhance programming to reach this group of individuals, as well as incorporating equitable approaches to reaching this population. This will also allow AHCCCS to gather data on populations aged 18-25 that do not attend an institution of higher education to target approaches to reach this population.	$500,000.00	Statewide evaluation contractors, and Statewide institutions of higher education TBD through a competitive process.	1,2,3,4,5
Implement and/or support current AHCCCS prevention education media campaigns within the state, including a focus on underage drinking and young adults of drinking age (targeted binge drinking, etc.) and marijuana. Media campaigns will highlight the increase in alcohol consumption during the pandemic and will include resources to access services/treatment for individuals who are struggling.	$2,000,000.00	Statewide media contractors TBD through a competitive procurement process.	1,2,3,4,5
Build and implement a prevention evaluation system that allows for "real-time" prevention data collection and coordination between the state and local prevention providers. This will allow AHCCCS to better track and monitor local provider's efforts to implement services within their target populations, as well as pull data reports to measure process and outcome data to inform decision makers, statewide plans, and future prevention service implementation targets. This activity will also include exploring opportunities to build prevention data into existing data collection tools within the state to enhance data sharing and communication with prevention stakeholders and other providers to ensure service coverage, and reduction of service duplications, gaps, and barriers.	$250,000.00	Statewide evaluation and evaluation system contractors identified through the Arizona statewide contractor list.	1,2,3

Technical Assistance for statewide and local primary prevention service implementation, including data collection assistance, standardized reporting development, strategic planning assistance, prevention evaluation, and evidence-based practice selection and implementation.	$295,021.00	Statewide technical assistance contractors TBD through a competitive procurement process.	1,2,3,4, 5
TOTAL COST	$6,545,021.00		

**AHCCCS will contract with community-based prevention providers and TRBHAs for services noted in the budgets. Once entering formal agreements with them, specific provider agencies, community-based partners, hospitals, etc. will be identified.*

PLANS FOR ENHANCING THE PREVENTION INFRASTRUCTURE

The Impact Of Increased Access To Marijuana And The State's Strategies To Prevent Misuse By The Underage Population

AHCCCS proposes to utilize the six CSAP strategies and activities listed in the Spending Plan for Primary Prevention to increase the state's capacity to impact use, misuse, and abuse of marijuana. With the legalization of recreational and medical marijuana use within the state, as well as data from other states that have legalized recreational marijuana, AHCCCS is expecting to see increases in youth (underage) use, as well as rates for youth perception of harm of marijuana use to decrease. AHCCCS has already begun taking proactive steps and strategies to help mitigate the risks that are likely to come along with marijuana legalization, including launching a statewide media campaign in June 2021 that focuses on impacting youth marijuana use, as well as parents' perceptions of harm of marijuana, by utilizing a pro-social norms approach to use. The campaign will educate the public on the facts of marijuana use, avoid scare tactics, and focus on the positive norms of current use to highlight the youth that are not currently using marijuana. This campaign will be disseminated in both English and Spanish using various media (including TV, radio, billboards, social media, print ads, digital ads, and web page ads). Through the availability of the ARPA funds, AHCCCS will be able to enhance campaign messaging and reach additional participants. With the reach of this campaign, as well as the utilization of the rest of the CSAP strategies and activities listed in the spending plan through AHCCCS's existing and proposed enhanced prevention system, AHCCCS expects to see a positive impact in marijuana perceptions of harm, and overall decrease of underage marijuana use.

Strategies To Reduce The Covid-19 Impact Of Increased Alcohol Accessibility And Misuse.

Alcohol remains the most commonly abused substance in Arizona, especially among youth. The effects of the pandemic have contributed to a drastic increase in overall alcohol misuse and abuse statewide among all populations. Similar to above, AHCCCS proposes to utilize the six CSAP strategies and activities listed within the spending plan to increase the state's capacity to combat alcohol underage use, misuse, and abuse. In addition to these strategies and activities, AHCCCS will utilize the groundwork made by statewide marijuana misuse and abuse prevention campaigns to implement a companion campaign, focused on the prevention of alcohol misuse and abuse. This campaign will follow a similar format by utilizing a pro-social norms approach to use. The campaign will educate the public on the facts of alcohol use, avoid scare tactics, and focus on the positive norms of current use rates. This campaign will be disseminated in both English and Spanish using various media (including TV, radio, billboards, social media, print ads, digital ads, and web page ads). Like the marijuana campaign, this campaign will be rigorously tested through focus groups that encompass the target populations, as well as prevention stakeholders and local substance abuse prevention providers to provide valuable local insight to needs within the communities of focus. With the reach of this campaign, as well as the utilization of the rest of the CSAP strategies and activities listed in the spending plan through AHCCCS's existing and proposed enhanced prevention system, AHCCCS expects to see a positive impact in alcohol underage use, misuse, and abuse rates.

How The State Is Using Equitable Strategies To Reduce Disparities In The State's Prevention Planning And Approaches

AHCCCS currently employs a variety of methods to ensure primary prevention activities are equitable and include a focus on those at greater risk for health disparities. All AHCCCS primary prevention activities follow the SPF model, which requires the infusion of "cultural competence" into each phase of the SPF model. AHCCCS prevention efforts are currently moving to a "culturally responsive" approach in lieu of "cultural competency", but the premise of the strategies remain the same. As part of the SPF model, all AHCCCS prevention providers are required to utilize a local primary prevention needs assessment that must be completed or renewed every three (3) years. Mandatory data to be collected within the target communities

include, but are not limited to, total population level, ages, educational attainment, housing, income level, poverty level, business/economical information, race and Hispanic origin, immigrant status, and veteran status. In addition to the needs assessment, each provider is also required to utilize a prevention strategic plan that is to be updated every three (3) years. This plan must include the provider's plan to address equity within their target populations through cultural responsiveness, which include engaging stakeholders from various backgrounds in the planning and implementation of prevention efforts, representation on the coalition, and to identify any barriers in existence that will impede the provider's ability to provide culturally responsive services and a plan to address said barriers, as needed. All AHCCCS prevention coalitions are required to ensure broad sector representation at local coalition meetings, with requirements that monthly formal coalition meetings are to be attended by at least eight (8) sector representatives at least nine (9) months of the calendar year from the mandated sectors. AHCCCS currently mandates the coalitions have the following sectors represented at coalition meetings:

- Youth,
- Parents,
- Law enforcement,
- Schools,
- Businesses,
- Media,
- Youth-serving organizations,
- Religious and fraternal organizations,
- Civic and volunteer groups,
- Health care professionals,
- State, local, and tribal agencies with expertise in substance abuse, and
- Other organizations involved in reducing substance abuse.

As mentioned in the spending plan, AHCCCS is aware that every community is unique and has unique needs to be addressed with prevention programming. Current evidence-based programming can be dated, and as was reported in the 2018 AHCCCS Statewide Primary Prevention Needs Assessment, youth expressed how current programming does not speak to them, feels dated, and does not keep them engaged. This was corroborated by local substance abuse providers and stakeholders. Arizona's populations and demographics are changing and has required the state to develop systems to enhance culturally responsive and equitable approaches to substance abuse prevention. To support innovation within communities to meet these unique needs, AHCCCS has developed parameters regarding the use of these interventions. For example, with the SABG Primary Prevention funding, AHCCCS will utilize the "AHCCCS Innovative Prevention Program Intervention Protocol" for all ARPA Supplemental Primary Prevention Activities that are not currently designated as evidence or research based. The protocol, developed by AHCCCS staff, requires the prevention providers to formally submit documentation related to the intervention they are proposing to use, prior to the use of the intervention, for review and approval by AHCCCS. This protocol includes pertinent intervention information, including but not limited to:

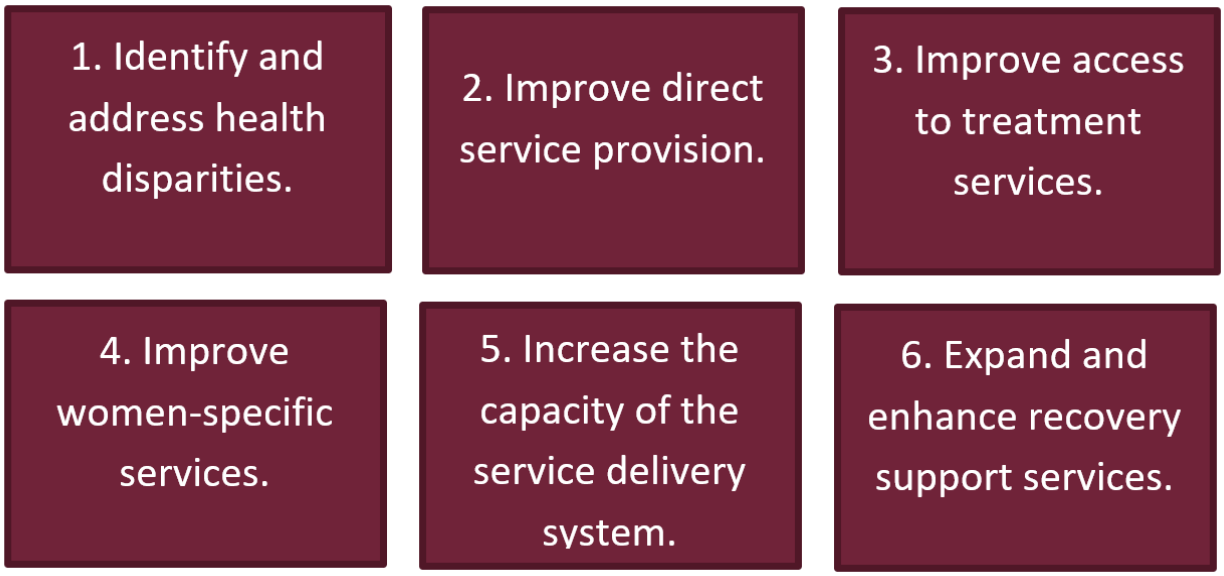
- Program outcomes,
- Program setting,
- Intervention length,
- Description of the conceptual and practical fit of the proposed intervention,
- Explanation of how the proposed intervention is the best choice over other evidence and/or research based and promising interventions available for use in the community,
- Current intervention evaluation methodology, and
- Protocol to mitigate/remove risks of innovative program/practice implementation on the priority population, including a process for referral to appropriate services as needed.

Upon review, AHCCCS designates a status to the proposed intervention, and provides feedback to the prevention provider regarding implementation.

AHCCCS also utilizes a "culture as prevention" framework when it comes to Arizona's indigenous and diverse populations. Primary prevention services are currently being implemented within two of AHCCCS' Tribal Regional Behavioral Health Authorities (TRBHAs), the Pascua Yaqui Tribe, and the Gila River Indian Community. Because the pandemic impacted Arizona's tribal communities at a rate disproportionate to other communities, AHCCCS met with these TRBHAs to develop and research dedicated substance abuse prevention strategies to help mitigate the impact on these communities. Primary prevention interventions that included multiple outcomes in substance abuse prevention, mental health promotion, suicide prevention, and domestic violence/intimate partner violence prevention were explored to ensure that the tribal communities could select substance abuse primary prevention interventions that had a larger impact on other community needs during the pandemic. AHCCCS' tribal partners lead the way to develop the prevention strategies that work best within their communities, mainly focusing on cultural values, teaching of traditions, and spiritual practices. AHCCCS maintains a strong presence within the community to ensure all backgrounds and voices of Arizonans are represented within primary prevention program assessment, planning, implementation, and evaluation. AHCCCS has demonstrated this through various ways, including holding statewide primary prevention focus groups discussing future SABG prevention planning/efforts in July 2020, the facilitation of a statewide substance abuse prevention plan that includes data and stakeholders' feedback from over 40 local, regional, and state level prevention providers, and through regular participating and attendance at the Substance Abuse Coalition Leaders of Arizona meetings.

IDENTIFICATION OF NEEDS AND GAPS FOR INTERVENTION, TREATMENT, & RECOVERY

Arizona has identified six key areas of need and gaps related to intervention, treatment, and recovery services.



Need 1: Identify And Address Known Health Disparities Related To Substance Use Disorder (SUD)

- SUD treatment and recovery needs of Arizonans have changed significantly due to the COVID-19 pandemic. **There is a need to gather meaningful, reliable data on the current needs of the "new normal"** so that the service delivery system is adaptive to changing community needs. AHCCCS seeks to identify prominent health disparities among gender, age, race/ethnicity, sexual orientation, and geography based on data, establish baseline data, and track measurable outcomes, and determine where resources are inadequate or inaccessible to meet SUD intervention, treatment, and recovery needs.
- With additional funding opportunities, more **direct communication regarding the unique needs of local communities, particularly rural and remote communities,** is necessary. This relationship and information are required to strategically direct critical resources to expand broad-based state and local community strategies and approaches to address SUD prevention, intervention, treatment, and recovery support services.
- **Alcohol-induced deaths are more prevalent in rural and remote counties,** signaling a need for additional innovations and interventions. According to 2019 data released by the Arizona Department of Health Services (ADHS), the mortality rate for alcohol-induced deaths was 17.7 per 100,000 statewide, and there are astounding discrepancies in Apache (72.4), Navajo (71.8), La Paz (58.9) and Gila (52.6) counties. Alcohol-induced deaths comprised 2.1 percent of the statewide total deaths with a disproportionate prevalence of 7.2 percent in Apache, 5.7 percent in Coconino, 4.2 percent in La Paz and 6.8 percent in Navajo counties.

Need 2: Improve Direct Service Provision Among SUD Treatment Providers

The following treatment needs and gaps emerged from results of the 2020 Independent Case Review of the current service delivery continuum.

- Statewide, **screening for tuberculosis** was documented in only 57 percent of cases, and screening for hepatitis C, human immunodeficiency virus (HIV), and other infectious diseases was present in only 45 percent of cases.

- **Utilization of natural supports** in the development of individual service plans (ISPs) was significantly lower than is expected. Only 14 percent of cases document the inclusion of family or other supports in treatment planning.
- AHCCCS' Fiscal Year 2022 Strategic Plan includes the objective, "Standardize treatment planning and placement for individuals with substance use disorder." AHCCCS has been promoting the use of the ASAM Continuum Tool and will be requiring its use statewide by October 2022. While a high percentage (86 percent) of SUD treatment providers use the ASAM criteria as part of the initial assessments according to 2020 ICR results, only 42 percent of cases documented the use of **ASAM criteria during treatment to reassess the appropriate level of care.** It is expected that ASAM criteria be used to reassess levels of care during treatment.
- In 2020, 81 percent of providers used **social determinants of health (SDOH)** information from the initial assessments to inform treatment decisions, yet most providers did not incorporate SDOH issues during treatment (other than transportation), even when SDOH concerns were identified in the initial assessment. AHCCCS' Whole Person Health Initiative includes addressing the SDOH while accessing care, including SUD treatment. Health Current, the state's designated Health Information Exchange (HIE), is implementing a closed loop referral system in partnership with AHCCCS and Soleri. This will streamline referrals from health services to social services, which will be new to the SUD provider community.
- Most cases (66 percent) failed to provide any documentation as to whether the client was attending self-help recovery groups. To maximize recovery efforts, it is critical that treatment providers discuss, offer, and connect individuals to **self-help recovery groups as part of treatment planning and relapse prevention.** There is a need to strengthen the relationships between SUD treatment providers and self-help recovery groups.
- In only 55 percent of the reviewed cases, providers documented completion of a **relapse prevention plan** prior to discharge. There is a clear need to improve discharge planning to include an array of recovery and relapse prevention services/supports.
- Once individuals disengaged from services, providers had difficulty re-engaging them. There is a need to increase the use of **scientifically based outreach strategies** and low barrier programming to engage and re-engage individuals.

Need 3: Improve Access To SUD Treatment Services, Particularly For Underserved And High-risk Populations

- There is a need to develop the use of **digital therapeutics as a part of addiction treatment.** Leveraging computer-based and mobile technologies improves access to evidence based medical and psychological treatments. Because most people have a mobile phone, this is an effective way to reach underserved and rural or frontier areas/communities. The Arizona Department of Health Services (ADHS) and AHCCCS jointly identified the need to expand the use of telehealth for Medication Assisted Treatment (MAT) treatment as a key recommendation within the Arizona Opioid Action Plan. Arizona has made progress towards this goal by developing the use of FDA-approved medications and digital therapeutics as a part of addiction treatment that will improve the effectiveness of interventions.
- There continue to be needs related to **information technology infrastructure**, including the availability of broadband and cellular technology for providers, especially in rural and remote areas, and use of Global Positioning System (GPS) to expedite response times and to remotely meet with the individual in need of services. Broadband is being addressed statewide by another state agency. More information is needed to determine the equipment and network gaps provider agencies have in order to improve their service delivery and accessibility.
- Advance **telehealth opportunities to expand services** (counseling, assessment, case management, care coordination, intake, medication management, recovery coaching, peer services, etc.) for hard-to-reach locations, especially rural and remote areas. Expand technology options for callers, including the use of

texting, telephone, and telehealth. Treatment providers have indicated a need for webcams, tablets, headsets, offline capabilities for Electronic Health Records, Wi-Fi connectivity improvements, satellite phones for remote areas, and mobile technology infrastructure to enable telehealth appointments during outreach efforts.

- AHCCCS is **expanding harm reduction contracts and evidence-based supports** to ensure comprehensive programming statewide, including remote and rural areas. Naloxone distribution, education, and training have been key components of AHCCCS' harm reduction contracting and will remain primary areas of focus. According to a February 2021 publication from the Arizona Public Health Association, the rates of opioid and other drug related deaths have accelerated over the past year, particularly in the synthetic opioid category that includes fentanyl. In the last legislative session, the Arizona State Legislature passed legislation and Governor Ducey signed into law public policy allowing the use of fentanyl testing strips and syringe service programs (including access to and disposal of sterile syringes and injection equipment). AHCCCS will procure services for a comprehensive harm reduction contract to begin on January 1, 2022. There is a need for funding to expand contract requirements to include a statewide evidence-based harm reduction program inclusive of scientifically based outreach, education, training, naloxone distribution, fentanyl testing strips, and a syringe service program (SSP).
- Based on current data related to health disparities, there is a need to continue the development and implementation of **culturally appropriate approaches to substance use and alcohol use treatment for AI/AN in Arizona**.
- Many individuals with a substance use disorder do not always have the proper identification documents that are required for social security applications, applying for benefits, and/or are required for access to social, medical, and financial services. **Lack of identification and medical records** can serve as a barrier to treatment and recovery services. Assembling and providing documentation is a major task, and many times a barrier, for members and caregivers. Missing or lost documents is a common occurrence if individuals have experienced homelessness or experienced instability and can cause significant delay in the provision of services.

Need 4: Improve Women-specific Services

The number of women with substance use disorder accessing services has increased by more than 10 percent since the COVID-19 pandemic. In 2018, 125,065 women diagnosed with substance use disorder were enrolled in services for nine months or more. By 2020, that number increased to 140,539. Expenditures increased from $69.88 per woman, per month to $99.64 per woman, per month, indicating an increase in utilization of higher cost services.

- Recent 2020 file review results indicate that **only 28 percent of women statewide had access to women-specific SUD treatment services**. For the same year, the Operational Review conducted by AHCCCS with all three regional behavioral health authorities resulted in identification of concerns related to gender specific treatment. Using SAMSHA's Treatment Improvement Protocol (TIP) 51, there is a need to increase the continuum of treatment and recovery options available to women (including pregnant and parenting women) that are tailored to their needs. Currently, there is little evidence of SUD treatment providers addressing healthy relationships, sexual and physical abuse, reproductive wellness, and other culturally responsive treatment services.
- The Steering Committee of Arizona's Pregnant and Postpartum Women Pilot Project (PPW-PLT) has identified several systems-level needs, such as **training and screening for postpartum depression,** identifying peers and providers who are trained and willing to work with pregnant women with substance use disorder, and integrating services among SUD treatment providers and family service agencies.
- AHCCCS' fiscal year 2022 Strategic Plan includes the objective "Reduce health disparities." AHCCCS needs to **improve care for American Indian/ Alaska Native (AI/AN) women.** AI/AN women are more likely to

have substance use disorder, have access to fewer services, and have higher utilization costs than women of other races. According to Census data, American Indians comprise 5.3 percent of the Arizona population, yet 11 percent of the Arizona women with substance use disorder are American Indians. In contrast, 82.6 percent of the Arizona population is Caucasian, and 50 percent of the Arizona women with SUD are Caucasian. In an analysis of 2018-2020 medical claims data of women with substance use disorder accessing medical services, for outpatient services, AI/AN women were below the statewide average in four of seven of the highest use categories, indicating they have access to fewer services than women of other races. Expenditures per Caucasian woman averaged $90.73 per woman, per month in 2020, yet the cost per AI/AN American woman was $207.37 for the same year, nearly double.

Need 5: Increase The Capacity Of The Service-delivery System To Meet The Elevated Needs From Covid 19

- AHCCCS seeks to **increase network capacity for existing substance use disorder detox facilities** to allow for same-day or next-day appointments, and low barrier approaches.
- AHCCCS seeks to **increase network capacity for existing substance use disorder outpatient clinics** in areas of greatest need. Expanding the hours of operation to evenings and weekends will enable Arizonans to see their care team on the same day. Evening and weekend availability will prevent crisis intervention and facilitate access to timely lower levels of care. Teams can respond to situations with a community-based response, providing Arizonans services where they are to address their behavioral health and treatment services needs.

Need 6: Expand And Enhance A Range Of Recovery Support Services

- Arizona's epidemiological profile suggests a lack of affordable recovery housing throughout the state due to increased substance use during COVID-19. The demands for treatment services, recovery services/supports, and affordable housing have escalated in the past year. There is a **need to create additional recovery housing options** and sustain these options over time.
- According to 2020 ICR results, only 36 percent documented that peer support services were offered as part of the treatment plan. While the network of peer support specialists for SUD populations has increased in Arizona, those seeking these services are often unaware of how to access them, particularly in rural and remote areas of the state. Given the identified stigma challenges and the number of individuals with SUD who do not receive treatment, there is a need to **increase public awareness of peer services and reduce barriers** to entering and retaining in treatment services.

SPENDING PLAN FOR INTERVENTION, TREATMENT, & RECOVERY

The plans that follow correlate with the intervention, treatment, and recovery needs identified in the previous section and are based on three criteria:

1. SAMHSA's guidance for this funding source,
2. Statewide needs identified through various monitoring and oversight activities, and
3. Feedback, information, and spending requests from contractors, service providers, and community stakeholders.

Plan 1 to identify and address known health disparities.

AHCCCS has established a Health Equity Committee. The following plans will enhance and supplement the core agency work, and through effective communication and an exchange of information, avoid duplicate efforts.

- Hire a consultant to **analyze longitudinal data** to identify needs and trends of substance use from the onset of the pandemic. This may include a community scan, asset mapping, data analysis, forecasting based on trends, or overlay of assets with claims data. Information will be used to develop a Disparities Impact Statement and will guide the SABG expenditures over several grant periods.
- Hire a **strategic planning health consultant** to collaborate with 10 rural and remote communities to identify prominent health disparities and access to care issues, alleviate administrative barriers, and prioritize needs and resources. Based on health plans, partner with new providers to reach populations identified in the needs assessments and data analysis as underserved; increase services in counties with higher drug and alcohol related deaths and/or where individuals travel long distances to access services.
- Partner with Arizona State University (ASU) Social Transformation Lab to **facilitate sessions with Black, Hispanic, and tribal SUD providers** to identify barriers and opportunities to address health disparities.
- Partially fund the Governor's Office of Youth, Faith, and Family and/or ADHS Services' **Arizona Substance Abuse Partnership Epidemiology Workgroup** to provide data management and analytics related to alcohol and substance use and impacts within Arizona. Data-driven analytics will inform decision-making to prevent, assess risks, evaluate treatments, and develop priorities. The analysis will integrate, link, and associate data from multiple sources in Arizona for a comprehensive view of status and trends.
- Partner with the Arizona Department of Health Services to ensure participation of SUD treatment providers in the Arizona Health Equity Conference for four years. Pay speaker fees for national and local presenters and registration fees for contractors and SUD treatment provider staff.

Plan 2 to improve direct service provision among SUD treatment providers.

- Support **statewide initiatives to increase screening for infectious diseases** (TB, Hep C, HIV, COVID-19) within SUD intervention and treatment. Enter an interagency service agreement with the AHDS to fund provider training, guidance documents, printing, and test kits. Enter an interagency service agreement with local health departments to provide screening for Hep-C, HIV, and other STIs. Support a public information campaign regarding general infectious disease knowledge and awareness, education/knowledge building presentations on HIV, HIV stigma, PrEP, etc. targeted at behavioral health agencies and SUD treatment clinics.
- Contract for the development of **workforce development training** to emphasize with the provider network the importance of natural supports and peer/family recovery coaches in treatment planning and Individual Service Plans. Provide training on use of the ASAM Continuum to assess and reassess levels of care throughout the course of treatment. In addition, reinforce Evidence Based Practices (EBPs), fund speaker fees, materials, wages for attendees and embed, within Arizona's Relias training platform for providers, ongoing education/training on identified topics of greatest need such as treatment planning (utilization of natural supports, addressing SDOH, referral processes, ASAM, peer support, and relapse prevention),

scientifically-based outreach, culturally appropriate approaches, health disparities, digital therapeutics, harm reduction, peer/family support certification, and crisis intervention.

- Develop and/or expand **culturally appropriate approaches** to substance use and alcohol use treatment for AI/AN populations in Arizona. This may include traditional healing and integrative wellness, women-specific topic groups and classes, and classes for SUD tribal members. Develop and/or expand culturally appropriate approaches to substance use and alcohol use treatment for LGBTQ+ populations.
- Health Current, AHCCCS, and 2-1-1 Arizona recently launched a single, statewide closed loop referral system (CLRS) to address the SDOH needs in Arizona. Through technology, this platform formalizes a connection between health care providers and community service providers so that referrals to housing, employment, transportation, food, and other supports are easily accessible. With SABG funds, AHCCCS seeks to support an existing marketing campaign among the provider community to introduce the CLRS and how to use it to address SDoH needs identified throughout treatment and recovery. Funds may also be used to offset the potential costs for SUD treatment provider participation, such as integration needs, equipment, or software.

Plan 3 to improve access to SUD treatment services, specifically for underserved and high-risk populations.

- Sustain employment of **outreach workers** for regular check-in visits for people with SUD; $60,000 per position (salary & ERE) = 30 positions. The statewide network of outreach worker positions were added to contracts with the RBHAs and TRBHAs using CRRSAA funds and will be sustained with ARPA funds.
- Hire a consultant to conduct a feasibility study on **digital therapeutics**; determine users, scale, cost, how to implement for non-Title XIX individuals, etc. Based on the results, digital therapeutics will be purchased for SUD provider agencies. For example, a provider agency might use a provider-facing app that connects individuals to their care teams with real time visibility. This has been implemented by treatment providers, drug courts, and health plans.
- Purchase allowable **technology and infrastructure to improve and expand telehealth**. Providers will be surveyed regarding outstanding needs. Purchases may include Wi-Fi, hot spots, staff tablets, headsets, web cameras, phones, and laptops to improve service delivery.
- Through an interagency service agreement with Arizona's state universities, establish a **Project Extension for Community Healthcare Outcomes** (**ECHO) training collaborative on the topic of harm reduction.** Explore all issues related to fentanyl testing strips, naloxone distribution, syringe service programs, and public education and safety related to all topics. Project ECHO is a guided-practice model that aims to increase workforce capacity by sharing knowledge. It provides front-line clinicians with the knowledge and support they need to manage patients with complex conditions. Because it uses a hub-and-spoke telementoring model, information, training, and knowledge cultivation is available to providers in remote and rural regions of the state.
- Continue the implementation of **comprehensive regional harm reduction programs** (originally funded under CRRSAA) to include fentanyl testing strips, naloxone distribution, syringe service programs (when approved by the CDC and SAMHSA), and related public education. This may include an interagency service agreement with the Arizona Department of Health Services. Purchases will include fentanyl testing strips for contractors, naloxone, and the materials necessary to assemble overdose kits, and the dissemination of such kits to users of cocaine, methamphetamine, and benzodiazepines for contractors.
- Fund user fees so that Arizonans with SUD have access to ***digital wallet/locker technology*** solutions, providing easy access to identification and medical documentation, allowing them to access timely services without delay. AHCCCS proposes a separate investment in a "data locker" platform to further improve member experience and reduce disparities experienced by members who may not have access to physical copies of their vital records. AHCCCS will procure a contractor to build the data locker program and will subsequently provide administration and management of the tool through a fee model. Members will use the data locker's electronic "wallet" or website to upload and store critical documents online. It will also

enable members to grant access to their data locker to third parties, when appropriate, to assist in eligibility or other document sharing needs, and will allow third parties to upload documents directly into the locker when necessary. If implemented, this tool will aim to significantly reduce costs to members and providers for document replacement, reduce application and administrative time frames, and simplify many processes.

- Create a **pilot Promotora program** within the Pascua-Yaqui Tribe to facilitate engagement and access to services.

Plan 4 to improve women-specific services and gender specific treatment (GST).

- Through an interagency service agreement with Arizona's state universities, establish a **Project ECHO training collaborative for women-specific services (including PPW)**, based on SAMHSA's TIP 51 and TIP 57. Project ECHO is a guided-practice model that aims to increase workforce capacity by sharing knowledge. It provides frontline clinicians with the knowledge and support they need to manage patients with complex conditions. Because it uses a hub-and-spoke tele mentoring model, information, training, and knowledge cultivation is available to providers in remote and rural regions of the state.
- Create and sustain **special initiatives (resulting from the gender specific treatment TA contract)**. Examples include women's wellness conferences, women's wellness groups, sexual health educator positions, women-specific outreach workers (to include cultural services integration), harm reduction specialists, hospital/wellness liaisons, and domestic violence prevention coordinators. Expand or add services for women GST throughout the continuum with emphasis on identified health disparities. [1]
- Sustain **women-specific, culturally appropriate** approaches to substance use and alcohol use treatment for AI/AN women. This may include alternative medicine, traditional healing, acupuncture, integrative wellness, women-specific topic groups and classes, and an AI/AN American Women's Wellness Conference and regional or online Women's Wellness Conferences focused on holistic health, including treatment and recovery services/supports.
- Hire a consultant to develop and deliver **training for behavioral health staff** to advance implementation of gender-specific SUD treatment services to include safety planning, healthy relationships, prenatal care, postpartum depression screening, parenting, etc.
- Contract with a consultant to conduct an environmental scan of providers (including peers) trained to address postpartum depression and develop an **online resource guide**. Provide training to medical and SUD treatment staff on screening and addressing the postpartum needs of women with SUD. Sessions may include birth trauma/PTSD for mothers, screening tools and opportunities, and how to refer to trained behavioral health providers.
- Using recommendations from the gender specific treatment technical assistance contract, alleviate barriers to treatment by funding **transportation and childcare**.
- Building upon the work of the PPW-PLT learning collaborative, **integrate SUD treatment with health and family service agencies with a focus on pregnant and postpartum women**. Several new programs are being piloted under the previous round of COVID-19 relief funds and AHCCCS intends to sustain the most successful programs. Two examples include:
    - Sustain maternal mental health programs to support the complex OB and SUD needs for pregnant and postpartum women in recovery. Includes the provision of MAT modalities through data-waivered, office-based opioid treatment counselors to expand perinatal and postpartum depression programs and family support services.
    - Sustain detox programs for substance-exposed newborns and supportive services to mothers through their nursery, including the provision of parenting courses.

[1] Included as part of the Women's Set Aside budget.

Plan 5 to increase the capacity of the service-delivery system to meet the elevated needs resulting from COVID-19.

- Fund personnel, equipment, and training for **detox facilities and outpatient treatment clinics** in identified areas of need. Expansion occurred with the CRRSAA funding, and sustaining funding is proposed.
- Enhance and support a statewide media campaign, including public education materials to address stigma with MAT, education on a wide array of drugs (alcohol, marijuana, methamphetamines, etc.), publicize available treatment programs, and other statewide initiatives.
- **Fund the full continuum of treatment services** for individuals with substance use disorders.
    - **Fund FDA-approved medications for opioid use disorder (OUD)** (e.g., buprenorphine, methadone and naltrexone) and alcohol use disorder (AUD), (e.g., acamprosate, disulfiram, and naltrexone) in conjunction with psychosocial interventions.
    - **Fund outpatient SUD treatment services.**
    - **Fund residential SUD treatment services.**

Plan 6 to expand and enhance recovery supports.

- Sustain the CRRSAA expansion of **supported independent living programs** that utilize outpatient services for women in SUD recovery living with their children. If needed and allowable, expand residential and supported independent living programs for men in SUD recovery living with their children.
- Sustain the CRRSAA expansion of **Oxford House recovery houses** established with CRRSAA funding.
- In preparation for an SABG recovery set aside, work with internal and external partners to identify gaps and needs related to peer-based recovery services. Work collaboratively with the AHCCCS Office of Individual and Family Affairs (OIFA) to survey peer and family-run organizations about expansion opportunities. Gather input from providers such as REN, S.T.A.R, RI Inc., Hope Lives, NA, AA, peer/family support staff, the voices of those with lived experience, and individuals in recovery from substance use. Partner with schools and families for input. Based on results and feasibility, research and **expand peer-based recovery programs and services** such as drop-in centers, high schools, collegiate recovery programs, and community centers through contracting.
- Procure services to **prepare Arizonans with lived experience to enter the workforce** as recovery coaches, peer/family support specialists, and doulas. Employ strategies to recruit, train and certify populations most needed to reflect the SUD service population (based on gender, race/ethnicity, sexual orientation, geography, etc.). Provide mentors and support as they enter the workforce.
- Enhance opportunities for **youth pre-peer support**. Develop mentorship programs, youth-led community projects, and youth development programs in collaboration with tribes, the justice system, and youth diversion.
- Continuation of **Project Health & Home (a recovery housing project)** initiated under the CRRSAA; rental assistance, fees and deposits required for leases, move-in kits, and utility assistance payments to assist 50 households a year for two years. Housing is a key component of the agency's Whole Person Care Initiative It should be noted that Arizona has an SABG-specific housing waiver.

BUDGET FOR INTERVENTION, TREATMENT, & RECOVERY*

GENERAL SERVICE Description (Intervention, Treatment & Recovery)	FUNDING	Partners/Contractors	YEAR
Contract Consultant for statewide environmental scan, analysis of longitudinal data, needs assessment, asset mapping, etc. Software or an online service to survey providers about disparities, training needs, capacity, expansion opportunities, telehealth implementation and barriers, screening & assessment, etc. Develop a Disparities Impact Statement.	$200,000.00	TBD - Procured services	1
Hire consultants to work with 10 rural and remote communities with elevated drug and alcohol related deaths; Identify primary needs resulting from statewide environmental scan and create actionable plans to address them ($50,000 per community x 10 communities).	$500,000.00	TBD - Procured services	1
Hire a consultant to facilitate regional sessions with Black, Hispanic, and tribal leaders, SUD treatment providers and service recipients to identify opportunities to address health disparities. Contract with ASU's Social Transformation Lab ($30,000 per region x 3 regions).	$90,000.00	Contract with ASU's Social Transformation Lab	1
Partially fund the Arizona Substance Abuse Partnership Epidemiology Workgroup to provide data management and analytics related to alcohol and substance use and impacts within Arizona. Data-driven analytics will inform decision-making to prevent, assess risks, evaluate treatments, and develop priorities. The analysis will integrate, link, and associate data from multiple sources in Arizona for a comprehensive view of status and trends. Create a behavioral health index; Emulate Virginia https://www.virginiaseow.org/ ($100,000 per year x 4 years).	$400,000.00	Contract with state agencies	2,3,4,5
Contract with the ADHS or Arizona State University (ASU) to support the Arizona Health Equity Conference (4 years) to include speaker fees, marketing, etc. Pay for registration fees for	$400,000.00	Contract with ADHS or ASU	2,3,4,5

contractors and SABG treatment providers ($100,000 per year x 4 years).			
Support existing statewide approach to increasing screening for infectious diseases (TB, Hep C, HIV, COVID-19) within SUD intervention and treatment. Public information/awareness campaign, education/knowledge building presentations for BH providers and clinics, materials, and printing (guidance, toolkits), and the purchase of test kits.	$800,000.00	MC, AzCH, HCA, WMAT, PY, GR, and/or potential contract with ADHS	2,3,4
Workforce development training ($200,000 per year x 4 years) on identified topics of greatest need such as treatment planning (utilization of natural supports, addressing SDOH, referral processes, ASAM, peer support, and relapse prevention), scientifically based outreach, culturally appropriate approaches, health disparities, digital therapeutics, harm reduction, peer/family support certification, crisis intervention, etc. Funding for consultants to develop and provide training, speaker and SME fees, wages & fringe for attendees.	$800,000.00	MC, AzCH, HCA, WMAT, PY, GR, or potential TBD for procured services statewide	2,3,4,5
Contract with tribal governments, TRBHAs, and/or providers targeting SUD services to AI/AN populations. Identify needs, potential innovations, and opportunities for collaboration. Provide eligible services not otherwise funded. ($200,000 per year x 3 years).	$600,000.00	TBD - Procured services, WMAT, PY, GR	3,4,5
Support an existing marketing campaign among the provider community to introduce the Closed Loop Referral System and how to use it to address SDOH needs identified throughout treatment and recovery. Offset any costs that may prevent SUD treatment providers from participating (such as computers, internet access, or vendor fees).	$200,000.00	Health Current, MC, AzCH, HCA, WMAT, PY, GR	1,2
Sustain employment of outreach workers for regular check-in for people with SUD and participants in PHH; Approximately $60,000 per position (salary & ERE) x 9 positions x 3 years.	$1,620,000.00	MC, AzCH, HCA, WMAT, PY, GR	3,4,5
Feasibility study and digital therapeutics for SUD provider agencies to support addiction and recovery processes; Based on results, potential purchase of a	$1,100,000.00	MC, AzCH, HCA, WMAT, PY, GR; Procured services	2,3,4,5

provider-facing app connecting individuals to care teams; Utility for treatment providers, health plans, drug courts, etc.			
Allowable technology and infrastructure expenses to improve broadband and telehealth, such as increased connectivity, Wi-Fi, and other related technologies and equipment (tablets, headsets, cameras, phones, laptops, hotspots, etc.) to improve service delivery. Specifics are to be determined after surveying providers and contractors. It is understood that funds may not be used to purchase any items for members.	$500,000.00	MC, AzCH, HCA, WMAT, PY, GR	1,2
Contract with universities to establish Project ECHO training collaboratives for harm reduction and women-specific SUD service continuum.	$800,370.00	Contract with ASU, UA, and/or NAU	2,3,4
Harm reduction program, service, and materials to include fentanyl testing strips for contractors, naloxone, and the materials necessary to assemble overdose kits, contract(s) with provider agencies for naloxone distribution, fentanyl testing strips, and syringe service programs. ($400,000 per year x 4 years)	$1,600,000.00	TBD - Procured services (contract to be awarded in December 2021)	3,4,5
Digital wallet/locker technology; user fees for uninsured/underinsured Arizonans with SUD; Cost estimate: $.81 per member x 123,000 members = $99,630.	$99,630.00	TBD - Procured services	3
Pilot Promotora program within the Pascua-Yaqui Tribe to facilitate engagement and access to services.	$100,000.00	PY	3,4
Personnel, equipment, and training to sustain expansion of detox and outpatient clinics in identified areas of need.	$2,973,053.00	MC, AzCH, HCA, WMAT, PY, GR	3,4,5
FDA-approved medications for OUD and AUD in conjunction with psychosocial interventions.	$250,000.00	MC, AzCH, HCA, WMAT, PY, GR	2,3,4,5
Full continuum of treatment interventions for SUD	$1,500,000.00	MC, AzCH, HCA, WMAT, PY, GR	2,3,4,5
Sustain the CRRSAA expansion of supported independent living programs that utilize outpatient services for women in SUD recovery living with their children. If needed and allowable, expand residential	$1,000,000.00	MC	3,4,5

and supported independent living programs for men in SUD recovery living with their children.			
Create and expand peer-based recovery programs and services (CBOs, community centers, high schools, collegiate recovery programs, alternative peer group programs, and/or drop-in centers) through contracting ($900,000 per GSA x 3).	$2,700,000.00	MC, AzCH, HCA, WMAT, PY, GR	3,4,5
Procure services to prepare Arizonans with lived experience to enter the workforce as state certified peer/family support recovery coaches, and credentialed doulas. Employ strategies to recruit, train, and certify populations most needed to reflect the SUD service population (based on gender, race/ethnicity, sexual orientation, geography, etc.). Provide mentors and support as they enter the workforce. Funding for training coordinator, peer trainers, clinical trainers, training materials, outreach & engagement, certification fees, and fees associated with documents for fingerprint clearance, (application and document fees).	$1,100,000.00	MC, AzCH, HCA, WMAT, PY, GR or a TBD - Procured services	2,3,4
Enhance opportunities for youth with lived experience (pre-peer support). Develop mentorship programs, youth-led community projects, and youth development programs in collaboration with tribes, the justice system, and youth diversion.	$100,000.00	PY	3,4
Sustain the expansion of the Oxford House model created under CRRSAA ($90,000 per year x 4 years). Arizona has an SABG-specific housing waiver.	$360,000.00	TBD	2,3,4,5
Maintain Project Health & Home (recovery housing project for 50 households per year for 2 years); rental assistance, fees and deposits required for leases, move-in kits, and utility assistance payments. It should be noted that Arizona has an SABG-specific housing waiver.	$1,000,000.00	ABC, HOM, Inc. (Statewide Housing Administrator)	3,4
Fees and deposits for leases	$125,000.00	ABC, HOM, Inc.	3,4
Move in kits	$50,000.00	ABC, HOM, Inc.	3,4
Utility assistance payments	$75,000.00	ABC, HOM, Inc.	3,4
TOTAL	$21,043,053.00		

WOMEN's SET ASIDE Description (Intervention, Treatment & Recovery)	FUNDING	Partners/Contractors	YEAR
Create and sustain special initiatives (resulting from the gender specific treatment technical assistance contract); Women's Wellness Conferences, women's wellness groups; Sexual Health educator positions, Women-Specific outreach workers (to include cultural services integration); harm reduction specialists. Expand/add services for women (GST) throughout the continuum with emphasis on identified health disparities. Contract with providers for women's SUD wellness groups for reproductive and sexual health, nutrition, exercise, mind-body wellness, healthy relationships, etc.	$1,150,777.00	MC, AzCH, HCA, WMAT, PY, GR; TBD - Procured services	3,4,5
Develop and sustain women-only, culturally appropriate approaches to substance use and alcohol use treatment for AI/AN women. This may include alternative medicine, traditional healing, acupuncture, integrative wellness, women-specific topic groups, and classes.	$500,000.00	WMA, PY, GR	3,4,5
Hire a consultant to develop and deliver training for behavioral health staff to advance implementation of gender-specific SUD treatment services to include women-only support and counseling groups, safety planning, healthy relationships, prenatal care, postpartum depression screening, parenting, etc. Provide training to medical and SUD treatment staff on screening and addressing the postpartum needs of women with SUD. Sessions may include birth trauma/PTSD for mothers, screening tools and opportunities, and how to refer to trained BH providers ($100,000 per year x 2 years).	$200,000.00	TBD - Procured services	2,3
Consultant to integrate SUD treatment with health and family service agencies with a focus on PPW. Conduct an environmental scan of providers (including peers) trained to address postpartum depression and develop an online resource guide.	$150,000.00	TBD - Procured services	2

Alleviate barriers to treatment by funding transportation, childcare, room and board for children, etc.	$300,000.00	MC, AzCH, HCA, WMAT, PY, GR	2,3,4,5
Maternal Mental Health Programs to support the complex OB and SUD needs for pregnant & postpartum women in recovery. Includes the provision of Medication Assisted Treatment modalities through data-waivered, office-based opioid treatment counselors to expand perinatal and postpartum depression programs, and family support services.	$800,000.00	MC - Allium Health	3,4
Detox substance-exposed newborns and supportive services to mothers through their nursery and a provision of parenting courses.	$400,000.00	MC, WMA - Hushabye	3,4
TOTAL COST of WOMEN'S SET ASIDE	$3,500,777.00		

Acronym Key
AzCH = Arizona Complete Health, Southern AZ Regional Behavioral Health Authority
GR = Gila River Indian Community, Tribal Regional Behavioral Health Authority
HCA = HealthChoice Arizona, Northern AZ Regional Behavioral Health Authority
MC = Mercy Care, Central AZ Regional Behavioral Health Authority
PY = Pascua Yaqui Tribe, Tribal Regional Behavioral Health Authority
WMAT = White Mountain Apache Tribe, Tribal Regional Behavioral Health Authority
ECHO = Extension for Community Health care Outcomes

**AHCCCS will contract with the RBHAs and TRBHAs for services noted in the budgets. Once entering formal agreements with them, specific provider agencies, community-based partners, hospitals, etc. will be identified.*

STATE PROGRESS IN ADDRESSING THE DRUG OVERDOSE RATE

According to data released by the National Institute for Health Care Management's *Dying from Drugs: A New Look at Overdose Deaths in the U.S.*, Arizona has 11.6 deaths per 100,000 related to synthetic opioids and 10.1 deaths related to methamphetamines in 2019.

Arizona concluded the original Opioid Action Plan, implementing 12 recommendations that include expanding treatment, opening 24/7 opioid assistance and referral lines, and developing pain and addiction curriculum monitors. A new Arizona Opioid Action Plan (July 2019 – June 2021) aligns with the ARPA implementation and includes three primary goals:

- Reduce the number of opioid deaths by 10 percent by the end of 2024,
- Reduce the number of verified non-fatal opioid overdoses by 15 percent by 2024, and
- Reduce the rate of all drug overdose deaths in Arizona by 10 percent by the end of 2024.

The plan focuses on improving access to quality treatment, reducing stigma, enhancing prevention and early intervention, improving utilization of Arizona's Prescription Drug Monitoring Program (PDMP), and enhancing data quality. Additional details on strategies, recommendations, and performance measures can be found in the Arizona Opioid Action Plan Version 2.0.

According to the most current Provider Repository List monitored by AHCCCS, there are 57 Opioid Treatment Programs (OTPs) and 2 Medication Units registered with AHCCCS in Arizona. The majority of the OTPs (54%) are located in Maricopa County, with 12 located in Pima County; including Arizona's four 24/7 OTPs. Options in rural Arizona have increased through the State Targeted Response and State Opioid Response grants; yet, there still remains an urgent need to provide and sustain access to those living in the most isolated rural areas of the state, areas where new OTPs and Medication Units are not cost justifiable. Arizona has focused on enlisting new Buprenorphine-waivered providers to fill these gaps. There are currently 460 waivered providers in Arizona and 23% of them are located in rural counties. However, the majority of the new providers are not actively prescribing buprenorphine, indicating a need to expand training, technical assistance, practice consultation and mentoring options to encourage and support these prescribers in reaching the OUD population.

AHCCCS requires contractors to implement interventions that are Evidence Based Practice (EBP), Research Based (RBP), or Promising Practice (PP) according to peer reviewed journals and best practice lists. Also, contracts require providers of treatment services to include clinical care to those with a SUD. Such providers are required to have the capacity and staff expertise to utilize Food and Drug Administration (FDA)-approved medications for the treatment of SUD/OUD and/or have collaborative relationships with other providers for service provision. Some of the practices that are utilized include:

1. American Society of Addiction Medicine (ASAM) Continuum Assessment,
2. Medication Assisted Treatment (MAT),
3. Offer access to all three forms of OUD Medications: methadone, buprenorphine, naltrexone,
4. Offer access to FDA approved AUD Medications: acamprosate, disulfiram (antabuse), naltrexone,
5. Offer access to FDA approved Tobacco Use Disorder Medications (Smoking Deterrents): bupropion, nicotine inhaler, nicotine polacrilex gum, nicotine polacrilex lozenge, nicotine patch, nicotine solution, and varenicline tartrate,
6. Peer Support,
7. Tobacco Free Arizona: The goal of Tobacco Free Arizona is to use local and statewide resources, groundbreaking methods, and model national best practices to create a tobacco free future for Arizonans,
8. Psychotherapies, and

9. Motivational Interviewing.

STATE PROGRESS IN USING FDA APPROVED MEDICATIONS FOR TREATMENT

AHCCCS provides coverage for all FDA approved medications for the treatment of opioid use disorder, alcohol use disorder, and tobacco use disorder based on medical necessity. The state utilizes preferred agents for these disorders and non-preferred agents are available through the prior authorization process. Any outpatient clinic can provide MAT for alcohol and tobacco.

Four 24-hour clinics have been opened to accommodate members who want to pursue substance use disorder treatment whether it is day or night. These clinics are available 24 hours a day, seven days a week, 365 days per year. Three are in Maricopa County and one is in Pima County.

Access to Medication Assisted Treatment (MAT), though dramatically improving in Arizona, still remains an issue for the underserved rural areas of the state and for the hardest hit areas of the Phoenix and Tucson metro areas. Data reveals that MAT utilization is below 20% in Apache, Gila, Greenlee, and La Paz Counties, and falls below 25% in Graham (24.3%), Navajo (22.3%), Pinal (22.4%) and Yavapai (22.8%) counties. Yuma, Coconino, and Cochise counties utilization are 26.9%, 27.3% and 28.3%. Utilization is at 35% in Mohave and Santa Cruz Counties. For Maricopa and Pima Counties, Arizona's most populated counties, MAT utilization is at 41.8% and 48.2%, respectively.

AHCCCS currently funds Project ECHO for MAT providers. The project has been successful in providing a monthly consultation platform for those providers needing assistance and support with MAT cases. However, the platform is limited to 50 available slots and additional platforms are needed in Arizona to sufficiently support providers.

PLANS FOR INTERAGENCY COLLABORATION

Arizona's three Regional Behavioral Health Authorities (RBHAs) are required to maintain comprehensive networks of behavioral health providers to deliver prevention, intervention, treatment, and rehabilitation services to members enrolled in AHCCCS. Tribal governments, through an agreement with the state, operate a Tribal Regional Behavioral Health Authority (TRBHA) for the provision of behavioral health services to American Indian/Alaskan Native members. This structure allows communities to provide services in a manner appropriate to meet the unique needs of members and families residing within their local areas. AHCCCS has regular meetings to discuss needs/gaps and innovative recommendations for barriers.

- Mercy Care – RBHA serving central Arizona, including Maricopa County
- Arizona Complete Health – RBHA serving southern Arizona, including Tucson
- Health Choice Arizona – RBHA serving northern Arizona
- White Mountain Apache – TRBHA serving the White Mountain Apache Nation
- Gila River – TRBHA serving the Gila River Indian Community
- Pascua Yaqui – TRBHA serving the Pascua Yaqui Tribe

In addition to the RBHAs and TRBHAs, AHCCCS has direct contracting with other state agencies and providers to treat substance use disorder. Some of the contracts include:

- Arizona Department of Health Services: Infectious disease prevention, Early Intervention Services (i.e., HIV, TB, SYNAR), Naloxone Distribution to First Responders, and County Programming,
- Arizona Department of Veterans Services: Pregnant and Parenting Women home visiting programs and outreach services to veterans, service members, their families, and all other individuals impacted by the COVID-19 pandemic throughout the State of Arizona,
- Arizona Department of Child Safety: home visiting programs for pregnant and parenting women,
- Governor's Office of Youth Faith and Family (GOYFF): Primary Prevention and community-based prevention,
- Arizona State University: Project ECHO training collaborative for MAT, and
- University of Arizona: Training for Learning Collaborative of Pregnant and Postpartum Women (PPW-PLT).

AHCCCS is interested in facilitating justice and law enforcement partnership expansion by:

- Collaborating with Arizona Complete Health (AzCH) and HOPE to fund Forensic Peer Support Specialists to offer pre-release care coordination, assessments, post-release systems navigation, facilitation of referrals for SUD, and health care services as individuals re-enter the community from county jail and state prison.
- Collaborating with AzCH and DKA to provide in-reach to the court system and inmates with a PRE-VIEW program. Provide outreach services to the business community to facilitate job placement and residential services.
- Collaborating with AzCH, CODAC, Tucson Police Department, and Pima County Sheriff Department so that peer support can accompany ride-alongs to engage eligible individuals in the Drug Market Intervention Program. Co-locate peer staff with pre-trial officers for assessment and connection to SUD providers. Co-locate dedicated staff to the Pima County Sheriff Department to implement alternatives to incarceration for individuals with SUD and increase engagement in MAT. Supporting re-entry/justice partnerships like Pima County's STEPs housing and support program, intended to divert nonviolent individuals struggling with addiction and mental health challenges from the criminal justice system.
- Collaborating with Mercy Care health plan and three providers to fund a justice navigator team at each 24/7 MAT clinic. Piloting a warm hand off from county jail to community-based services for women. Provide services such as substance abuse education, MAT, parenting classes, etc. while they are in county jail to improve outcomes related to reunification with their children.

- Collaborating with Health Choice Arizona health plan and Sonoran Prevention Works for pre-trial diversion, drug court, adult probation programs on harm reduction, overdose prevention, and 1:1 case management.
- Sustaining efforts to serve juveniles in the Office of Juvenile Justice and Delinquency Prevention detention centers with intervention and treatment services and improved discharge planning (after plans are approved by SAMHSA GPO).

PLANS TO PROMOTE HEALTH EQUITY

AHCCCS has several efforts underway to better understand the scale and scope of underserved communities and populations related to substance use prevention, intervention, treatment, and recovery. Once specific needs and disparities are identified, targeted plans can be developed to improve health equity.

Continuous Learning

The following projects are in progress and will yield specific data (qualitative and quantitative), and recommendations by the end of 2021.

- Community Stakeholder Forum results from June 17, 2021,
- Results from Internal Case Review, received June 30, 2021,
- Juvenile detention needs identified by RBHAs, received June 30, 2021,
- CRRSAA plans from RBHAs and TRBHAs, received July 2, 2021,
- PPW-PLT Needs Assessment results due August 16, 2021,
- SUD Claims Data Analysis to be completed September 30, 2021,
- Gender Specific Treatment survey results/recommendations due September 30, 2021,
- ECOVID Needs Assessment results anticipated by October 15, 2021, and
- Results from the 2021 Secret Shopper program anticipated by December 2021.

What We Do Know About Disparities and Inequities

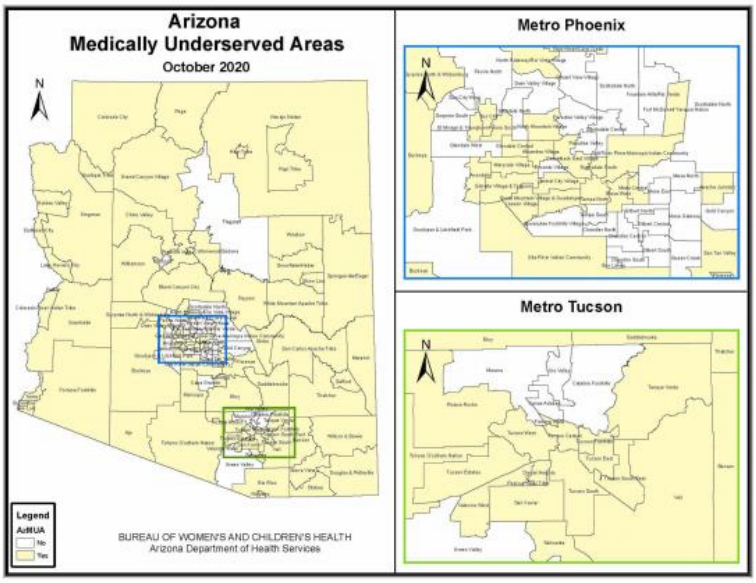
Until the above-mentioned activities are complete and more current data is published, AHCCCS is referencing the following resources to determine health disparities.

Drug-induced deaths are more prevalent in the large urban areas, as well as Gila and Yavapai counties. The Arizona Department of Health Services (ADHS) recently published the report *Trends and Patterns in Health Status and Vital Statistics by County of Residents, Arizona 2009-2019*, which provides some insight regarding targeted needs in Arizona. The mortality rate per 100,000 for drug-induced deaths statewide was 27.9 in 2019. Gila (32.6), Maricopa (29), Pima (30.8) and Yavapai (39.2) all exceeded the state average.

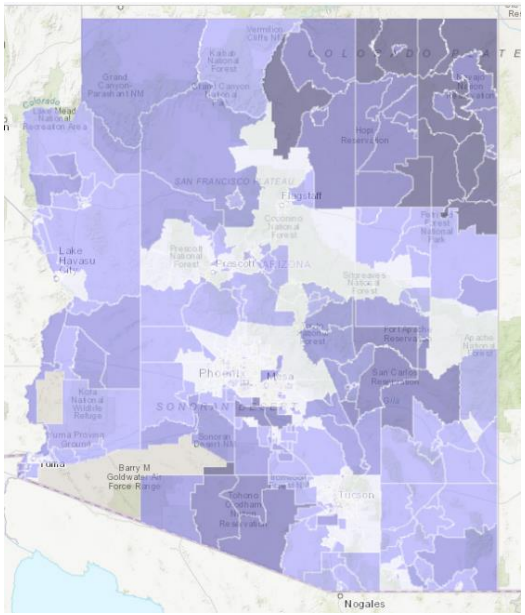
Alcohol-induced deaths are more prevalent in rural and remote counties. According to *Trends and Patterns in Health Status and Vital Statistics by County of Residents, Arizona 2009-2019*, released by ADHS the mortality rate for alcohol-induced deaths was 17.7 per 100,000 statewide, yet there are astounding discrepancies in Apache (72.4), Navajo (71.8), La Paz (58.9) and Gila (52.6) counties. Alcohol-induced deaths comprised 2.1 percent of the statewide total deaths with a disproportionate prevalence of 7.2 percent in Apache, 5.7 percent in Coconino, 4.2 percent in La Paz, and 6.8 percent in Navajo counties.

Arizona includes extensive areas considered medically underserved, including Native American reservations.

ADHS created a Primary Care Index (PCI) based on population-to-primary care physician ratio, travel distance to nearest primary care physician, poverty, health insurance status, low birthweight birth rate, late or no prenatal care, infant mortality rate, and presence of populations that experience health disparities (i.e., elderly, youth, people with disabilities, communities of color, and those who speak a language other than English, etc.). By using the PCI to designate Arizona Medically Underserved Areas (AzMUA), resources can be targeted to communities with the greatest health disparities in the provision of whole health services. Of Arizona's 126 primary care areas, 89 are currently designated as AzMUAs. They are represented in the maps to the right in yellow. For 2021, the six highest need primary care areas based on this index are all tribal: Navajo Nation, Tohono O'odham Nation, White Mountain Apache Tribe, Hualapai Tribe, San Carlos Apache Tribe, and Colorado River Indian Tribe. Twelve AzMUAs lie within American Indian Tribal land.



Broadband internet service remains a barrier to the implementation of telehealth services, contributing to health disparities in rural and remote areas.



In the ArcGIS map of Arizona to the left, the darkest areas represent the lowest percentage of households with access to broadband. In 2018, 58.1 to 87.7 percent of households in the Navajo Nation reported not having broadband internet service, compared to 19.6 percent nationally. According to the Journal of Rural Health, access to broadband Internet service continues to be a challenge for Arizona's remote and rural areas, limiting the statewide use of telehealth for treatment options.

Governor Doug Ducey signed legislation in May 2021 authorizing telecommunication equipment along state highways. Arizona established the Smart Highway Trust Fund to operate and maintain telecommunication facilities. In partnership with the Arizona Department of Education, the Arizona Corporation Commission launched the Arizona Broadband Initiative to improve broadband use in schools. The Arizona Commerce Authority administers a broadband infrastructure program and offers Arizona Rural Broadband Development grants.

Youth in Arizona's juvenile justice systems are disproportionate when compared to the general population.

In 2020, 15 percent of the youth committed to the Arizona Department of Juvenile Corrections (ADJC) were African American and 13.5 percent were of bi-racial, yet U.S. Census data indicates only 5 percent of the general population were African American and 2.9 percent were of mixed race. Adjudicated youth display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services to address substance use and mental health needs, with 85 percent reporting challenges with substance abuse.

Recently, AHCCCS contracted with Health Management Associates to analyze three years of Arizona's medical claims (2018 - 2020) data for women with substance use disorder. The following conclusions were drawn from this analysis.

- **The number of women with substance use disorder accessing services has increased by more than 10 percent since the pandemic.** In 2018, 125,065 women diagnosed with substance use disorder were enrolled in services for nine months or more. By 2020, that number increased to 140,539. Expenditures increased from $69.88 per woman, per month to $99.64 per woman, per month, indicating an increase in utilization of higher cost services. Diagnosed substance use disorder is prevalent among two percent of the statewide population and is more prevalent (three percent) among women ages 20-39 and women who are Caucasian.

- **The age of a woman with a substance use disorder affects the likelihood of her receiving MAT.** On average, 43 percent of the women in Arizona were prescribed substance use disorder medicines. Women under the age of 29 are less likely (34 percent) to be prescribed medicines for substance use disorder, and women over 40 are more likely (51 percent).

- **American Indian/Alaskan Native women are more likely to have substance use disorder, have access to fewer services, and have higher utilization costs than women of other races.** According to Census data, American Indians comprise 5.3 percent of the Arizona population, yet 11 percent of the Arizona women with substance use disorder are American Indians. In contrast, 82.6 percent of the Arizona population is Caucasian, and 50 percent of the Arizona women with SUD are Caucasian. In an analysis of 2018-2020 medical claims data of women with substance use disorder accessing medical services, for outpatient services, AI/AN American women were below the statewide average in four of seven of the highest use categories, indicating they have access to fewer services than women of other races. Expenditures per Caucasian woman averaged $90.73 per woman, per month in 2020, yet the cost per AI/AN American woman nearly doubled to $207.37 in the same year.

PLANS TO PROMOTE RECOVERY SUPPORT SYSTEMS

AHCCCS will enhance peer support services for persons with substance use disorders by working with the AHCCCS Office of Individual and Family Affairs (OIFA), RBHAs and TRBHAs to increase the number of individuals with lived experience in the workforce. Peer and family support are Evidence Based Practices (EBPs) and a critical service within the continuum. It is important to have someone with lived experience walk side by side with an individual during their recovery journey.

As outlined in the Spending Plan for Intervention, Treatment, and Recovery, AHCCCS fully intends to expand and enhance recovery supports with the following efforts:

- In preparation for an SABG recovery set aside, work with internal and external partners to identify gaps and needs related to peer-based recovery services. Work collaboratively with OIFA to survey peer and family-run organizations about expansion opportunities. Gather input from providers such as REN, S.T.A.R, RI, Inc., Hope Lives, NA, AA, peer/family support staff, and the voices of those with lived experience and in recovery from substance use. Partner with schools and families for input. Based on results and feasibility, research and expand peer-based recovery programs and services such as drop-in centers, high schools, collegiate recovery programs, and community centers through contracting.
- Procure services to **prepare Arizonans with lived experience to enter the workforce** as recovery coaches, peer/family support, and doulas. Employ strategies to recruit, train and certify populations most needed to reflect the SUD service population (based on gender, race/ethnicity, sexual orientation, geography, etc.) Provide mentors and support as they enter the workforce.
- Enhance opportunities for **youth pre-peer support**. Develop mentorship programs, youth-led community projects, and youth development programs in collaboration with tribes, the justice system, and youth diversion.
- Continuation of **Project Health & Home (recovery housing project**); rental assistance, fees and deposits required for leases, move-in kits, and utility assistance payments (Note: Arizona has an SABG-specific housing waiver). Hire outreach workers to provide home-based support services to keep PHH participants stably housed and connected to SUD recovery supports. ($60,000 per worker x 4 = $240,000)
- Sustain the CRRSAA expansion of **supported independent living programs** that utilize outpatient services for women in SUD recovery living with their children. If needed and allowable, expand residential and supported independent living programs for men in SUD recovery living with their children.
- Sustain the expansion of the **Oxford House recovery houses** initiated with CRRSAA funding.

OTHER STATE PRIORITIES

AHCCCS continues to implement the **American Society of Addiction Medicine (ASAM) Continuum Assessment Tool** across the state of Arizona. The ASAM Continuum is an electronic assessment that allows clinicians and non-clinicians to assess individuals with addictive, substance related and co-occurring conditions through computer-guided and structured interviews. The ASAM Continuum is an evidenced based tool that generates a comprehensive individual report which includes a recommended level of care determination.

In addition, AHCCCS developed a Differential Adjusted Payment (DAP) for Provider and Community Based Organizations (CBOs) to integrate the ASAM Continuum into their Electronic Health Record (EHR). The goal is for the ASAM Continuum to be integrated into the Provider EHRs by April 2022 and full implementation of the ASAM Continuum, across the state, by October 2022.

According to 2020 ICR results, only 42 percent of cases documented the use of ASAM criteria during treatment to **reassess the appropriate level of care**. It is expected that ASAM criteria be used to reassess levels of care during treatment. AHCCCS proposes using ARPA SABG funds to support this priority by funding workforce development training to SUD service providers regarding the use of the ASAM Continuum throughout the treatment process.

AHCCCS launched its **Whole Person Care Initiative (WPCI)** to focus on the social factors that have an impact on individual health and well-being such as housing, employment, criminal justice, non-emergency transportation and home and community-based service interventions. As part of this initiative, AHCCCS has partnered with Health Current, Arizona's Health Information Exchange (HIE) to implement a technology solution that can support providers, health plans, community-based organizations, and community stakeholders in meeting the social service needs of Arizonans.

Health Current has selected Now Pow as the vendor of choice for Arizona's **closed loop referral system (CLRS)** to address the SDOH needs in Arizona. By connecting health care and community service providers on a single statewide technology platform, this new service will streamline the referral process, foster easier access to vital services and provide confirmation when social services are delivered.

AHCCCS proposes using ARPA SABG funds to support this priority by supplementing an existing marketing campaign and among the provider community to introduce the CLRS and how to use it to address SDOH needs identified throughout treatment and recovery. Funds may also be used to offset the potential costs for SUD treatment provider participation, such as integration needs, equipment, or software. As the CLRS is new, marketing will promote its use across the system. AHCCCS is pursuing any opportunity to remove barriers to system use and allow providers to experience the benefit of addressing the SDOH more easily throughout treatment and recovery processes.

Also, AHCCCS is in support of the WPCI and a Housing and Health Opportunities (H2O) demonstration project, offering housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless. A permanent supportive housing (PSH) model is used as an evidence-based, cost-effective strategy for addressing and improving health outcomes for persons experiencing homelessness, including those with serious mental illness designations, physical health conditions, and substance use disorders. While AHCCCS in general operates under an 1115 waiver which is up for renewal this year, AHCCCS is proposing the H20 demonstration project as a waiver amendment. It is pending review with the U.S. Centers for Medicare and Medicaid Services.

HEALTH INFORMATION TECHNOLOGY STANDARDS

Any AHCCCS Information Technology (IT) projects that require coordination and data sharing with Health Current, the state's designated single Health Information Exchange (HIE), or between organizations will follow IT standards for infrastructure or advancement and conform to all standards for confidentiality and compliance. AHCCCS will use the appropriate ANSI X12 and NCPDP electronic data standards as applicable to the type of data being exchanged including any covered transactions.

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

AHCCCS has begun internal and external conversations to determine needs, gaps, and barriers for improved health IT standards and current system enhancements. This also will be a part of the assessment and planning phase to continue the conversation of the best approaches to make these system enhancements.
Based on these conversations, AHCCCS will consider health IT projects for infrastructure and/or advancement in the following areas:

- **Telehealth:** In the earliest days of the COVID-19 Public Health Emergency (PHE), AHCCCS moved quickly to design and implement flexibilities around telehealth services. Between March 2020 and March 2021 for members utilizing one or more services via telehealth (including audio only), telehealth usage increased by 193 percent, from 10.5 percent to 30.7 percent.
- Now, AHCCCS will explore the potential to connect key telehealth systems to the HIE for broader interoperability, which would ensure access to a more longitudinal and comprehensive set of information to guide clinical/medical decision-making care/treatment and improve access to treatment. While telehealth use has increased significantly during the PHE, some behavioral health providers do not have the necessary infrastructure to provide services on an on-going basis. AHCCCS will focus on case management and peer support services and explore opportunities with the HIE to purchase and set up technology (including computers and equipment), provide training and education, and activate internet connectivity for those providers who are still challenged. The goal is to implement technology solutions that integrate with EHRs which will connect to the HIE, Community Services Agencies, Peer and Family Run Organizations, and Rural Substance Abuse Transitional Agencies.
- Health Current, the state's HIE in partnership with AHCCCS and contracted vendors is implementing the **Social Determinants of Health (SDOH) Closed Loop Referral System** for health care providers who make referrals electronically to Community Based Organizations (CBOs), foodbanks, shelters, social service organizations, etc. AHCCCS will work with Health Current to assist CBOs with determining technology costs, provide staff support and technical assistance to onboard CBOs and ensure successful connectivity and utilization by the CBOs.
- Fund user fees so that Arizonans with SUD have access to **digital wallet/locker technology** solutions, providing easy access to identification and medical documentation, allowing them to access timely services without delay. AHCCCS proposes a separate investment in a "data locker" platform to further improve member experience and reduce disparities experienced by members who may not have access to physical

copies of their vital records. AHCCCS will procure a contractor to build the data locker program and will subsequently provide for administration and management of the tool through a fee model. Members will use the data locker's electronic "wallet" or website to upload and store critical documents online. It will also enable members to grant access to their data locker to third parties, when appropriate, to assist in eligibility or other document sharing needs, and will allow third parties to upload documents directly into the locker when necessary. If implemented, this tool will aim to significantly reduce costs to members and providers for document replacement, reduce application and administrative time frames, and simplify many processes.

- AHCCCS will work with the HIE and community stakeholders to identify technologies that will connect people to care and integrated systems for better health outcomes.

ADMINISTRATIVE BUDGET

ADMINISTRATIVE Description	FUNDING	Partners/ Contractors	YEAR
The Arizona Health Care Cost Containment System (AHCCCS) intends to utilize the COVID-19 block grants and **FY 2021 SABG ARPA Supplemental grants** allowable administrative percentage to cover all identifiable direct charges associated with the planning, implementation, and oversight of these block grant expenditures. Direct charges will be captured through an employee time entry system or direct coding procurement portal. AHCCCS is also exploring the possibility of incorporating the COVID-19 block grants and the **FY 2021 SABG ARPA Supplemental grants** into the agency's cost allocation plan which would allow for the allocation of charges which benefit all agency programs to the two new COVID-19 block grants.	$1,636,255.00	N/A	1, 2, 3, 4,5
TOTAL COST Admin	$1,636,255.00		