

**A-1** The activities proposed here-in will focus on systems of care enhancements for the Population of Focus, (POF), pregnant and postpartum women (PPW) with Opioid Use Disorder (OUD), their substance exposed newborns and their family members in Pima County and Pinal County in Arizona to facilitate the availability of family-based and recovery support services. This includes the provision of services for PPW, their minor children, age 17 and under, and other family members of the women and children. Hotspot mapping from the Arizona Department of Health Services (ADHS) indicates that two Primary Care Analysis (PCA) areas within Pima County (Tucson metro area) have the highest rates of Neonatal Abstinence Syndrome (NAS) in the region: Tucson South and Tucson Central 96 (Central) and 87 (South) NAS births from 2016 – 2018. The regions of the Tucson Foothills and Tucson East were also identified as hotspots for NAS rates, recording 73 (Foothills) and 59 (East) cases of NAS. Three hotspots were identified in the northern region of Pima County along the Interstate 10 corridor, directly adjacent to Tucson, the second largest city in Arizona. Additionally, Apache Junction (portion residing in Pinal County) and San Tan Valley, were identified as a hotspot for NAS in Pinal County with rates comparable to that of the Tucson Foothills and Tucson East.

**A-2** In 2018, there were 56,295 pregnant women enrolled within the Arizona Health Care Cost Containment System (AHCCCS) – Arizona’s state agency that manages Medicaid members as well as those receiving public behavioral health service dollars from additional sources. Of the total pregnant women population enrolled in AHCCCS, 976 pregnant women met the primary diagnosis for OUD, representing 2.5% of the total population with OUDs.

While AHCCCS members account for 51% of the births in the state, AHCCCS is the payer for the majority of births involving substance exposed newborns. According to the most recently available data from the ADHS, there were 2,963 infants born exposed to narcotics in Arizona between 2008 and 2015. AHCCCS members represented 76% of those births. Likewise, between 2008 and 2016, there were 3,004 infants born in Arizona that met the diagnostic criteria for NAS, with AHCCCS members representing 79% of those births. In 2018, there were 614 NAS births in the State of Arizona. Consistent with the aforementioned data describing pregnant women with OUDs, a large number of these infants (30.23%) lived in Pima and Pinal Counties. Furthermore, a breakdown of race and ethnicity amongst NAS births provides additional information on gaps amongst racial/ethnic women with OUD. White, non-Hispanic 363 or 59%; Latina or Hispanic 154 or 25%; Black or African American 30 or 8%; American Indian Alaska Native 8 or 1%; and Multiple or Other races 11 or 2% of total NAS case incidents in Arizona.

With the rapidly growing rate of OUDs in females, has also come with the coinciding growth rate of opioid use during pregnancy. Among the most profound outcomes of the opioid epidemic in Arizona, it has been the devastating impact on the number of newborns born opioid exposed and the related consequences for their caregivers and families. According to ADHS, between 2008 and 2016 there has been a 232% increase in the number of babies born that were narcotic exposed and a 321% increase in the number of babies born who meet the rigorous criteria for Neonatal Abstinence Syndrome (NAS). Between 2008 and 2018, rates of NAS per 1,000 births in Arizona have risen a shocking 504.6% from 1.51 per 1,000 births in 2008 to 7.62 per 1,000 births in 2018.

While Arizona’s public behavioral health system is quite robust, there has been a historical underutilization of Medication Assisted Treatment (MAT) for OUDs in general. Nowhere is this truer than among our population of pregnant women. Only 52.3% of pregnant women with OUDs received MAT in 2018. In Pima and Pinal County, the percentages of pregnant women with OUDs utilizing MAT were at 55.8% and 45.2%, respectively. Additionally, while Maricopa

County made up 60% of total NAS births in Arizona in 2018 (ADHS, 2019), Maricopa County already has ample resources to provide MAT and support services allocated to PPW. Pima and Pinal Counties are two adjacent Counties that made up 30.23% of the total NAS births in Arizona, the second highest after Maricopa County. This, coupled with lack of resources for PPW in these respective Counties, Pima and Pinal Counties.

**A-3** Infrastructure development includes providing training and capacity building through a multi-sector PPW Learning Collaborative. This includes utilizing the Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs whose primary goal is to identify gaps in resources, as well as solutions to issues affecting women, children and families at risk for prenatal substance abuse. The Task Force is comprised of a number of state agency and community professionals

Through the learning collaborative, providers will develop and implement a standardized process for the identification, evaluation and treatment of pregnant women with OUD, while improving the discharge management of infants with NAS. The collaborative will also seek to create a culture of compassion, understanding and treatment for the mother and infant. Applying quality improvement principles and sharing data and resources between state and local entities will add to the knowledge base and help move systems toward better standards of care, best practice and better measures to evaluate NAS-related outcomes. The collaborative will utilize available best practices and resources available from national sources, as well as state resources to inform all learning collaborative teaching, trainings, and standardized process to be developed.

**B-1 Goal 1: Increase outreach, engagement, screening and assessment of PPW with a SUD, including OUD.**

*Objective 1.1:* By August 29, 2023, 96 unduplicated participants will be screened, enrolled and be receiving services in the program as measured by tracking logs.

*Objective 1.2:* By August 29, 2023, 90% of participants will be educated of the adverse effects of substance use, including opioid misuse during pregnancy as measured by pre and post survey.

*Objective 1.3:* By August 29, 2023, 90% of identified program staff will have increased education around the identification of opioid use during pregnancy to promote best outcomes for mother and infant as measured by an education tracking log.

**Goal 2: Expand infrastructure and build capacity through a multi-sector PPW Learning Collaborative among public and behavioral health providers, government and tribal agencies, managed care organizations, law enforcement, corrections and community.**

*Objective 2.1:* By November 30, 2020, develop a statewide needs assessment using statewide epidemiological data to identify service gaps in services for PPW along with the continuum of care with a primary diagnosis of a SUD including OUD.

*Objective 2.2:* By November 30, 2020, develop and implement a state strategic plan with partnerships across public health and other systems that will result in short- and long-term strategies to support family based treatment services. The plan will at minimum include identifying geographic and population specific areas of high need, service gaps, resources, goals, strategies and activities including policy change, infrastructure development, and program/service development.

*Objective 2.3:* By, January 30, 2021, identify training and technical assistance needs affecting women, children and families at risk for prenatal substance abuse needed on yearly basis. Input will come from the Task Force, State Agencies, and community.

**Goal 3: Increase accessibility and retention to treatment services for PPW with a SUD, including OUD to produce best outcomes for the family unit.**

*Objective 3.1:* By August 29, 2023, 100% of participants with an OUD will be educated about MAT and other appropriate treatment as measured by SUD/OUD education tracking log.

*Objective 3.2:* By August 29, 2023, 90% of participants will receive specific prenatal consultation to educate the mother and family on the care of the baby prior to delivery as measured by SUD/OUD prenatal tracking log.

*Objective 3.3:* By August 29, 2023, 90% of participants will be referred to trauma informed services as part of the psychosocial service delivery for pregnant and post-partum population, as appropriate as measured by referral log.

**Goal 4: Ensure provision of ongoing family-based services for mother-infant Dyad and family unit.**

*Objective 4.1:* By August 29, 2023, increase the number of participants referred to family based services by 90% as part of the service delivery for pregnant and post-partum population as measured by referral log.

*Objective 4.2:* By August 29, 2023, increase the number of participants to receive treatment planning through a comprehensive approach that addresses the mother's substance use and ongoing needs assessments for the infant and family as a whole by 90%.

*Objective 4.3:* By August 29, 2023, Arizona Complete Health- Complete Care Plan (AzCH-CCP) and CODAC will increase the number of enrollments for participants needing residential and recovery home services discharging from the hospital that allow for the mother and infant to remain together, by 90% as measured by discharge tracking log.

A total of 96 unduplicated women will be served: year 1 (30), year 2 (36), and year 3 (30).

**B-2 Outreach, Engagement, Screening, and Assessment:** AzCH-CCP and CODAC will while building relationships with the hospital's, emergency personnel, families, faith community and other social service agencies and medical professionals in the geographic areas identified for this program and market the purpose of the program to begin the outreach process. Regular meetings will occur to identify the pregnant and post-partum women who need to be engaged into treatment services. Engagement will occur while the member is connected to the referral source. AZCH-CCP has an established network of Providers who are qualified to conduct screening and assessment. Through this process, members receiving services will participate in a comprehensive assessment, with emphasis on the unique qualities and culture of the member. The following elements outlined in the AHCCCS Medical Policy Manual (AMPM), Behavioral Health Assessments and Treatment/Service Planning policy, will be adhered to: the model shall be strength-based, member-centered, family-friendly, culturally and linguistically appropriate, and clinically supervised. The model incorporates the concept of a "team," established for each member receiving behavioral health services. During this process the members will be referred to the appropriate level of care to treatment.

In addition, behavioral health providers are required to assist individuals with applying for Arizona Public Programs such as Medicaid, Medicare, Nutrition Assistance, etc, as well as verification of U.S. citizenship/lawful presence prior to receiving Medicaid covered behavioral health services, at the time of intake for behavioral health services. All Contractors will adhere to AMPM, Behavioral Health Provider Requirements for Assisting Individuals with Eligibility Verification and Screening/Application for Public Health Benefits.

**Wrap-around/Recovery Support:** AHCCCS has developed Guiding Principles for the Adult Recovery Team in addition to the Child Family Team for all providers to adhere to. This is a foundation for delivering services consistent with Arizona's values, principles, and goals for recovery-oriented behavioral health services and systems. Wrap-around would include family

voice and choice, team-based, natural supports, collaboration, community based, culturally competent, individualized, strengths based, unconditional, and outcome based toward the POF. The provider will ensure access to recovery support services such as peer support services, safe and supportive housing, pregnancy and infant care education, vocational skills building, child care, transportation through direct service, psychosocial services, and case management.

An additional transitional living program will be developed to support women with dependent children, or attempting to regain custody. By having a secure and safe place to live, mothers will also be able to receive home based medical services through local hospital and other medical providers as well as behavioral health in-home wrap-around services as necessary to assure the health of both baby and mother. This will also allow the mother to engage in treatment including Medication Assisted Treatment (MAT) services, if appropriate, through the CODAC clinic that has access to treatment members 24/7. Also, the TLP will minimize the potential of Department of Child Safety removals, allowing mother to have her baby, mother and baby to bond, the mother to gain the skills needed for healthy parenting, engage in Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) treatment programs then eventually obtaining employment in order to independently support herself and her child(ren). Data from a similar program, Connie Hillman Foundation House, were as follows for a 13 month period: served 31 women; 16 discharged successfully; 7 discharged unsuccessfully; 10 Department of Child Safety (DCS) removals were estimated as being avoided and there are currently 8 women in the program. We are confident from lessons learned that the program could improve the outcomes.

**Continuum of Care:** The project approach includes fostering the integration of physical health and behavioral health services; while developing a regional and local level collaboration team of providers to streamline a multi-systemic continuum of care model that seeks to enhance the provision of services among PPW with a SUD including OUD. AzCH-CCP will utilize CODAC and other providers who have at minimum met the two – year experience requirements and are appropriately licensed, accredited and certified. The designated behavioral health provider will provide continuum of care with on-site outpatient women services that include, but not limited to: outpatient counseling and support, individual, couples, and family therapy, gender-specific group therapy, coordination with primary care, OB/GYN, psychiatry, traditional primary care services such as physical exam and wellness checks, on-site pharmacy and lab, and diagnosis and treatment of Serious Mental Illness (SMI) as appropriate. Also, each member will be assessed using the American Society of Addiction Medicine to determine the appropriate level of care in the least restrictive environment.

**Family-Focused Programs:** The behavioral health provider will increase child and family counseling and support services that address issues that include changes in the family structure, parenting children with behavioral disorders or problem behaviors, support for DCS and court-involved families, and domestic violence and abuse. In addition to the continuum of care and family-focused programs, a transitional living program will be available for moms and children. The transitional living program will be provided for pregnant, postpartum and parenting women with dependent children. Women involved with DCS shall be encouraged to live in the transitional housing while working to reunify with their children. Services of the on-site transitional living program include, but are not limited to: onsite peer support seven days a week, on-site nursing pediatric developmental specialist that follow families for two years post-discharge, parenting skills groups, relapse prevention, trauma-related support groups, lactation, nutrition, wellness consultation, employment and education support. Yearly, there will be

training that will focus on evidence based interventions that will be determined by the Task Force, State Agencies, and community, which includes DCS.

**Evidence-Based Programs (EBP):** The use of EBPs will be used to reduce disparities as they have been proven through controlled research studies to be effective for PPW who have a substance use disorder, including OUD. The designated behavioral health provider will include MAT services with FDA-approved medications for OUD treatment among pregnant women. In addition to MAT, other EBPs that will be used are EBPs geared toward trauma), counseling, etc. The EBPs will be geared toward the member, their dependent children and other family members involved in the treatment plan. The staff at CODAC will be trained on each of the EBP and will have regular meetings with their supervisors/coaches to ensure the EBP is being delivered to fidelity.

**Case Management Services:** Case Management is a vital service that leads to successful outcomes. During treatment all members will receive case management as a supportive service to enhance treatment goals and effectiveness. Activities at minimum would include, referral and applications for mainstream services (i.e. Medicaid, Food Stamps, Department of Economic Security services, etc); assistance in maintaining, monitoring covered services; interactions with person, family or other involved parties for the purpose of maintaining or enhancing a member's functioning; coordination of care with the members' behavioral and general medical and dental health care providers, community resources, etc.

**Delivery of Services:** The project approach includes developing a regional and local level collaboration team to streamline a multi-systemic centralized OTP for care coordination and service enhancements among PPW with SUD, including OUDs to accomplish the goals of the grant. Three activities are central to the flow process of the proposed model: (1) early identification; (2) navigation to a centralized OTP that will provide a myriad of integrated care services, including trauma-informed care; and (3) care coordination and case management for services outside of OTP, including wrap around services, residential services, other SUD treatment services, delivery and discharge processes and home-visiting after care.

To maximize coordination and integration among providers from treatment planning through service delivery, the Project Director at AHCCCS will convene several pre-implementation meetings with all entities involved to create a collaborative team approach that identifies clear key roles and responsibilities, as well as process flow between agencies. The Project Director develop implementation plans and protocols for delivering identification and outreach activities, integrated care, care coordination, and wrap around services that are consistent with the project goals and objectives. Once implementation begins, these meetings will be held on a monthly basis to identify successes and barriers in the implementation model, and to develop solutions to overcome any identified barriers. This would include at minimum behavioral health services, primary care, housing, child and family services, etc.

**HIV and Hepatitis Testing/Tobacco/Nicotine Program:** Upon initial assessment at the behavioral health provider, HIV and Hepatitis screening and testing will be administered while providing appropriate referral to services related to sexual health, primary care, and additional identified community resources and support. . Any member who is using nicotine will be referred to the 24/7 Arizona Smokers' Helpline (ASHline) to provide tobacco/nicotine cessation program to ensure clients have appropriate education on the risks of nicotine/tobacco use during pregnancy. ASHline also offer programs for women who are pregnant.

### B-3 Realistic Timeline for three year project

Key Activities	Responsible Staff	Aug-Nov	Nov-Feb	Feb-May	May-Aug	Aug-Nov	Nov-Feb	Feb-May	May-Aug	Aug-Nov	Nov-Feb	Feb-May	May-Aug
		Year 01				Year 02				Year 03			
Finalize Contracts with Lead Evaluator (LE) and AzCH-CCP	Grants Administrator (GA)	X											
Hire Project Director(PD)	GA	X											
Finalize Contract between AzCH-CCP and CODAC	GA, AzCH-CCP, CODAC	X											
Initial strategic planning session for required activities of the program	GA, PD, LE, AzCH-CCP, CODAC	X											
Finalize Evaluation Plan	GA, PD, LE	X											
Implement Evaluation Plan	GA, PD, LE, AzCH-CCP, CODAC		X										
Train provider staff on GPRA/data collection. Initial in Q1 and ongoing	GA, PD, LE, AzCH-CCP, CODAC	X											
Analyze CSAT GPRA Client Outcome Measures	LE		X	X	X	X	X	X	X	X	X	X	X
Submit Final Needs Assessment-90 days of NOA	GA, PD, LE	X											
Submit Final Strategic Plan 90 days of NOA	GA, PD, LE	X											
Begin Service Delivery (by month 4)	CODAC	X											
Monthly oversight meeting i.e Training needs, barriers, goals/objectives, etc	GA, PD, LE, AzCH-CCP, CODAC		X	X	X	X	X	X	X	X	X	X	X
Finalize Behavioral Health Disparities Impact Statement (no later than 60 days of award)	GA, PD, LE	X											
Performance Report due to SAMHSA (midpoint year 1, end of year 1, 2, and 3)	PD,LE, AzCH-CCP, CODAC		X		X				X				X

**C. Medication-Assisted Treatment (MAT):** Numerous years of research has shown that MAT in combination with a pro-psychosocial engagement, is the most effective intervention to treat individuals with OUD and is more effective than stand-alone interventions<sup>1</sup>. Further findings display that MAT significantly reduces illicit opioid use compared with nondrug approaches and indicates that increased access to MAT services can also reduce overdose fatalities<sup>2</sup>. In pregnancy, medication-assisted treatment is also seen as best practice due to the medication serving to stabilize the uterine environment, protecting

<sup>1</sup> ASAM Criteria <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria>

<sup>2</sup> Schwartz et al., (2013) "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995-2009," American Journal of Public Health 103, no. 5 (2013): 917-22, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670653>.

the fetus from the stress of repeated withdrawal<sup>3</sup>. The intended patient outcomes of MAT with either methadone or buprenorphine are similar to those sought in substance abuse treatment overall: decreased drug use, reduced criminal behavior, and improved social functioning. For pregnant women, improved maternal and neonatal outcomes are also a primary goal. Studies have displayed that MAT services significantly reduce the risk of preterm birth and when compared with outcomes of substance-using women who are not in treatment, it is clear that women receiving MAT benefit from lower infant mortality rates and promotes fetal stability<sup>4</sup>.

**Motivational Interviewing (MI):** MI is a semi directive, client-centered counseling style that elicits behavior change by helping clients explore and resolve ambivalence. It facilitates the development of the trusting relationship and the decision to make a change. Past research has supported that a brief motivational intervention delivered in a walk-in healthcare clinic by peer counselors was associated with improved abstinence rates and reductions in opioid and SUD<sup>5</sup>. Provider staff will use MI techniques to build rapport and engage individuals beginning during outreach and continuing throughout course of treatment.

**Adverse Childhood Experiences (ACEs):** ACEs are traumatic events occurring before age 18. ACEs include all types of abuse and neglect as well as parental mental illness, substance use, divorce, incarceration, and domestic violence. A landmark study in the 1990s found a significant relationship between the number of ACEs a person experienced and a variety of negative outcomes in adulthood, including poor physical and mental health, substance abuse, and risky behaviors.<sup>1</sup> The more ACEs experienced, the greater the risk for these outcomes. By definition, children in the child welfare system have suffered at least one ACE. Recent studies have shown that, in comparison to the general population, these children are far more likely to have experienced at least four ACEs

**American Society of Addiction Medicine Criteria (ASAM):** ASAM Criteria is an ongoing, multidimensional, person-centered, holistic treatment philosophy of care. The ASAM Criteria requires clinicians to effectively assess utilizing the criteria through assessment at individual's admission, service planning, treatment and discharge or transfer to higher or lower levels of care. Under the ASAM Criteria, an individual's care is delivered along a flexible continuum, tailored to the needs of the individual, and guided by a collaboratively developed treatment plan.<sup>6</sup> Utilizing The ASAM Criteria will allow the POF to feel engaged and that they have a voice in their treatment planning. At minimum, providers will utilize at time of intake and discharge, and any time an individual has a significant life event that could affect their treatment.

**Cognitive Behavioral Therapy (CBT):** To ensure a comprehensive MAT strategy that includes the use of EBP psychosocial approaches, the use of CBT will be endorsed as the psychosocial therapy of choice for all PPW with OUDs. This model of therapy helps individuals with OUDs and other SUD to recognize and challenge dysfunctional thoughts and behaviors that can lead to a relapse, including coping with cravings and cue exposures, relaxation training and social skill and problem solving skill training. CBT has been identified by the National Institutes of Health

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<sup>3</sup> Jarvis, M. A., & Schnoll, S. H. (1994). Methadone treatment during pregnancy. *Journal of Psychoactive Drugs*, 26, 155–161. <http://dx.doi.org/10.1080/02791072.1994.10472263>

<sup>4</sup> Shainker, S. A., Saia, K., & Lee-Parritz, A. (2012). Opioid addiction in pregnancy. *Obstetrical and Gynecological Survey*, 67, 817–825. <http://dx.doi.org/10.1097/OGX.0b013e3182788e8c>

<sup>5</sup> Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson, S., & Hingson, R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. *Drug and Alcohol Dependence*, 77, 49-59.

<sup>6</sup> ASAM Criteria <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria>

as the highest rated form of psychosocial therapy for efficacious OUD treatment and for increasing the effectiveness and adherence to opioid replacement therapy.<sup>7</sup>

**Trauma Recovery and Empowerment Model (TREM):** To enhance appropriate psychosocial approaches for PPW who have experienced trauma, the use of TREM will be endorsed as the trauma-informed therapy of choice for all PPW with OUDs. TREM is an evidence-based model that is delivered using a psycho-education and skills-building approach to increase the understanding of the associations among substance dependency, trauma, mental health disorders, and sexual risk behaviors. TREM has shown demonstrated efficacy for reducing trauma symptoms, psychological problems and the severity of problems related to substance use, including opioid use. Focusing on cognitive restructuring, psycho-education, and skills-training techniques, the gender-specific, group session modality occurs over 24-29 sessions and emphasizes the development of coping skills and social support. Additionally, this treatment model addresses both short- and long-term consequences of violent victimization, including mental health symptoms, posttraumatic stress disorder (PTSD) depression and substance abuse. TREM has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations.

**D-1** Arizona has a long history of implementing significant and innovative initiatives related to integration and care coordination in the provision of physical and behavioral health services. **AHCCCS** was founded in 1982 and is Arizona's Medicaid program, a federal health care program jointly funded by the federal and state governments for individuals and families who qualify based on income level. AHCCCS is built on a system of competition and choice, AHCCCS is a \$14 billion program that operates under an integrated managed care model, through a Research and Demonstration 1115 Waiver. Contracted health plans coordinate and pay for physical and behavioral health care services delivered by more than 80,000 health care providers to 1.9 million Arizonans. AHCCCS currently manages \$90 Million of federal grant funding. Some of the grants allocated are the Substance Abuse Block Grant (SABG), State Opioid Response (SOR), State Targeted Response (STR) Grant which serve the POF.

**Arizona Complete Health-Complete Care Plan (AzCH-CCP)** is the current Regional Behavioral Health Authority (RBHA) for Southern Arizona. As the RBHA, AzCH-CCP has four and a half years' experience providing integrated care for members determined to have behavioral health needs and administering a comprehensive network of services. The network includes community providers that offer behavioral and physical health care, peer- and family-run services, crisis intervention, mental health and substance use and suicide prevention. This network provides our members the services and support they need to reach their recovery goals. This includes being a recipient of Medicaid and grants funds such as SABG, SOR, STR that have an emphasis on serving the POF. Their roles and responsibilities will be to utilize their current network to ensure the POF is receiving the identified services in need. They will also hold the contract with CODAC and ensure the goals of the grant are being met or exceeded.

**CODAC** has been providing behavioral health services since 1970. CODAC has 8 service locations with over 275 staff and volunteers and serves more than 15,000 members and families each year. CODAC treats mental health, substance use, trauma, primary care and general wellness populations. In addition to our behavioral health care services, they offer primary care, allowing them to treat individuals' and families' whole health care needs. Their comprehensive services include 24/7 MAT clinic, residential, outpatient, and services geared toward behavioral

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<sup>7</sup> NIH: Evidence Based Psychosocial Interventions in Substance Use <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4031575/>

health services for female, male, kids and family, LGBTQI, etc. CODAC provides specialty care for women living with depression, anxiety, trauma and addiction. This includes support for postpartum depression and other mood disorders related to pregnancy and child-birth. Their uniquely experienced staff provides assessment, diagnosis and support for postpartum depression and perinatal mood disorders. CODAC also has a variety of treatment locations that serve women and men together as well as a specialty treatment program for women only. Their roles and responsibilities will include providing direct care services to the POF, completing the GPRAs, deliver EBPs to fidelity, and ensuring the needs of the POF are met.

**D-2 Project Director (PD):** A full time PD will be hired and report to the Grants Administrator (listed below). The PD's minimum qualifications will be a Bachelor's degree in a public health or related field; 3 years of project management; Extensive knowledge of the behavioral health field (including substance use, mental health and co-occurring); experienced in strategic planning, work plan development, and needs assessments; strong ability to effectively communicate orally and in writing; and professional experience within culture(s) and language(s) of AZ's most vulnerable populations, including the POF. The primary role of the PD will to provide oversight, planning, implementation and monitoring of multi-systemic grant activities to ensure compliance with the federal grant requirements

**Ms. Skurka** level of effort will vary and be charged to the "other AHCCCS personnel" allocation. Her role and responsibility will include oversight, planning, implementation and monitoring of the multi-systemic grant activities. Ms. Skurka is responsible for oversight of the grant unit; this grant would live and will also be the interim PD until an FTE is hired. Ms. Skurka holds a Masters of Social Work and has 20 years of experience working within the substance use treatment, recovery, and mental health field, both general mental health and individuals determined to have a Serious Mental Illness (including co-occurring) combined between a State and direct care level approach. Ms. Skurka is the current NASADAD National Treatment Network, but previously held the positions of Women's Service Network (WSN) and State Opioid Treatment Authority (SOTA). Ms. Skurka also has experience with familiarity with the different cultures and language that would occur within the POF.

**Lead Evaluator:** Dr. Jane Dowling will be responsible for leading the evaluation team from Wellington Consulting Group (WCG), Ltd. Dr. Dowling has been in the role of an evaluator for over 35 years and is the President/CEO, a research and evaluation firm. The firm has experience working with agencies within multiple states such as Arizona, New Mexico, Texas, etc and has experience with project related to the POF, such as evaluating projects for the Arizona Families First program for Arizona's DCS, multiple Drug Free Community Coalitions, multiple Substance Use Prevention programs, and treatment grants. The team has also worked with both pregnant and post-partum women in the evaluation of two SAMHSA-funded Project LAUNCH programs in Arizona and Texas, and the Tribal MIECHV program with the Navajo Nation and State MIECHV programs across Arizona. Staff also has on-the-ground experience providing parent education related to early childhood development, trauma, and screening to women enrolled in a PPW project in Texas. The firm's employees represent multiple races/ethnicities and are very familiar with the cultures found throughout Arizona. The firm also has the capacity to offer evaluation services in Spanish. The level of effort will depend on the state rate of WCG's state contract and the allowable funds allocated toward Data Collection and Evaluation. The team will be responsible for the overall evaluation activities ensuring completion of all required activities, deliverables and performance measure processes. Dr. Dowling and her team are committed to completing necessary evaluation tasks to make this project successful.

**E. Wellington Consulting Group, Ltd (WCG)** will be responsible for overall data collection, analysis and reporting. WCG has attended SAMHSA-sponsored training for the GPRA and has collected and entered GPRA data for SBIRT, CABHI and MAT-PDOA grants in Arizona. WCG will train project staff who will be conducting the GPRA, enter GPRA data into SPARS and will chair the project QI team. WCG will develop a web-based project portal to track administration of intake GPRA, 6-month follow-up and discharge, which will be monitored to ensure follow-ups are conducted within the window to achieve the target 6-month rate. If follow-ups are due and have not been conducted, the staff will be contacted to determine the reason(s) the follow-up was not conducted when due. The evaluator will analyze the GPRA data monthly providing AHCCCS with number of intakes, follow-ups, and discharges. An infographic will be compiled monthly to include key GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness. The infographics will be sent to AHCCCS and shared with the providers. In addition, impact and outcome measures tied to the indicated objectives under the goals of increasing outreach, education, screening and assessment and increasing access to and retention in integrated MAT, prenatal care and recovery support services will be implemented and the results tracked through the web-based report portal and added to the infographic on a quarterly basis. Frequency analysis and descriptive statistics will be utilized to confirm patterns associated with certain risk and protective factors. Frequency analysis will be used to provide demographic information. Providers will complete a web-based Monthly Process Narrative. The report will be reviewed by the evaluator and AHCCCS in order to identify any QI issues that need to be addressed with a focus on disparities in access/use/outcomes; any issues identified will be addressed in a timely manner. Content analysis of monthly process narratives will be utilized to identify characteristics of recruitment/retention plans, factors that facilitate /hinder implementation, and challenges and barriers experienced and resolutions. This report will be used to identify effective recruitment/ retention, program implementation and the impact the project is having on behavioral health disparities. WCG will compile data from these reports and client-level data for the monthly provider meetings and will assist in the compilation of the midpoint and annual reports on the progress and performance on achieving the goals and objectives. GPRA data will be collected through face-to-face interviews. Data will also be collected following education/consultation with participants using a paper or web-based post only survey to measure increase in participant knowledge and understanding of adverse effects of substance use. Tracking logs will be built into the web-based project portal to track screenings, enrollments, service delivery, referrals, SUD/ODU education/consultation provided, discharge status and will be reviewed by the evaluator daily. The tracking logs will enable the evaluator to alert the Project Team to gaps in the provision of services and collection of performance data and enable a correction to be implemented. The evaluator will finalize the outcome evaluation plan within two months of the project start date. The plan will include the following outcome questions: 1) the effect of the intervention on outcome goals/performance measures, 2) program/ contextual/ cultural/linguistic factors associated with outcomes, 3) individual factors associated with outcomes, including race/ethnicity/sexual orientation/gender identity, 4) durable effects, and 5) efficacy at 6-month follow-up and discharge. Four sets of analyses will be used with the data to examine the relationships among participant demographics, program characteristics, and the desired outcomes: increased outreach, engagement, screening and assessment, expanded infrastructure/capacity, increased accessibility and retention, and ongoing family-based services.