

Abstract

The overarching goal of the Arizona State Opioid Response project is to reduce the prevalence of stimulant and opioid related overdose and mortality throughout Arizona. The agency’s project design includes collaborating with local, regional, Tribal, and statewide partners to provide (and reduce barriers to accessing) a comprehensive continuum of care spanning from education and prevention to the treatment and recovery of opiate use and stimulant use disorders (OUD and StUD), including the reversal of opioid related overdose. AHCCCS will be achieve this by increasing access to U.S. Food and Drug Administration (FDA)-approved medication for the treatment of opioid use disorder (MOUD); by implementing and supporting the continuum of evidence-based prevention, treatment, recovery support services for OUD, stimulant use disorder and other concurrent substance use and/or mental health disorders. The primary population of focus for the Arizona State Opioid Response proposal are individuals who are actively using opioids and stimulants; transition-aged youth; individuals who are at risk for opioid overdose or misuse; individuals who are in recovery; youth who are struggling with social pressures related to stimulant/opioid use (with a focus on fentanyl); community members and patients (including youth and parents) who are unaware of the risks of opiate/opioid/stimulant misuse and abuse; and, prescribers. Additional populations that will receive targeted programming are veterans and military families; pregnant women and parents living with an OUD - particularly those who are involved with the court system or Department of Child Safety; individuals who are reentering the community after having been in detention/correctional facilities; individuals who are living with a spinal cord injury, brain injury, and those who have chronic pain; individuals who have experienced toxic stress and Adverse Childhood Experiences (ACEs); and, individuals who are impacted by social determinants of health including, but not limited to, food and housing insecurities. Prevention programming will be provided for 2,000,000 unduplicated individuals for each of the three years, for a total of 6,000,000 unduplicated individuals receiving prevention programming during the entirety of the grant. Treatment and recovery services will reach 6,000 people during year one, 8,000 in year two and 7,245 in year three, for a total of 21,245 unduplicated individuals reached. Of the individuals targeted to receive treatment and recovery support services, 9,500 will complete the CSAT GPRA tool (3,000 intakes in year one, 3,500 intakes in year two, and 3,000 intakes in year three).

Number of Unduplicated Individuals to be Served with Grant Funds

	Year 1	Year 2	Year 3	Total
Treatment and Recovery Services	6,000	8,000	7,245	21,245
Prevention Services	2,000,000	2,000,000	2,000,000	6,000,000
GPRA/SPARS Target	3,000	3,500	3,000	9,500