COVID-19 Behavioral Health Task Force

July 22, 2022

AHCCCS
Arizona Health Care Cost Containment System

COVID-19 Behavioral Health Task Force Agenda

- Welcome: Dr. Sara Salek

- PHE Updates: Dana Flannery

- Request for Proposal for SMI Determinations - SED: Dana Flannery

- Arizona PAX Initiative: Jeanette Puskas

- ADHS Opioid Dashboard: Sheila Sjolander

- ADHS Suicide Prevention Plan: Joshua Stegemeyer

- AHCCCS Update - Efforts to Address Opioid Epidemic: Alisa Randall

- Task Force Discussion: All

- Questions, Open Discussion & Wrap-Up: All

Public Health Emergency

Dana Flannery

AHCCCS Enrollment: March 2020- July 2022

Up 542,561 (28.8% increase)
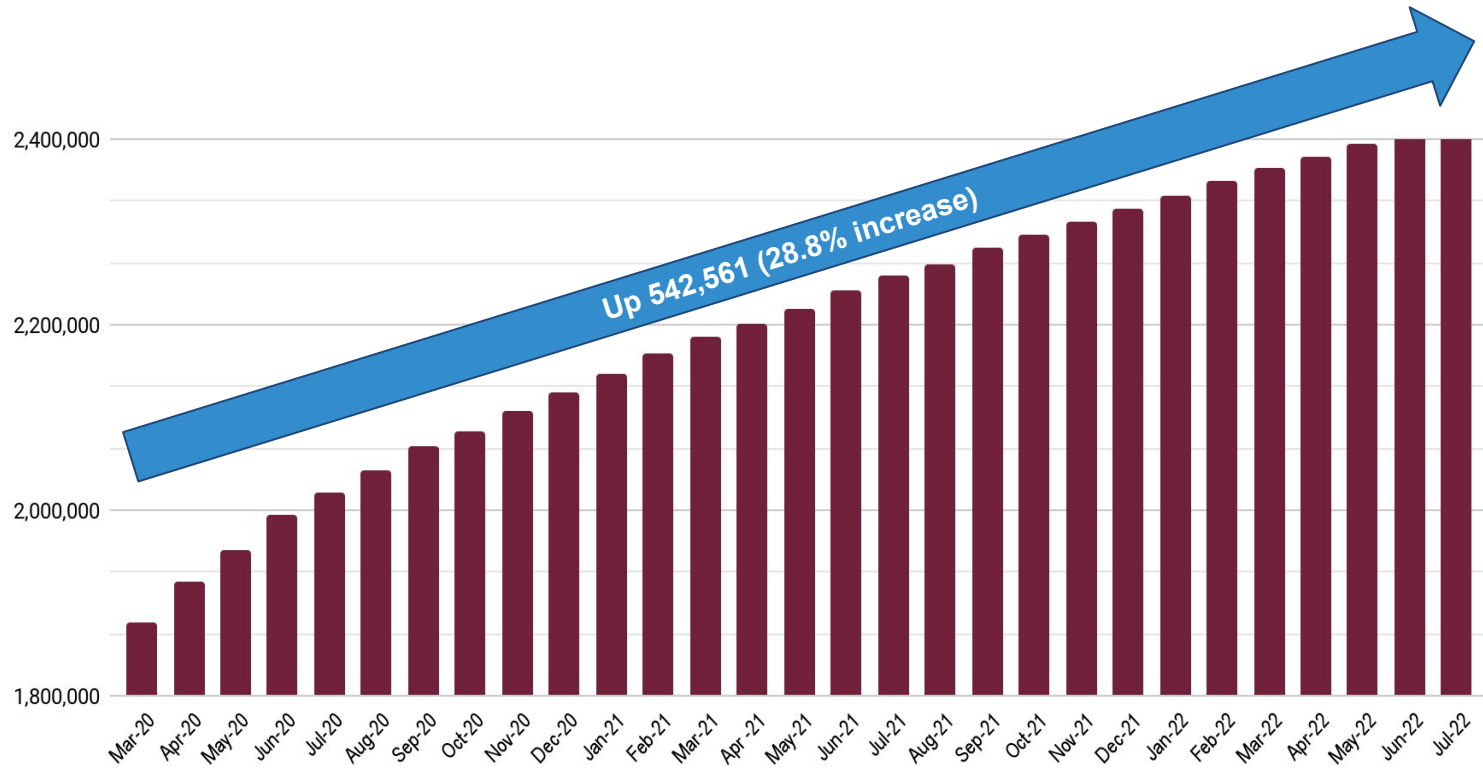
PHE Renewed - Effective July 15, 2022

11/1/22
Expiration of the Maintenance of Effort Requirement/ Initiation of Processing Redeterminations

Continuous Enrollment

6.2% FMAP

PHE

1/21/21 HHS PHE Renewed	**4/21/21** HHS PHE Renewed	**6/20/21** HHS PHE Renewed	**10/18/21** HHS PHE Renewed	**1/16/22** HHS PHE Renewed	**4/16/22** HHS PHE Renewed	**7/16/22** HHS PHE Renewed	**10/13/22** PHE Ends
Flexibilities, enhanced match and MOE continue	Flexibilities, enhanced match and MOE continue	Flexibilities, enhanced match and MOE continue	Flexibilities, enhanced match and MOE continue	Flexibilities, enhanced match and MOE continue	Flexibilities, enhanced match and MOE continue	Flexibilities, enhanced match and MOE continue	

12/31/22
Expiration of the Enhanced Federal Match

*AHCCCS has not yet received indication from CMS on whether the federally declared PHE will extend beyond 10/13/1022.
**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE (August 14, 2022).

Unwinding Strategies

- Renewals continued through PHE
- Approximately 600,000 members "COVID override"
  - Did not complete renewal or were non-compliant with providing information
  - Shown to be ineligible
- Estimate that it will take 12 months to complete redeterminations
- Hybrid approach
  - Process "ineligible" before "noncompliant"
  - Within these groups process "oldest to newest"
- Distributing Added Workload
  - Adjust volume of post-PHE redetermination batches based on regular renewals due
  - Align redetermination and renewal actions at household level

Unwinding Strategies

- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options
  - AHCCCS supplying files
    - members with upcoming renewal dates
    - members who may be factually ineligible
    - members who were non-responsive with supplying documentation to complete renewal
  - MCO Files include homeless indicator, age, address, phone number, email address, language preference
- MCOs will also be helping with outreach to members where we received returned mail

Unwinding Strategies

- Robocall campaign
- Letter campaign
- AHCCCS Call Center On Hold messages
- Text message campaign (English & Spanish)
- Website took kits, fliers, and FAQs
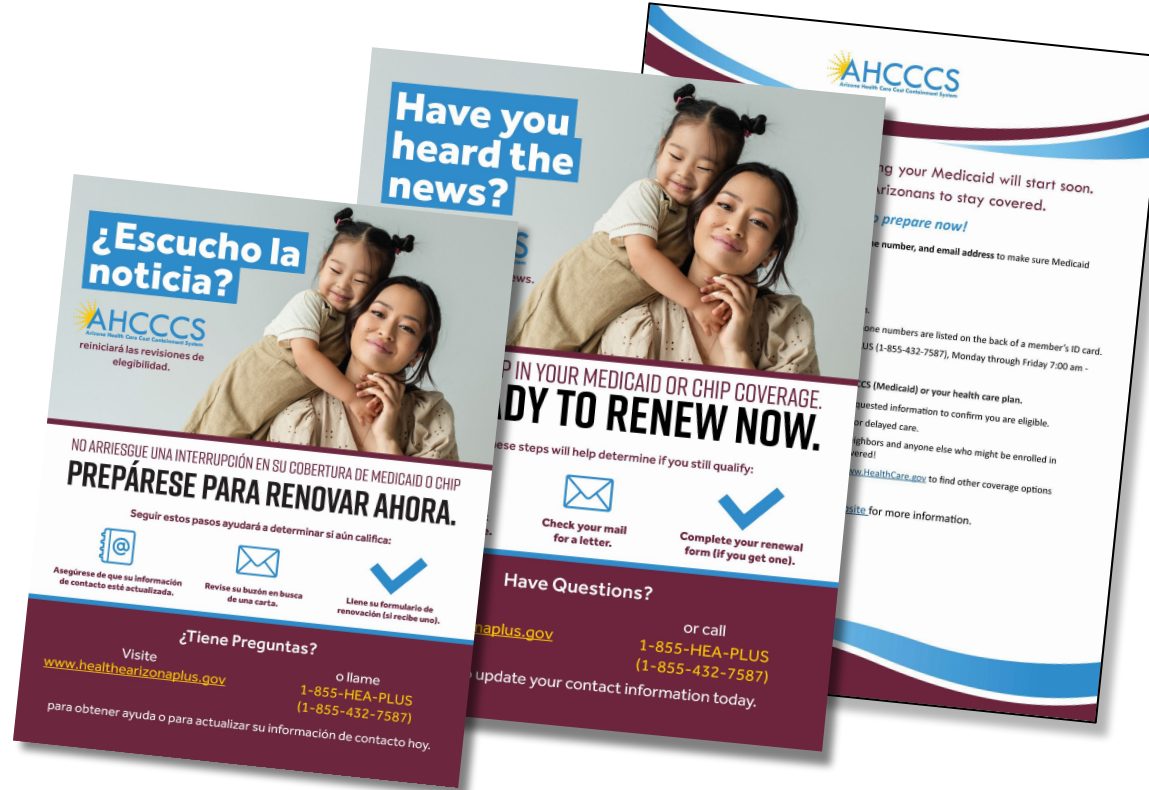
Serious Mental Illness (SMI) Eligibility Determinations Request for Proposal (RFP)

Dana Flannery, Senior Policy Advisor & Assistant Director, Division of Community Advocacy and Intergovernmental Relations (DCAIR)

Purpose

- AHCCCS is conducting a new procurement for a statewide vendor to conduct

  o Eligibility determinations for Arizonans who may have a SMI for:

    o Individuals 18 or older who request or consent to a determination

    o Individuals 17.5 who are currently receiving behavioral health services in preparation for behavioral health services as an adult

    o Individuals ordered to undergo a determination by/through a Superior Court in Arizona

  o Clinical decertifications for individuals with an SMI designation

- The current vendor is Solari Crisis & Human Services, Inc. (previously called Crisis Response Network)

  o Contract January 1, 2019 - September 30, 2023

Purpose

- Maintain and improve the standardized processes in place to determine SMI eligibility to ensure that individuals who may be eligible for an SMI designation are promptly identified and enrolled for services

- Ensure SMI eligibility criteria obtained through a behavioral health referral is applied consistently

Current Contract Responsibilities

Overview of Current Responsibilities

- Vendor responsibilities include but are not limited to:
    - Maintaining a web-based application for health plan and provider use for submittal of evaluation packet information
    - Rendering SMI Eligibility Determinations within specified timeframes
    - Reviewing SMI Clinical Decertification requests and rendering a determination within timeframes
        - [AMPM Policy 320-P Serious Mental Illness Eligibility Determination](#)
            - Attachment A, Serious Mental Illness Eligibility Determination Form
            - Attachment B, Serious Mental Illness Qualifying Diagnosis
            - Attachment C, Administrative Serious Mental Illness Decertification Form
    - Reporting SMI Eligibility Determination information to the AHCCCS SMI Web Portal
    - Providing training and education to stakeholders and community members
    - Grievance resolution and SMI Eligibility Determination Appeals

Overview of Current Responsibilities

- Collaborating with AHCCCS and a qualifying Health Information Exchange (HIE) Organization to target efforts to specific areas where Health Information Technology (HIT) and HIE can bring significant change and progress as identified
    - The HIE connects the electronic health record (EHR) systems of providers and clinicians allowing them to securely share patient information and better coordinate care
    - In Arizona, Medicaid Health Plans and providers use Health Current, a health information exchange organization (HIO) to securely share patient information

Stakeholder Input
Proposed Addition of SED Eligibility Determinations

Individuals Who May Have a Serious Emotional Disturbance (SED)

- AHCCCS is evaluating the benefits and limitations of incorporating a Serious Emotional Disturbance (SED) eligibility determination for youth up to the age of 18 similar to the SMI determination process into this procurement

- AHCCCS may expand the responsibility of the vendor to include eligibility determinations for individuals who may have an SED

Individuals Who May Have a Serious Emotional Disturbance (SED)

Designation definition applies to:

- Individuals from birth until the age of 18 who:
  - Currently, or at any time during the past year, have met criteria for a mental disorder, **and**
  - Display functional impairment that substantially interferes with or limits their role or functioning in family, school, employment, relationships, or community activities.

SED Eligibility Determinations - Current Practice

- A member's provider is responsible for making the SED determination
- Criteria varies across geographic service areas though is based on AHCCCS definition of SED
  - No standardized criteria established across the different regions of the state, problematic especially for Non-RBHA plans' membership
  - Funding dedicated to SED population can be spent differently
  - Children who may qualify for additional grant funded services could be missed

SED Eligibility Determinations - Current Practice

- Current practice for SED designation varies across the state
- The decision of SED eligibility is largely the responsibility of the clinician completing the evaluation
- SED designated children are a population with special health care needs, and can receive additional services (those not covered through Title XIX funding) through the Mental Health Block Grant (MHBG)
- See MHBG FAQ document

Proposed Addition of SED Eligibility Determinations

- Provides standardized criteria and definition for SED designation
- Allows for clinicians to follow a similar process to what currently exists for SMI eligibility determinations
- Allows final designation to be made by the determining entity
- Creates a method to track service and member needs, as well as use of MHBG funding more accurately
- Creates consistency in application of eligibility process statewide

AHCCCS is Seeking Stakeholder Feedback

- What is your experience with the current SED process and your recommendations regarding the adoption of an SED determination process?
- What should AHCCCS be considering as part of this proposal?
- How can the SED eligibility determination process be improved:
  - For applicants and providers?
  - Through education and training for health plans, providers, and the community?
  - Regarding eligibility grievance and appeal processes?
  - Through collaboration with other entities/organizations, such as, Tribal Liaisons, IHS-638 facilitates, and the Justice System?
  - Regarding exchange of behavioral health assessments with the vendor?

Anticipated RFP Timeline

SMI ELIGIBILITY DETERMINATION RFP	
ISSUE RFP	October 5, 2022
RFP VENDOR QUESTIONS DUE from Prospective Offerors (by 5:00 p.m. Arizona Time)	October 14, 2022
VENDOR PROPOSALS DUE (by 3:00 p.m. Arizona Time)	December 6, 2022
AWARD	March 7, 2023
IMPLEMENTATION/EFFECTIVE DATE	October 1, 2023

How to Stay updated on the RFP

- RFP Bidders' Library

  - Visit to obtain RFP Information: [YH23-0001 – SMI Eligibility Determination RFP - BIDDERS' LIBRARY (azahcccs.gov)](#)

- Email notifications

  - Sign up to receive updates: [SMI Eligibility Determination](#) [RFP](#)

How to Submit Feedback

- Stakeholders may submit feedback via email to: SMIRFP-Feedback@azahcccs.gov

- Feedback timeframe extended; feedback will be accepted until **July 31, 2022, 5:00 p.m. MST**

Arizona PAX Initiative

Jeanette Puskas

Welcome to PAX Arizona!

PAX creates a shared approach across systems

2022
PAX Summit

2022 Community-based PAX Trainings for Arizona!

Fully-funded by:

AHCCCS
Arizona Health Care Cost Containment System

paxtools
for Human Services

paxtools
Self-paced Training for Youth Workers

Register!
paxarizona.org

Questions?
paxarizona@paxis.org

paxtools
for Community Educators

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Good Behavior Game

2022
PAX Summit

PAX Tools utilizes Evidence-based Kernels to teach **self-regulation** and **positive behavior** as a skill set.

Caring adults implement **PAX Tools Strategies** during typical interactions with young people at home and in community settings.

PAX Tools are …

research-based

trauma-informed

culturally-responsive

2022
PAX Summit

- Provides research-based, trauma-informed behavioral health strategies for **youth-serving professionals**.

- Ensures and operationalizes a trauma-informed approach for agencies and individuals who work with youth.

- Includes strategies for **professionals** to use with youth in their practice or setting, and steps for **guiding caregivers** in utilizing selected strategies with children at home.

Who can implement PAX Tools for Human Services?

o Behavioral Health Professionals

o Before/After-School Staff

o Case Management

o Childcare Providers

o Child Welfare

o Faith Based Staff / Volunteers

o Juvenile Justice workers

o Out-of-schooltime Staff

o Social Workers

o Youth Workers

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Arizona
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2022
PAX Summit

pax tools™
Self-paced Training for Youth Workers

- Provides research-based, trauma-informed behavioral health strategies for **youth workers**.

- Ensures and operationalizes a trauma-informed approach for agencies and individuals who work with youth.

- Includes strategies for **youth workers** to use with children in their out-of-schooltime setting.

- Self-paced online training

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2022 PAX Summit

Who should complete PAX Tools Self-Paced Training for Youth Workers?

- Camp Counselors
- Part-time Staff
- Recreational Staff
- Seasonal Staff
- Volunteers
- Youth-development Professionals
- Youth Mentors
- and more!

2022
PAX Summit

pax tools

for Community Educators

- Provides research-based, trauma-informed behavioral health strategies for **parents and caregivers**.

- Ensures and operationalizes a trauma-informed approach for agencies and individuals who work with youth.

- Includes strategies for **professionals** to use with youth in their practice or setting, and steps for **guiding caregivers** in utilizing selected strategies with children at home.

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2022 PAX Summit

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PAX = Peace • Productivity • Health • Happiness

Authors:

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Erin Roepcke, MSW
Dennis Embry, Ph.D.

1st Edition, 1st Printing

The community companion to

pax Good Behavior Game

helping all kids thrive.

Who should become a Certified PAX Tools Community Educator?

- Parent Educators
- Health Educators
- Prevention Educators
- Extension Educators
- Volunteer Coordinators
- Foster Care and Respite Providers
- Faith-Based Youth Workers/Volunteers

2022
PAX Summit

Those who attended training reported overwhelmingly positive feedback

- **85% felt confident** implementing PAX the very next day

- **97%** reported PAX **will be helpful** in supporting the children they work with

- **96%** left training **really clear** on the strategies presented

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2022 PAX Summit

Feedback from Sunshine House Staff

"I thought the training was informative. I think it helps staff see the difference in the kids and that not all kids can be managed the same way"

"I have attended other trauma trainings and I can say I really enjoyed this one the most. I like the idea of getting the kids involved in most of the decision making"

"This training should help all of our staff stay on the same page which will make for a better working environment"

"We have started to use sticks as a way to lesson arguments about who will shower first, or set the table, or where to sit in the van. The children seem to like this process as they don't see it as a staff showing favoritism"

"Prior to attending the PAX training, I sometimes struggled with calming behaviors down but the strategies and ideas within PAX has given me a renewed confidence that I can accomplish my goal of maintaining order without shaming the child in the process"

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2022 PAX Summit

Community-based PAX Trainings for Arizona!

Fully-funded by:

AHCCCS
Arizona Health Care Cost Containment System

pax tools for Human Services

pax tools Self-paced Training for Youth Workers

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2022
PAX Summit

ADHS Suicide Prevention Plan & Opioid Dashboard

Sheila Sjolander & Joshua Stegemeyer

AHCCCS
Arizona Health Care Cost Containment System

An ADHS Update on
Opioid & Suicide Data Trends

July 22, 2022

Sheila Sjolander, Assistant Director, Prevention Services

ARIZONA DEPARTMENT
OF HEALTH SERVICES

More than **5 Arizonans a day** died from opioids in 2021

Opioid deaths in Arizona by year, All Years
Data may not be complete for the last 4 months

Year	Deaths
2017	923
2018	1,116
2019	1,294
2020	1,886
2021	2,006

ADHS Opioid Dashboard: https://www.azdhs.gov/opioid/index.php#dashboards-nonfatal-overdoses
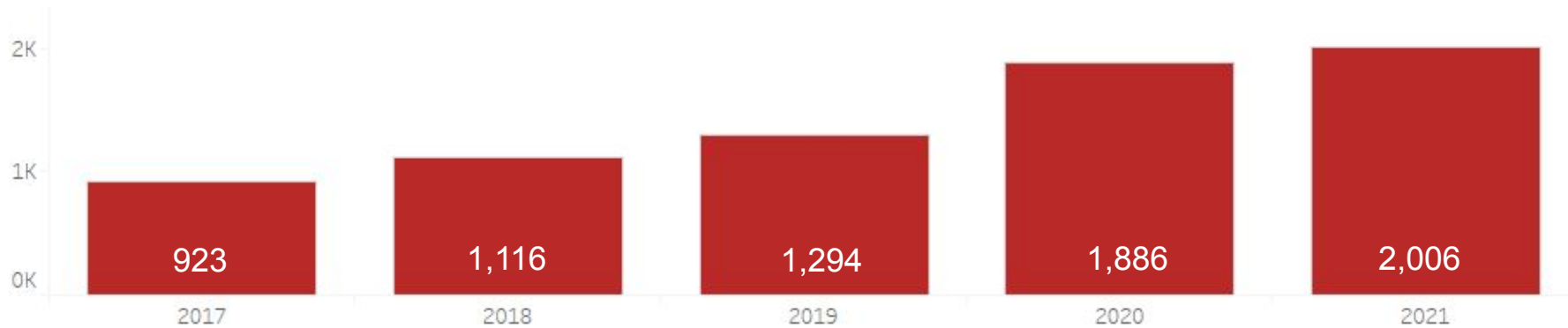
In 2022, 81% of opioid deaths involved <u>multiple drugs</u>; increasing trend

Year	Deaths	% increase
2017	793	
2018	959	21%
2019	1,085	13%
2020	1,465	35%
2021	1,644	12%

In 2022, 96% of opioid deaths involved <u>Rx/Synthetic drugs</u>; Increasing trend

Year over year percent increase

Year	Deaths	% increase
2017	591	
2018	764	29%
2019	1,023	34%
2020	1,669	63%
2021	1,894	13%
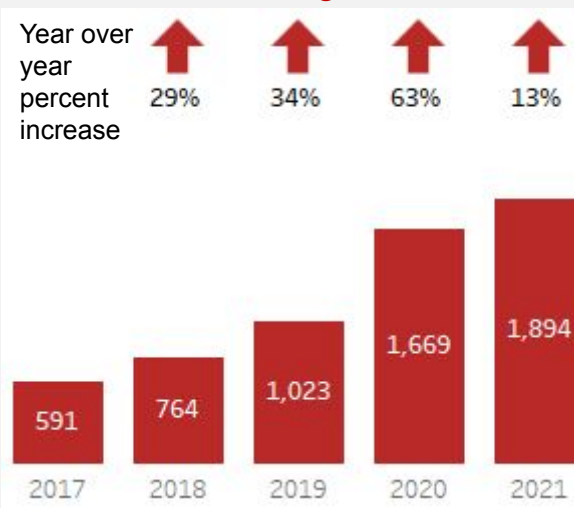
In 2022, 4% of opioid deaths involved <u>Heroin</u>; Decreasing trend

Year	Deaths	% change
2017	331	
2018	352	6%
2019	271	-23%
2020	217	-20%
2021	112	-48%
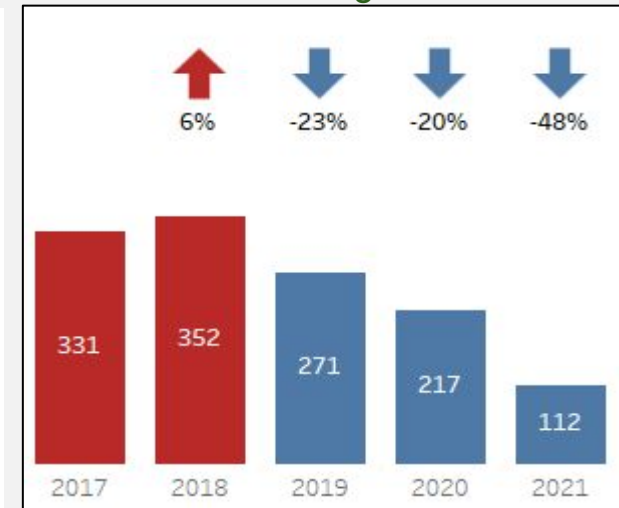
The total number of opioid overdose deaths may be leveling off

Confirmed Opioid Deaths, 2017-2022 (4 Month Lag)

Rolling 12 Month Avg
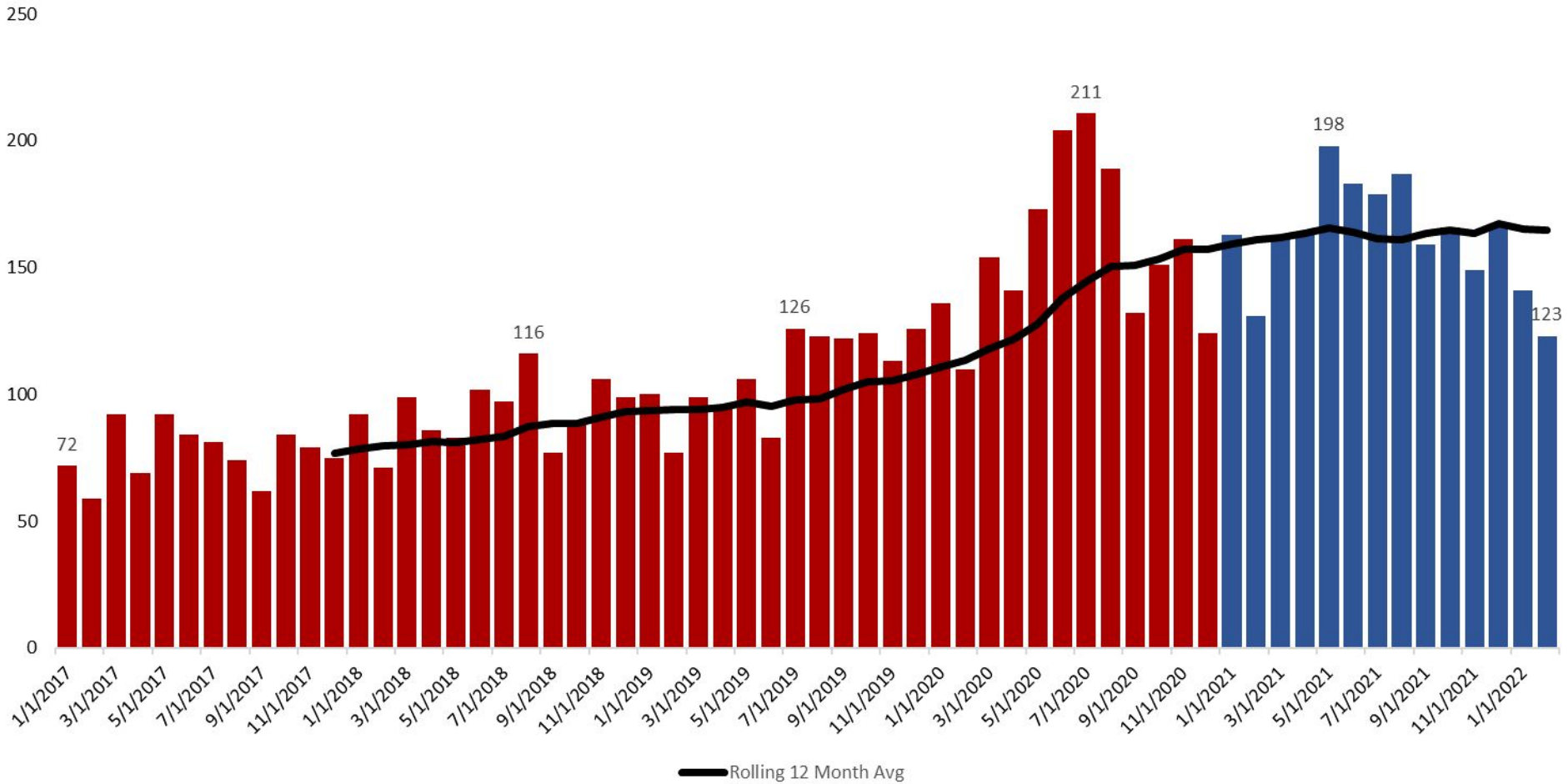
CDC 12 Month-ending Provisional Drug Overdoses

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Arizona
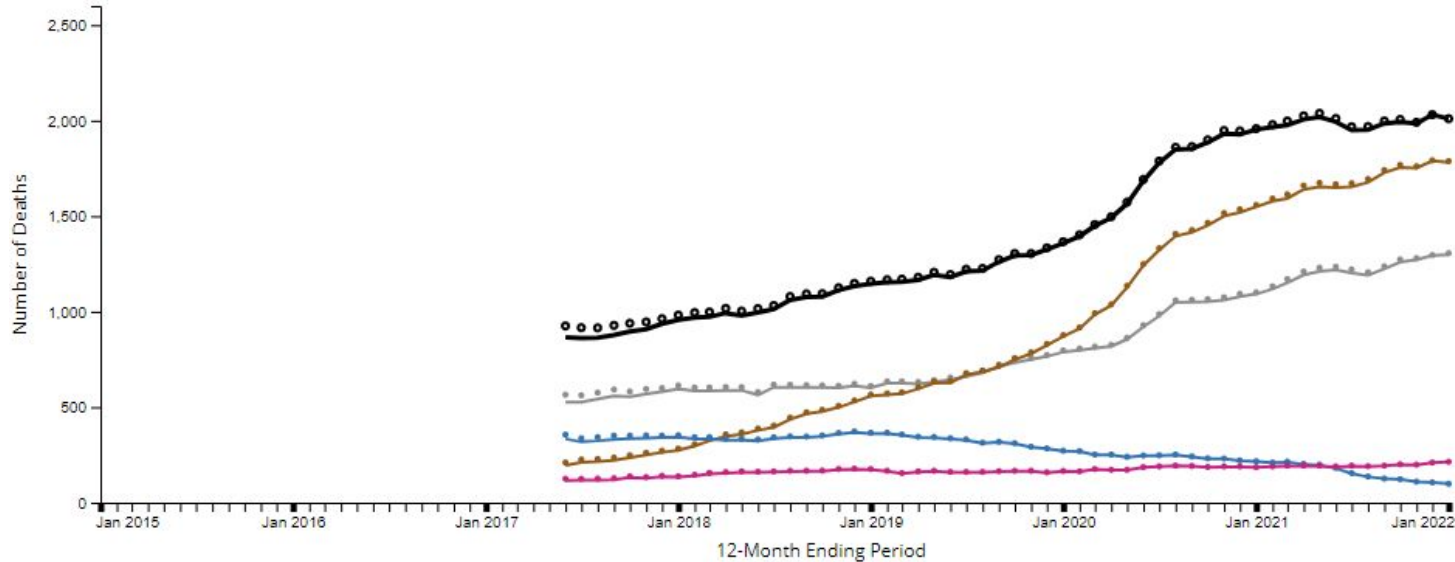
As of Jan 2022:

2,010 deaths involving opioids

1,298 deaths involving psychostimulants

In prior 12 months

Legend for Drug or Drug Class

Cocaine (T40.5)
Heroin (T40.1)
Opioids (T40.0-T40.4,T40.6)
Psychostimulants with abuse potential (T43.6)
Synthetic opioids, excl. methadone (T40.4)
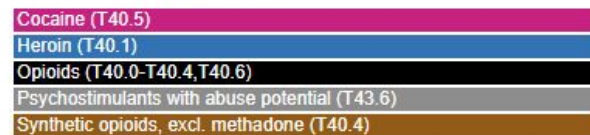
---- Reported Value

O Predicted Value

Total Number of Reported Overdose Deaths in Past 12 Months in Arizona
- Jan 2020: 2,311
- Jan 2021: 3,230
- Jan 2022: 3,521

Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

More than 9 Arizonans a day had a non-fatal opioid overdose in 2021

Verified non-fatal opioid overdose events in Arizona by Year, All Years

1,596	3,224	3,497	3,988	3,557
2017	2018	2019	2020	2021

ADHS Opioid Dashboard: https://www.azdhs.gov/opioid/index.php#dashboards-nonfatal-overdoses
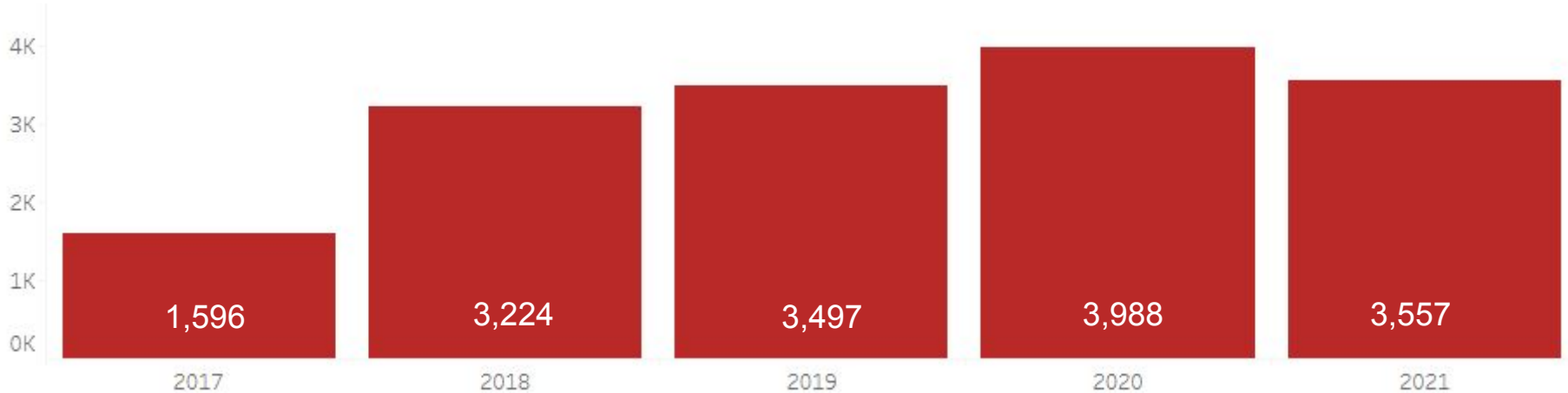
In 2022, 53% of non-fatal opioid events involved fentanyl;
level trend
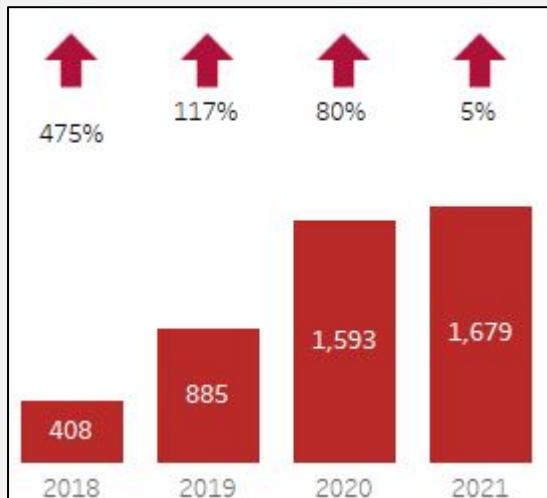
In 2022, 26% of non-fatal opioid events involved Meth/Amphetamine;
increasing trend
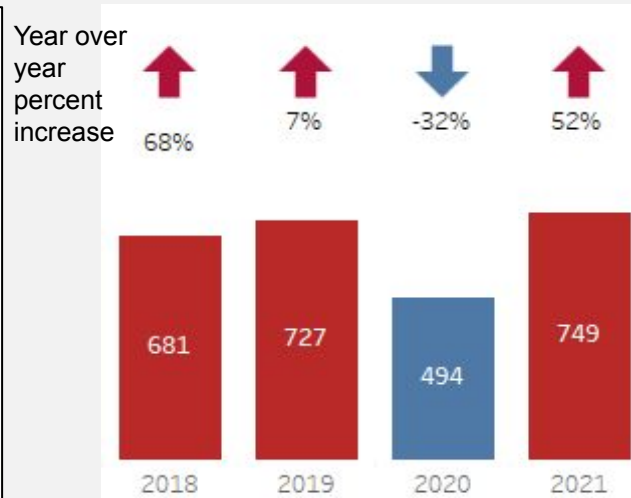
In 2022, 5% of non-fatal opioid deaths involved Cocaine;
Increasing trend

475%   117%   80%   5%

408   885   1,593   1,679

2018   2019   2020   2021

Year over year percent increase

68%   7%   -32%   52%

681   727   494   749

2018   2019   2020   2021

91%   -9%   -31%   29%

201   182   126   162

2018   2019   2020   2021
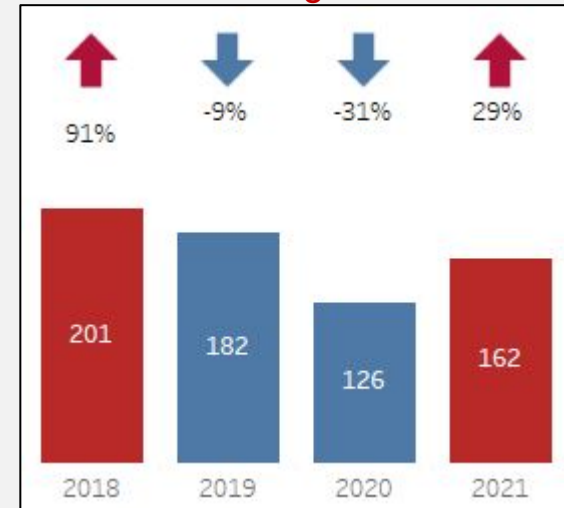
The total number of <u>non-fatal opioid overdose events</u> decreased from 2020 to 2021

Non-Fatal Opioid Overdose Events, 2018-2022 (30 Day Delay)

Rolling 12 Month Avg

Data Source: MEDSIS
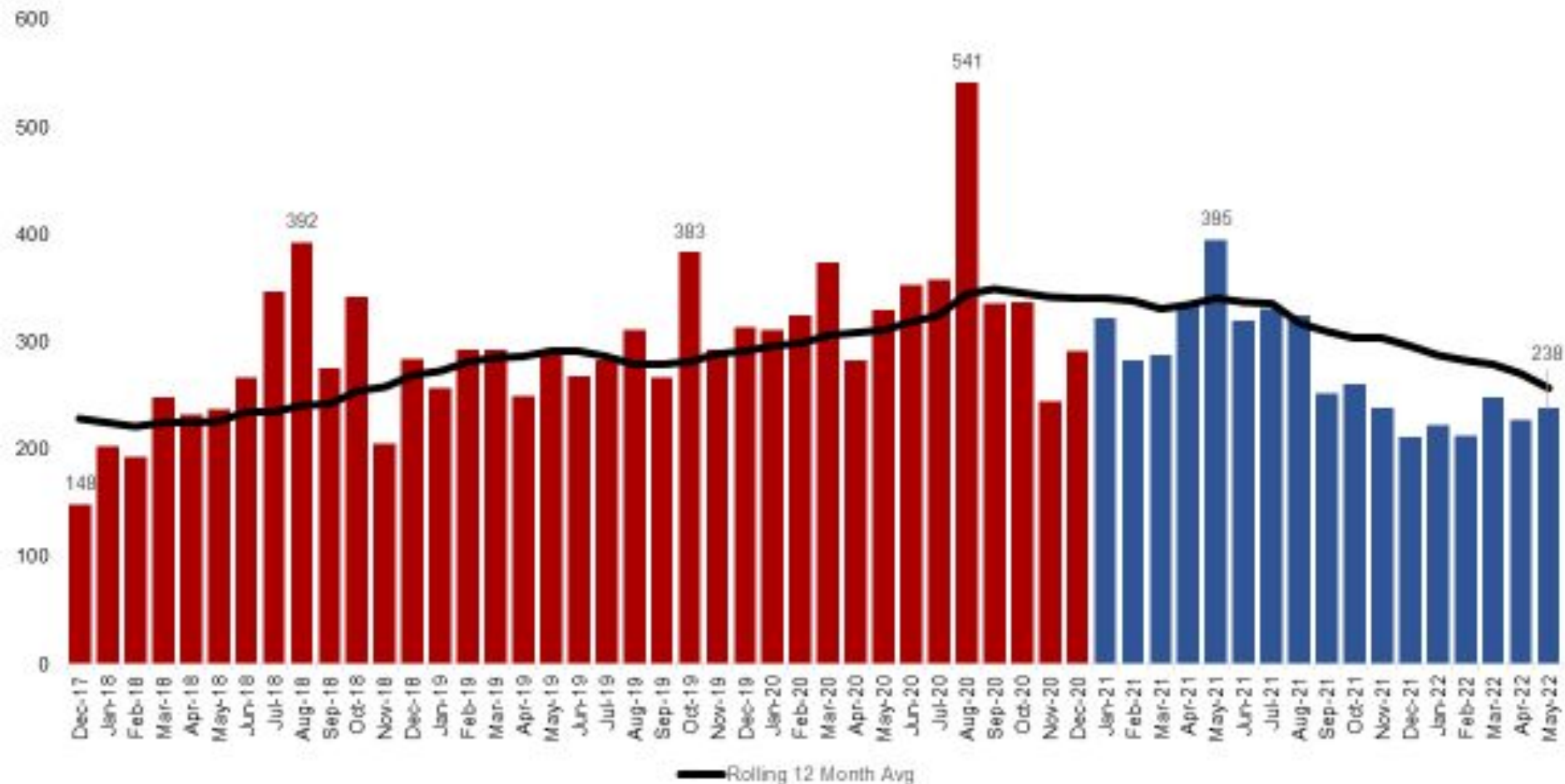
The rate of <u>opioid deaths</u> per 100,000 residents was <u>higher</u> in 2021 than in 2020 for Gila, Pima, Graham, Maricopa, Apache, Pinal, and Mohave counties.

The highest rates are in Gila, Pima, Graham, and Maricopa counties.

2020

15.9 20.0 19.3
28.8
*
27.8 18.1
17.7 * *
*
29.3 22.0

2021

19.6 19.3 26.2
25.0
* 34.4
28.8 21.6 31.0 *
6.4
33.1 12.1

ADHS Opioid Dashboard: https://www.azdhs.gov/opioid/index.php#dashboards-nonfatal-overdoses
Data Source: Arizona Vital Statistics, Death Certificates
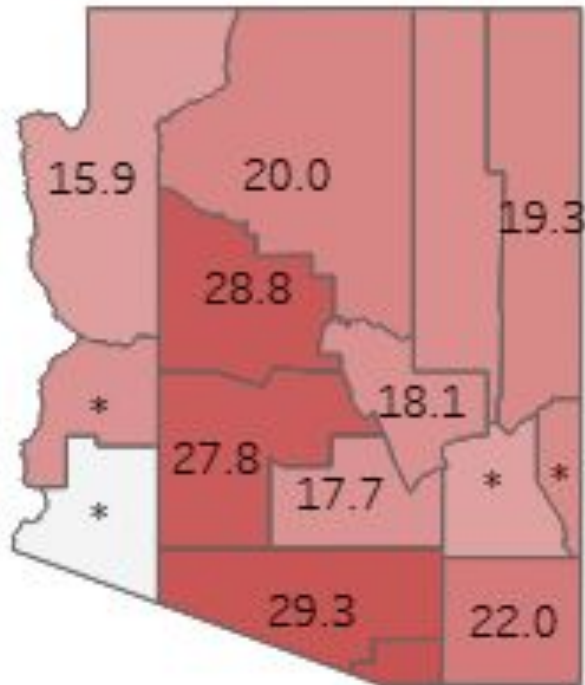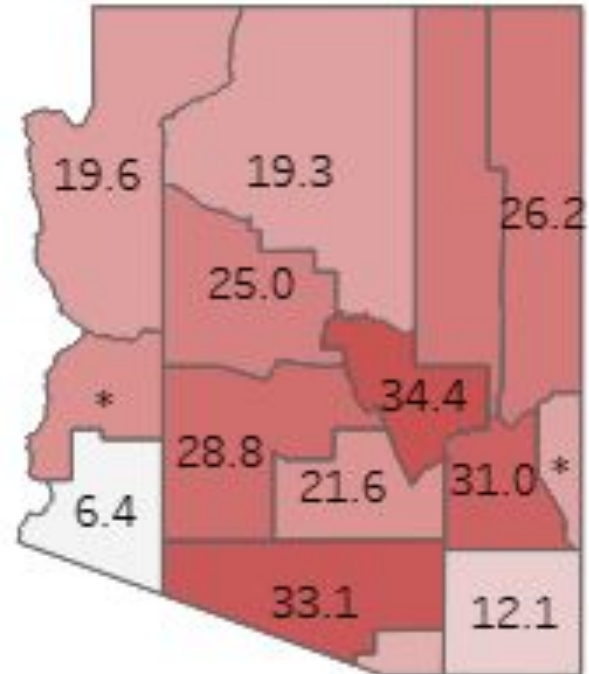
In 2021, two-thirds of <u>opioid deaths</u> were among people aged 25-54.

The highest rate of fatalities occurred among 25-34 year-olds (60 per 100,000 population).

Age	Percentage
0-17	2.3%
18-24	11.8%
25-34	30.4%
35-44	24.0%
45-54	15.4%
55-64	11.6%
65+	4.5%
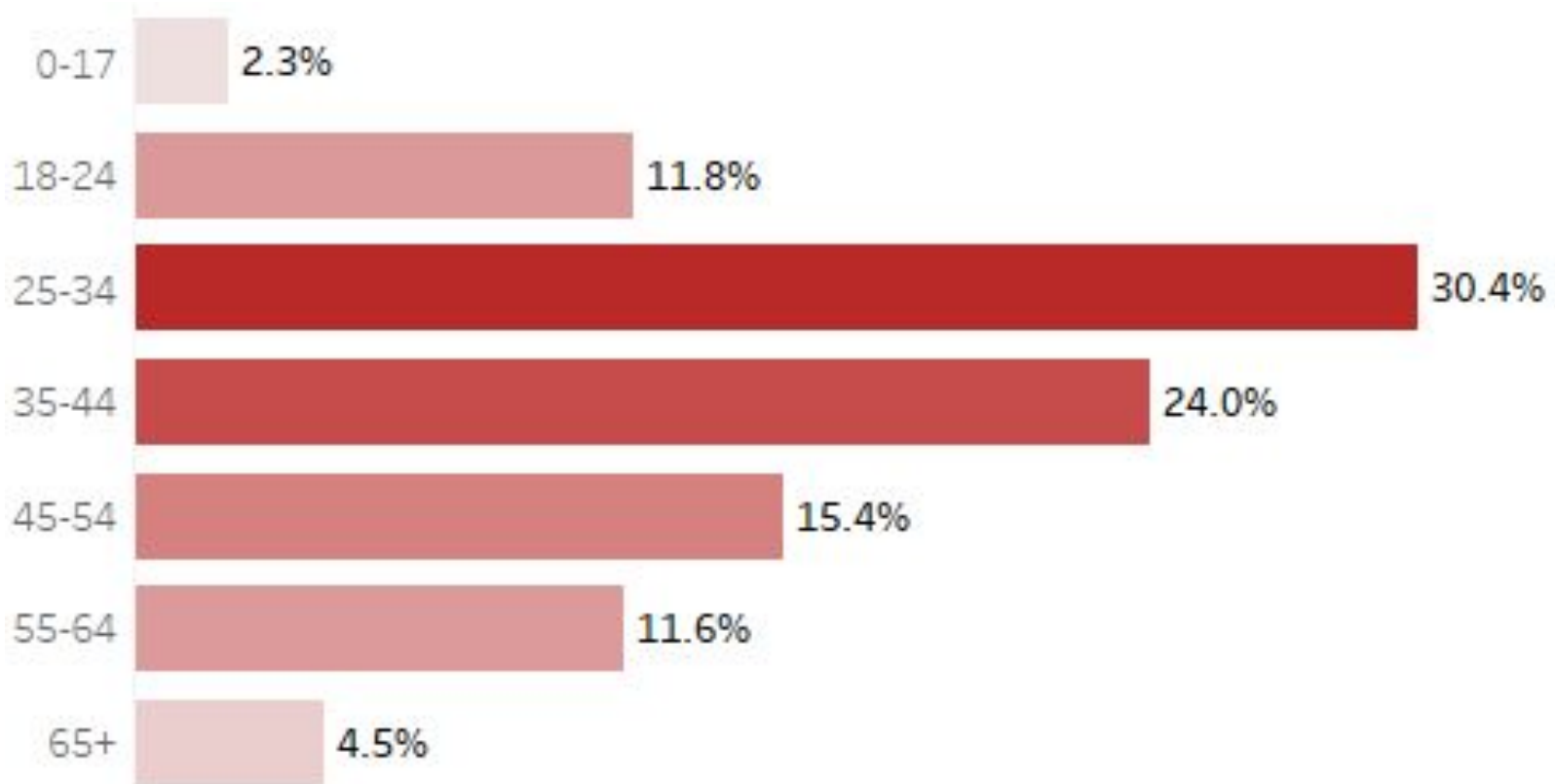
In 2021, White, non-Hispanic individuals accounted for 52% of <u>opioid deaths</u>.

The highest rate of fatalities occurred among Black or African American persons (43 per 100,000 population).

White	52.0%
Hispanic or Latino	31.5%
Black or African American	7.8%
American Indian or Alaska Native	2.4%
Other Race	0.5%
Asian or Pacific Islander	*
Unknown	5.2%
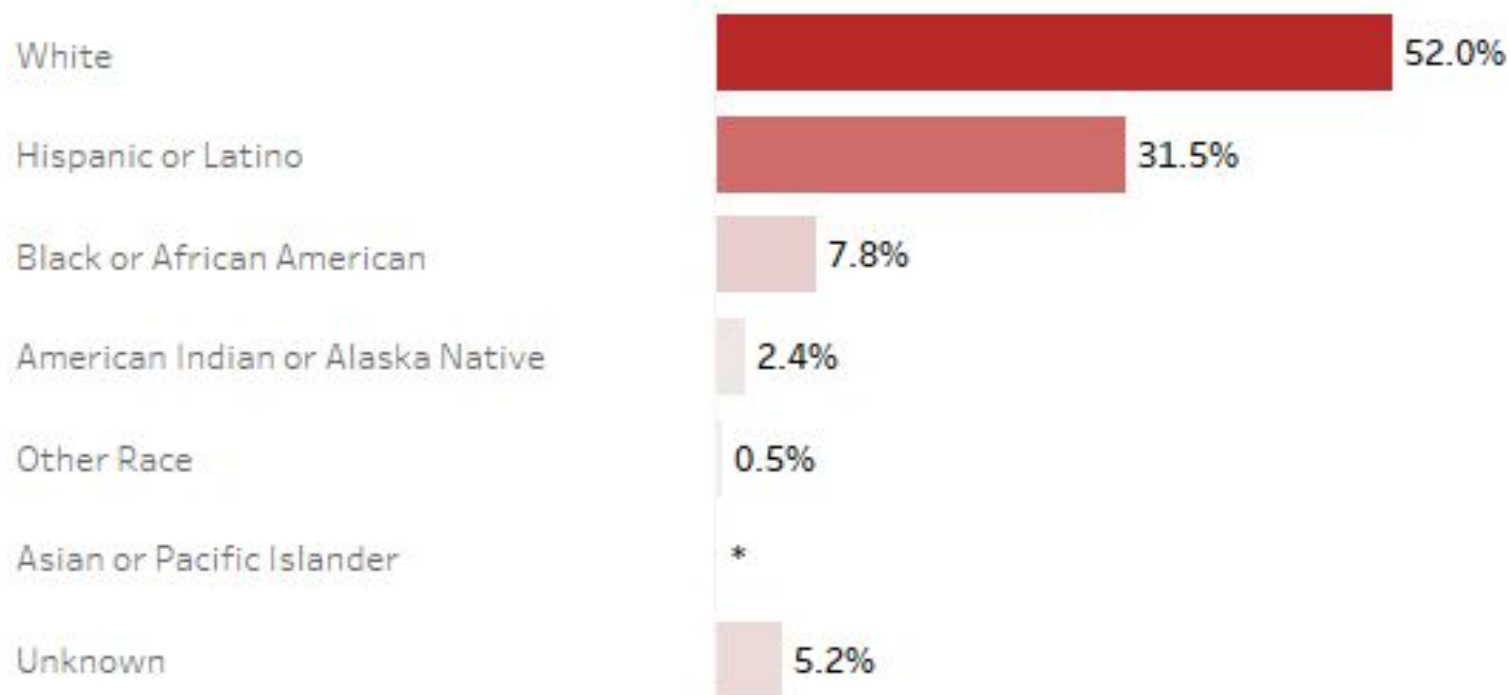
Potential opportunities for intervention (all drug overdoses in Arizona) include linkage to care or life-saving actions at the time of overdose
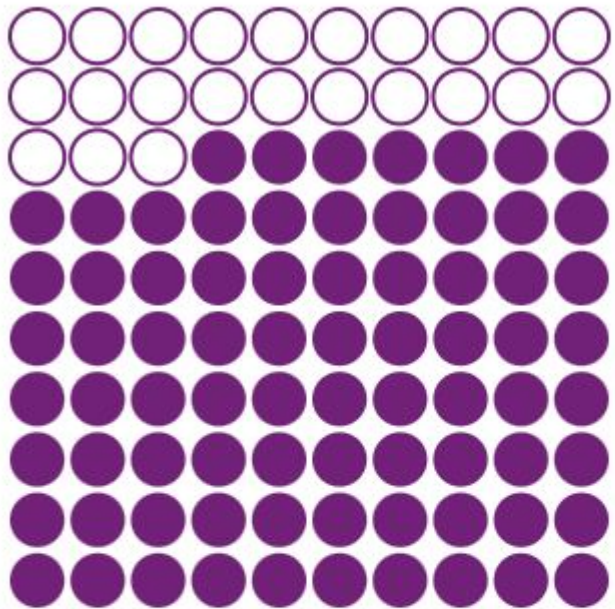
77.4%

of drug overdose deaths had at least one potential opportunity for intervention

- 4.2%
  Current treatment for substance use disorder(s) [j]

- 10.5%
  Fatal drug use witnessed

- 26.6%
  Mental health diagnosis

- 62.5%
  Potential bystander present [k]

- 10.8%
  Prior overdose

- 11.5%
  Recent release from institutional setting [l]
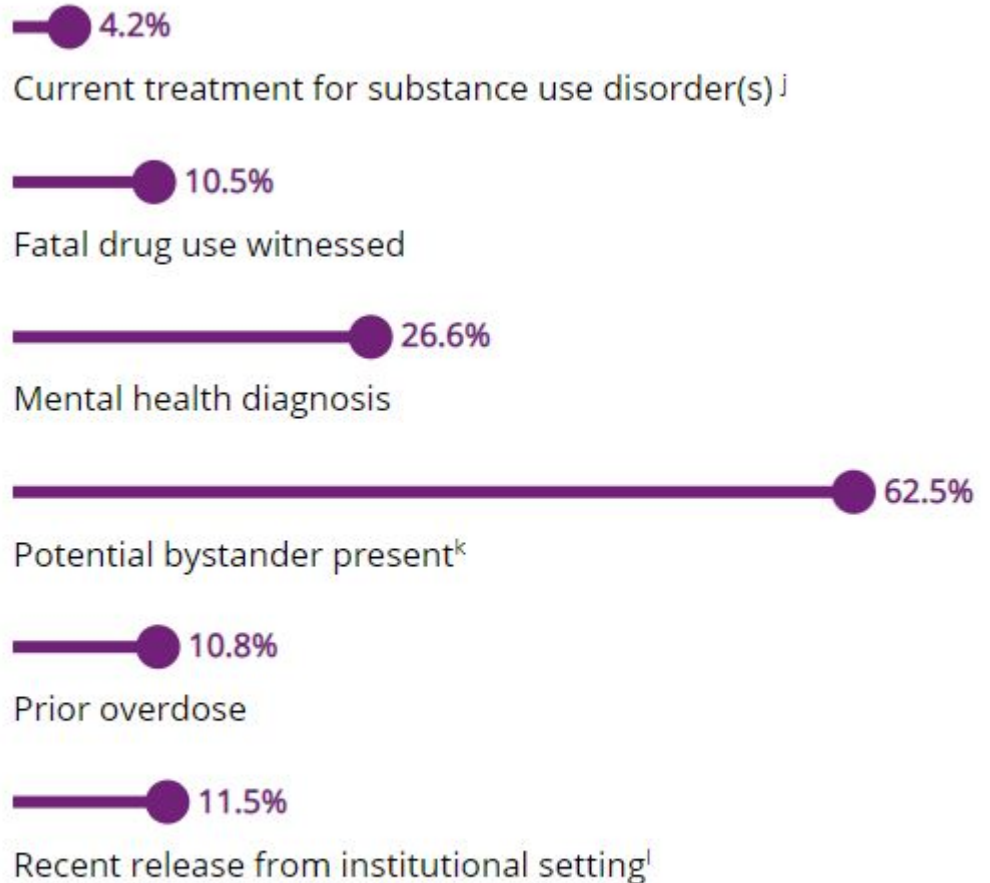
Circumstance percentages are only among decedents with an available medical examiner or coroner report

During 2020-2021, over 60% of overdose fatalities reviewed had seen a healthcare provider in 90 days leading up to their overdose

Healthcare Utilization History, Arizona OFR Cases Reviewed 2020

Percent (%)

Any Healthcare		Behavioral Health		Chronic Pain	
Any (Past 30 days)	Any (Past 90 days)	Any (Past 30 days)	Any (Past 1 year)	Any (Past 30 days)	Any (Past 1 year)
43	63	19	46	7	14
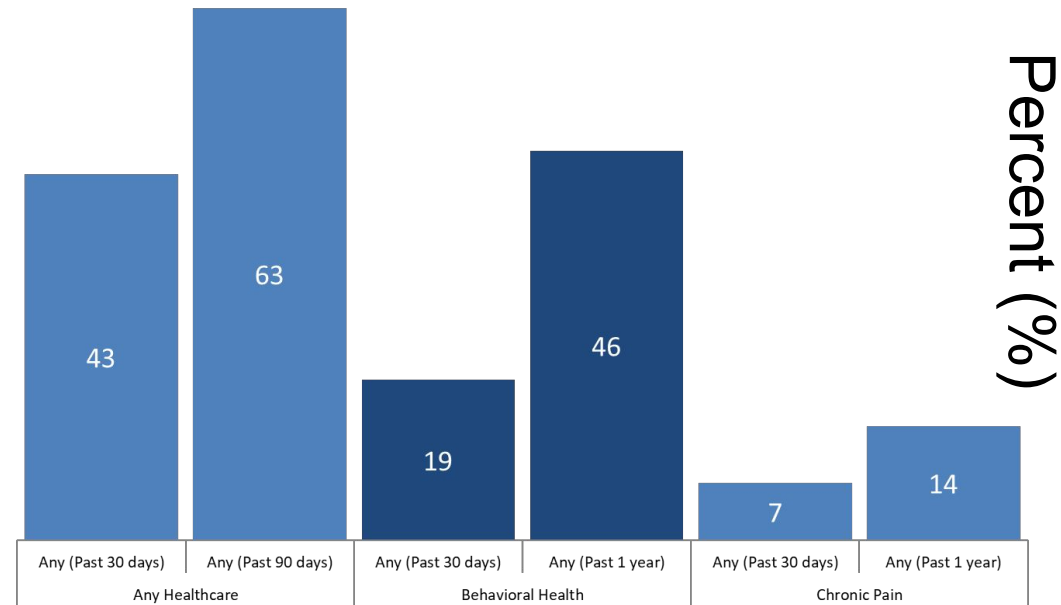
Healthcare Utilization History, Arizona OFR Cases Reviewed 2021 (to-date)

Percent (%)

In 2021, over 50% of overdose fatality reviewed had seen a healthcare provider in the 30 days leading up to their death

Any Healthcare		Behavioral Health		Chronic Pain	
Any (Past 30 days)	Any (Past 90 days)	Any (Past 30 days)	Any (Past 1 year)	Any (Past 30 days)	Any (Past 1 year)
51	64	27	44	4	7

Data Source: Arizona Overdose Fatality Review Board
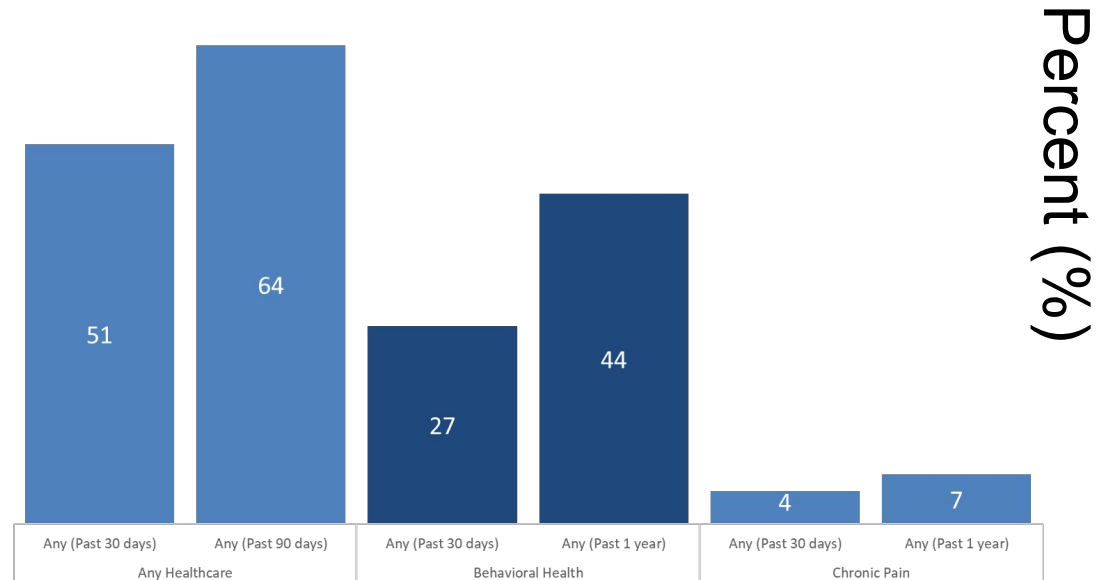
Updated Website & Data Dashboard: Opioids

Opioid Prevention

More than **five** people die every day from opioid overdoses in Arizona.

Prescription opioids and illegal opioids like counterfeit pills with fentanyl are addictive and can be deadly. More than five people die every day from opioid overdoses in Arizona. In 2017, a statewide public health emergency was issued in an effort to reduce opioid deaths. We continue to collect opioid data and take action to address the ongoing opioid crisis in our state. Help is available, call the OARLine at 1-888-688-4222.

Curriculum Dashboards Employers Naloxone Neonatal Reports

https://www.azdhs.gov/opioid

The total number and rate of suicides increased from 2010-2018, and leveled off from 2018-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total	1,070	1,113	1,070	1,116	1,124	1,233	1,256	1,304	1,432	1,411	1,359	1,539

Crude rate values shown: 17.1 (2010), 20.8 (2021)

Legend: ■ Total — Crude Rate Per 100,000
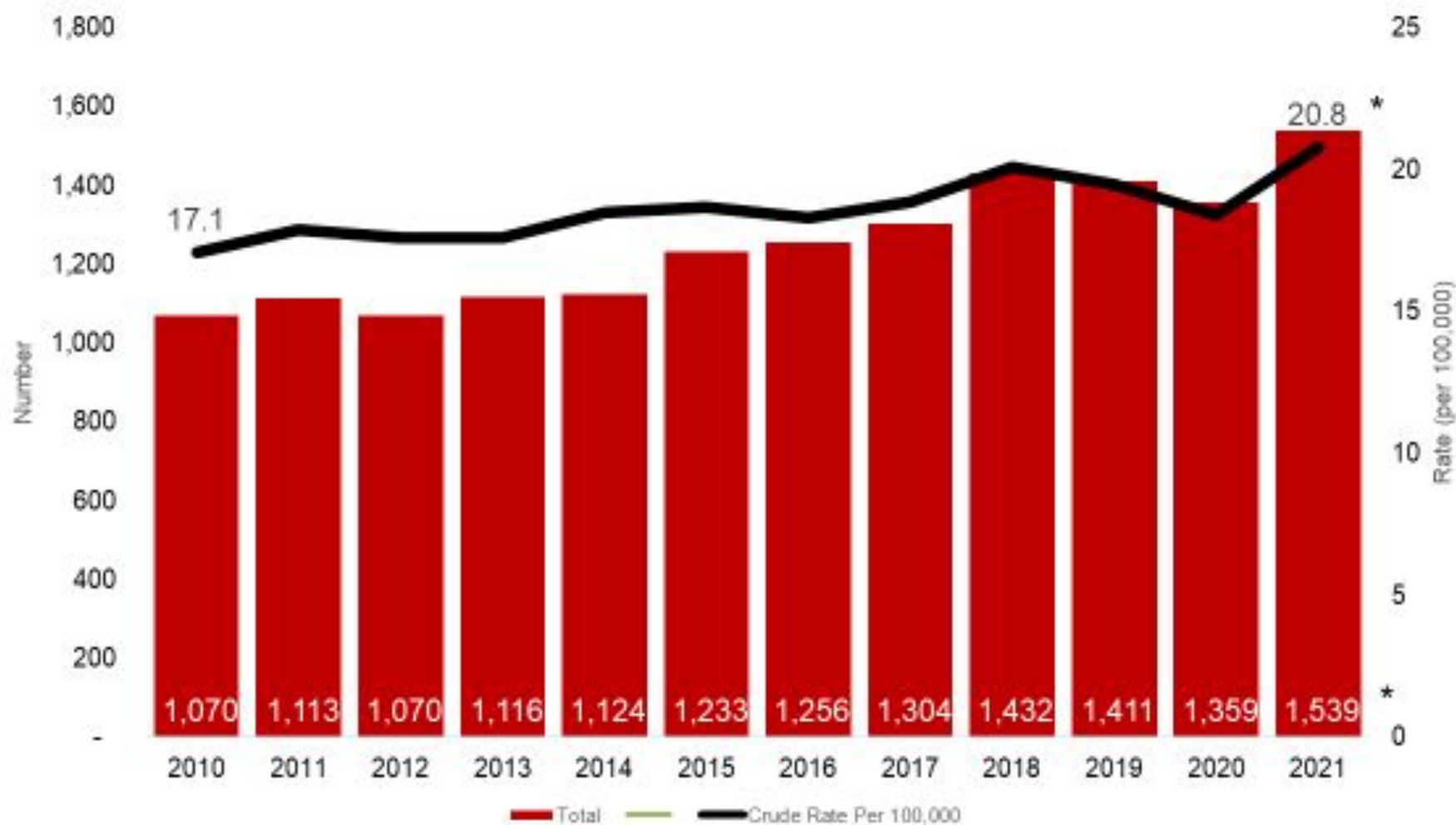
* 2021 suicide count and rate data are preliminary/unpublished

Data Source: Arizona Vital Statistics, Death Certificates

Rate of Suicides by Age Groups (2020)
The highest rates (per 100,000) are among persons 75-85+ years old

Age Group	Number	Crude Rate (per 100,000)
<15	17	*
15-19	69	14.3
20-24	118	23.4
25-34	248	24.3
35-44	186	20.6
45-54	197	22.8
55-64	220	24.6
65-74	133	16.9
75-84	114	26.2
85+	57	37.5

* Unreliable estimate

Data Source: Arizona Vital Statistics, Death Certificates; CDC Wonder

In 2020, the highest rates of suicides per 100,000 residents was highest in Apache, Navajo, Yavapai, and Mohave Counties

Arizona
2020 rate per 100,000 of population - 18.4

United States
Rate per 100,000 of population – 14.0
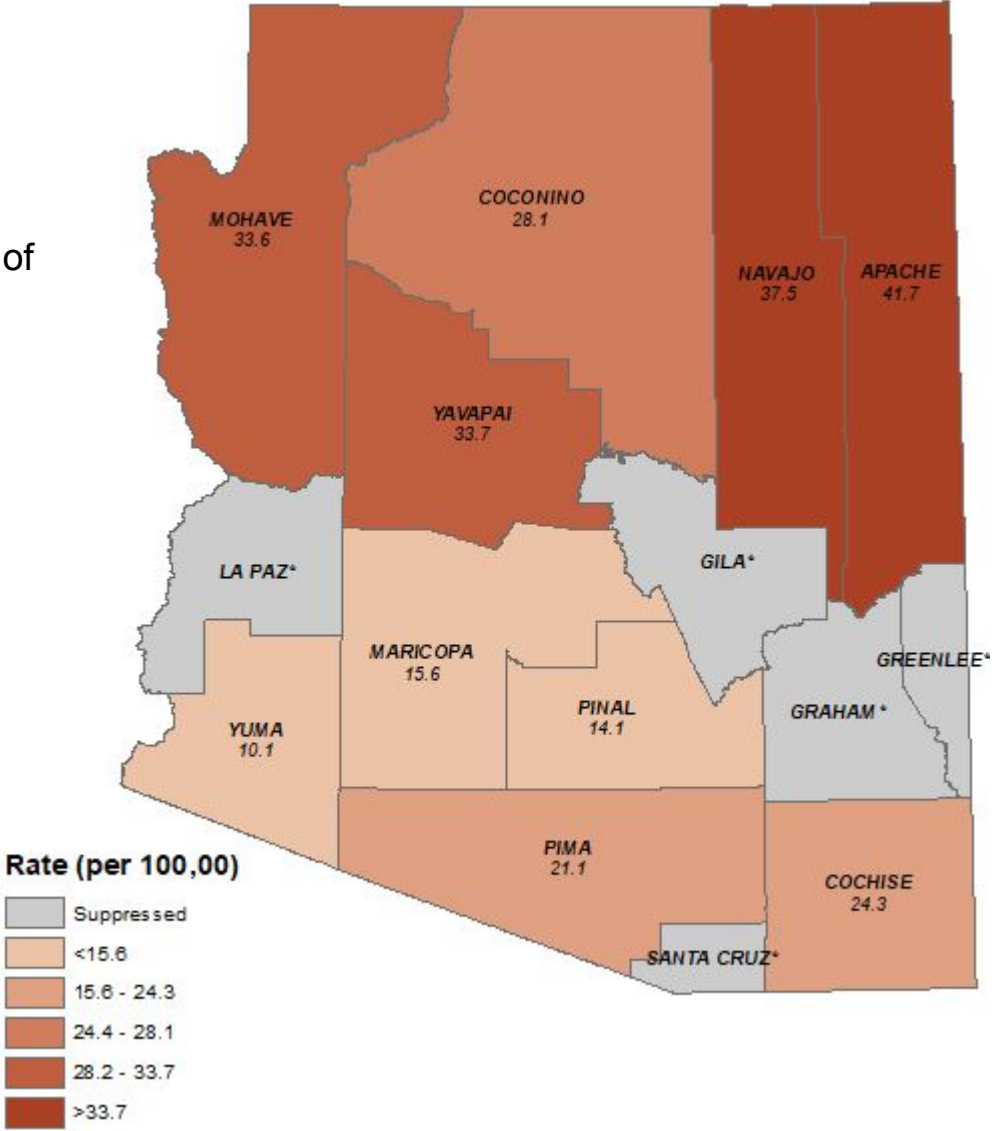
Data Source: Arizona Vital Statistics, Death Certificates; CDC Wonder

An ADHS Update on
Suicide Prevention Action Plan

July 22, 2022

Joshua Stegemeyer, Suicide Prevention Program Manager

Suicide Prevention Action Plan

- **Recommendation 1:** Promote the availability of state crisis resources

- **Recommendation 2:** Disseminate information inside of Arizona to inform communities about current best practices, innovative approaches to address suicide, and available prevention training and resources

- **Recommendation 3:** Increase access to resources and services for individuals and communities that have experienced suicide

- **Recommendation 4:** Increase number of passive suicide sensors in Arizona
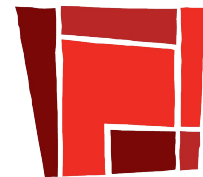
Coming Soon in 2022:

988 Suicide Prevention Lifeline

ARIZONA DEPARTMENT OF HEALTH SERVICES

PREVENTION SERVICES

Suicide Prevention Action Plan

- **Recommendation 5:** Enhance suicide mortality data collection and expand surveillance systems to identify current community trends

- **Recommendation 6:** Priority Populations

- **Recommendation 7:** Engage stakeholders through event promotion and community-level prevention

- **Recommendation 8:** Improve the resilience of individuals and communities through upstream interventions
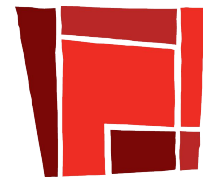
Coming Soon in 2022:

988 Suicide Prevention Lifeline

ARIZONA DEPARTMENT OF HEALTH SERVICES

PREVENTION SERVICES

Suicide Prevention Action Plan

- **Ways to get involved:**
  - Disproportionately Affected Population workgroups
    - LGBTQIA2S+
    - Older Adults (65+)
    - Adolescents (<18)
    - American Indian/Alaska Native
    - Suicide Attempt Survivor/Survivor of Suicide Loss
    - Veteran (in conjunction with Be Connected/AZCMF)
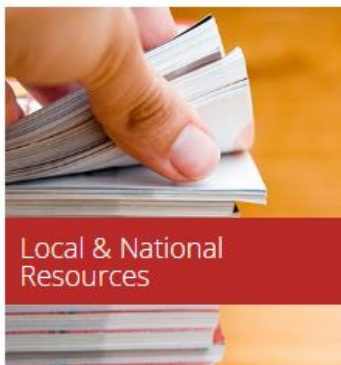
  - Strategic Workgroups (later in 2022)
    - At-Risk Occupation
    - Zero Suicide Model
    - 23-25 Planning Advisory Council

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

PREVENTION SERVICES

Updated Suicide Prevention Website

For More Information

azdhs.gov/suicide
azdhs.gov/opioid
azopioid@azdhs.gov

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ARIZONA DEPARTMENT
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AHCCCS Efforts to Address Opioid Epidemic

Alisa Randall

Opioid Efforts:
Naloxone, Harm Reduction, Mobile MAT

Count of Naloxone Doses
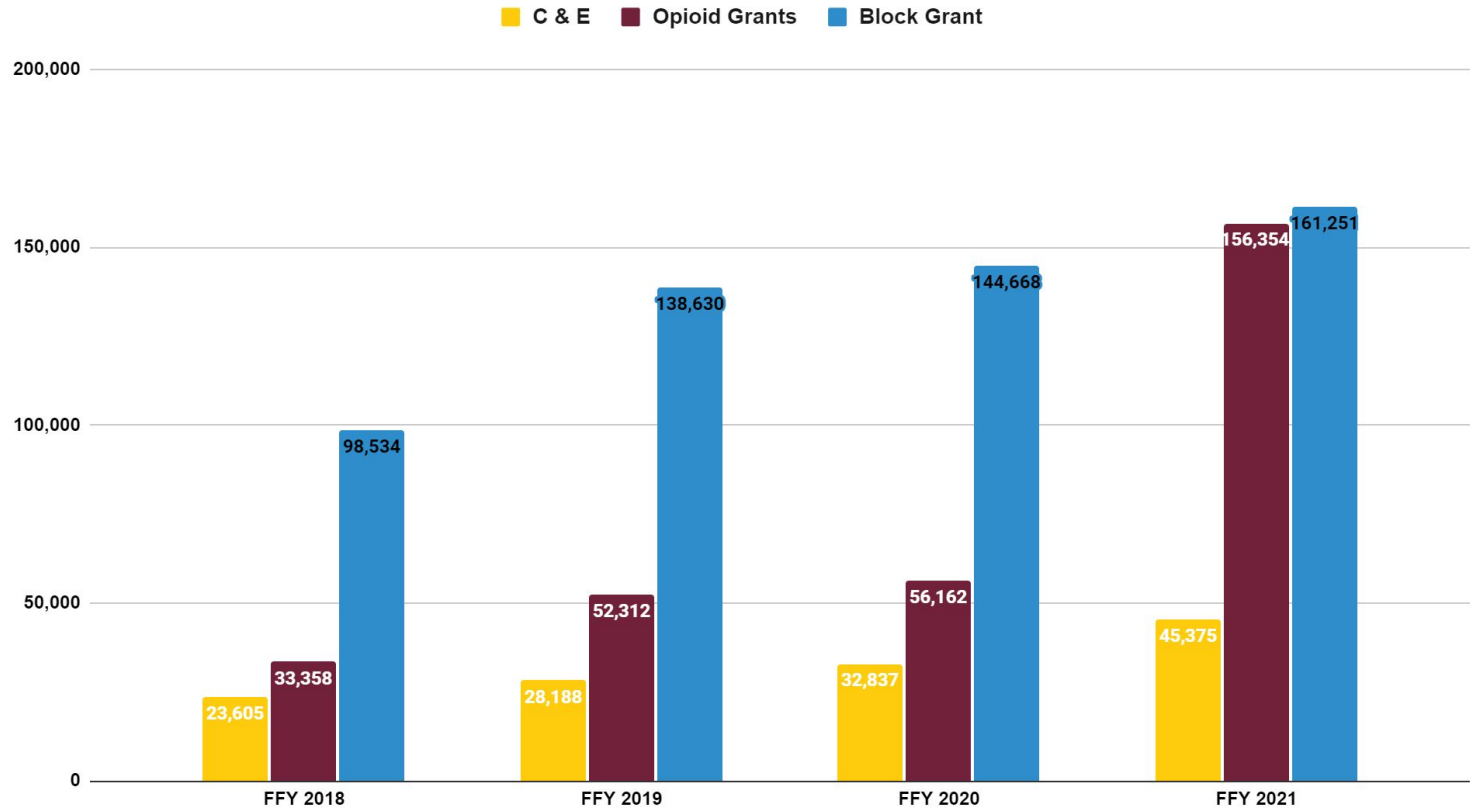
C & E: Claims and Encounters; **Opioid Grants**: Opioid State Targeted Response (STR), State Opioid Response (SOR), State Opioid Response II (SOR II); **Block Grant**: Substance Abuse Block Grant

Naloxone Distribution through Block Grant Funding

- CY 2021: 154,265

- FY 20 - 21 (July - June): 173,172

- CY 2022 (Q1): 30,671

Each indicates 3 doses per distribution

Overdose Education and Naloxone Training

- Training CY 2021: 373 *(number of people trained: 2,667)*

- Training FY 20 - 21 (July - June): 328

- Training CY 2022 (Q1): 23 *(number of people trained: 386)*

Indicates trainings in person and web-based

Harm Reduction Contract

- Fentanyl Test Strip (FTS) Distribution (Q1 Jan- Mar): 980

- Approval of a Statewide Syringe Service Program (SSP)

Mobile MAT Units

- SAMHSA approval to leverage grant funding to support Mobile MAT services

- DEA coordination to support those initiative and licensure support

- Providers beginning the process

Opioid Service Locator

Opioid Use Disorder Services Locator

https://opioidservicelocator.azahcccs.gov/

Opioid Use Disorder Services Locator

- 34,664 views between October 1, 2021 - June 30, 2022
- Average 4,000+ hits per month

Opioid Use Disorder Services Locator

See the How To Guides posted on the Grants Administration web page under the Opioid Services Locator section.

Please contact opioidservicelocator-support@azahcccs.gov with any questions.

Questions, Discussion & Wrap Up

Thank you!

- See the [Behavioral Health Task Force](#) web page for meeting past meeting presentations
- Send future topics you want to discuss to lauren.prole@azahcccs.gov

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Arizona Health Care Cost Containment System