Arizona Emergency COVID-19 Project

FY 2021 COVID-19 Mid-Point Programmatic Progress Report

June 30, 2022

FY21 COVID-19 Mid-Point Programmatic Progress Report

Grantee Name/Grant Number: 1H79FG000250-01

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Progress Updates *Instructions: Please describe successes, challenges and obstacles overcome in meeting the objectives. Note evidence-based practices being facilitated and use quantitative & qualitative data to show outcomes and progress for the following activities:*

1. **Using quantitative and qualitative data please describe outcomes, progress, and challenges regarding the implementation of your evidence-based mental and/or SUD treatment services for individuals with SMI/SED or Co-Occurring including telehealth services. (70% of services)**

   The overarching goal of the Arizona Emergency COVID-19 Project is to address the increased need for substance abuse, mental health, and crisis support services to Arizonans that have been impacted by the COVID-19 pandemic. The total number of program intakes between October 1, 2021, to May 31, 2022, was 305. The Governmental and Performance Results Act (GPRA) intake coverage rate in SAMHSA's Performance Accountability and Reporting System (SPARS) was 100.4% on May 31, 2022, with a year-to-date total of 803 enrollments.

   Of the total enrollments during this reporting period, 133 (44%) individuals had diagnoses of Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) or co-occurring disorders. Behavioral health providers implemented a number of program services including clinical health assessments, psychiatric evaluations, screenings for mental health, substance abuse, and/or co-occurring disorders, assessment and referrals to services for basic needs, individualized treatment plans, outreach and engagement with individuals who may be limited in access to services due to the pandemic or other barriers, brief therapy sessions, counseling and recovery support services, treatment coordination, and transportation services. Tribal subcontractors provided additional services such as life skills classes to include job readiness and money basic classes for individuals enrolled in the program. Programs also supported individuals in medication access, supportive employment services, resources related to employment, housing, vouchers for clothing and food, and COVID-19 testing and booster vaccinations. Providers used a combination of face-to-face, telehealth, and phone calls to address patient needs.

   Reported challenges during the reporting period included participant cancellations or no-shows to counseling appointments, and lack of consistent participation of enrollees in services. To combat this challenge, providers implemented various engagement strategies including outreach, care coordination, transportation, and recovery support services.

Providers indicated these services coupled with behavioral health interventions were invaluable and acted as a key factor to increasing and maintaining engagement in all program services. Additionally, providers noted that many clients and families were financially impacted by the pandemic and that the financial assistance for treatment provided by ECOVID relieved stress and anxiety.

During this reporting period, Valle Del Sol (VDS), enrolled 53 individuals with serious mental illness or co-occurring mental health and substance use disorder. The agency put into place additional outreach services including welfare and reminder calls to ensure that clients were engaged and attended treatment services. VDS developed an SMI/Co-occurring Community Advisory Committee that met monthly to provide feedback on effectiveness of services and service preference. Members suggested having more group meetings in outdoor locations, zoom group meetings for those unable to go outside, and hosting community events. In response, VDS supported a client organized community event on March 18th which hosted over 50 clients, staff, and friends. The event was a BBQ hosted at a community garden near the VDS clinic. Clients organized and brought food, organized games, and set up a DJ. The intent of the event was to build a sense of community across clients in a supportive environment.

During the reporting period, COPE Community Services, Inc. enrolled 15 individuals in this category and provided evidence-based treatment services including motivational interviewing, recovery support services, and brief counseling. Several clients participated in behavioral health residential facility services coordinated by the program. Two providers in Northern Arizona enrolled 11 individuals, the Gila River Indian Community Health Care Center enrolled 15 individuals, Intensive Treatment Services enrolled 31, and the Pascua Yaqui Indian tribe enrolled 8 individuals.

2. **Using quantitative and qualitative data please describe outcomes, progress, and challenges regarding the implementation of evidence-based and population appropriate treatment services. (10% of services for health care professionals)**

During this reporting period, no identified health care professionals were enrolled; however, 12 out of the 15 health care professionals enrolled in previous reporting periods have continued to receive services under the grant. These individuals consistently engaged in therapy services with their assigned counselor as well as recovery support services with their assigned outreach worker. To accommodate for work schedules, providers offered participants after-hours and weekend appointments to accommodate work schedules. The implementation of evidence-based and population appropriate treatment services for health care professionals was the project's biggest challenge. As noted in previous reports, discussions with RBHA contract administrators revealed numerous perceived challenges in serving healthcare professionals including:

- The need to ensure healthcare professionals can enroll in services anonymously so as not to have to report mental health treatment to medical licensing boards;
- The need to address anonymity through policy at the state level;
- The requirement of conducting a full GPRA intake;

- The need to identify healthcare professionals willing to come forward and participate in services; and
- The need to set up programs for healthcare professionals that include single encounter services.

RBHAs and providers noted that stigma was associated with healthcare professionals seeking behavioral health treatment. To address these concerns, AHCCCS allowed for single encounter services for healthcare professionals to be provided under this grant and tasked the RBHAs with developing methods for ensuring anonymity when enrolling. AHCCCS and Wellington Group obtained approval from SAMHSA to modify the GPRA intake process for healthcare professionals to help reduce stigma and increase anonymity.

The successful strategies providers implemented to outreach and enroll 15 health care professionals were continued and included targeted marketing to healthcare professionals utilizing social media and providing access to outreach/check-in and treatment services after normal business hours. VDS developed and implemented their Fast Track program to help accommodate all ECOVID clients with an emphasis on health care professionals. The Fast Track program worked adults and families and offered extended service hours, telehealth intakes and assessments, and services. VDS reported that several healthcare professionals utilized this service; however, they were not ECOVID eligible as they had private insurance.

Other Emergency COVID-19 providers developed wellness programs targeting their healthcare and behavioral health employees via access to virtual anxiety and stress relief classes, self-care workshops, and expanded employee assistance program services. For example, both the Pascua Yaqui Indian Tribe and North Country offered expanded employee assistance programs.

The Pascua Yaqui Indian Tribe held an employee wellness event in November of 2021 that included music, meditation, interactive wellness, and dancing activities. The tribe offered its healthcare professionals virtual training, team building events/activities, and chair massages. The Center implemented Overeaters Anonymous meetings and distributed various information promoting self-care and wellness to reduce stress.

3. **Using quantitative and qualitative data please describe outcomes, progress, and challenges regarding the implementation of evidence-based and population appropriate treatment services. (20% of services for population with less than SMI).**

The total number of intakes during this reporting period was 305, and 172 (56%) of these enrollments were individuals with a diagnosis less severe than an SMI. Providers received referrals from the Arizona Department of Veteran Services (AZDVS), the Veteran's Affairs (VA), local court order programs, and local school districts including parents who were struggling with online learning. Referrals were also received from local organizations and community members responding to advertisements on social media, the Department of Child Safety (DCS) website, and through each agency's or RBHA enrollment specialists.

Individuals received services under three conditions: 1) they did not have health insurance, 2) their current health insurance did not cover counseling, or 3) their insurance did not contract with a healthcare provider currently accepting referrals. Enrolled individuals received a variety of therapeutic services including brief interventions, individual and group therapy, and support services including, but not limited to recovery support, transportation to medical appointments, education classes such as money basics, job skills, and life skills. Providers noted most of these participants actively engaged in services, especially in utilizing counseling services and some recovery support services.

One provider, VDS, provided patients with Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), the Matrix model for intensive outpatient for addiction treatment, and solution-focused therapy. VDS enrolled 78 individuals struggling with depression, anxiety, and other general mental health concerns with individual and group therapy utilizing grant funds. VDS reported an influx of individuals requesting individual therapy during the holiday season combined with the additional stressor of COVID-19. VDS staff were successful in scheduling time with these individuals to ensure they felt supported during the holidays. VDS reported many patients made substantial progress in meeting treatment goals related to interpersonal skills, emotional regulation, and processing/ coping with trauma. Although during this reporting period, the spread of COVID-19 slowed, many families, especially multi-generational households, were still acutely impacted by the virus. Cope Community Services, Inc. enrolled 39 individuals struggling with depression, anxiety, and other general mental health concerns and noted that referrals for this category of services remained high during the reporting period. These participants were primarily utilizing counseling services, some were engaged in recovery support services, and some received medication management. Two providers in Northern Arizona enrolled 33 individuals in this category during the reporting period, the Gila River Indian Community Health Care Center enrolled 7 individuals, Intensive Treatment Services enrolled 13, and the Pascua Yaqui Indian tribe enrolled 2 individuals.

4. **Using quantitative and qualitative data please describe outcomes, progress, and challenges regarding the screening and assessing clients for mental, SUD & co-occurring disorders and develop appropriate treatment approaches, as needed.**

The screening and assessment process included members participating in a comprehensive assessment with emphasis on the unique qualities and culture of the individual. The following elements outlined in the AHCCCS Medical Policy Manual (AMPM), Behavioral Health Assessments and Treatment/Service Planning policy were followed: *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*. The AMPM policy, Serious Mental Illness Eligibility Determination, was adhered to when assessing individuals for a SMI determination. This policy also outlined requirements associated with referral for a SMI Evaluation and SMI Eligibility. Behavioral health providers were required to assist individuals with applying for the following:

- Arizona Public Programs (Title XIX/XXI, Medicare Savings Programs, Nutrition Assistance, and Cash Assistance),
- Medicare Prescription Drug Program (Medicare Part D), including the Medicare Part D "Extra Help with Medicare Prescription Drug Plan Costs" low-income subsidy program, and
- Verification of U.S. citizenship/lawful presence prior to receiving Non-Title XIX/XXI covered behavioral health services at the time of intake for behavioral health services. Please note, verification of citizenship does not deter access to services.

All Contractors adhered to AMPM, Behavioral Health Provider Requirements for Assisting Individuals with Eligibility Verification and Screening/Application for Public Health Benefits.

During the reporting period, the number of program intakes was 305, resulting in a 100.4% GPRA intake coverage rate. Providers continued to indicate most participants were eager to engage and actively participated in the assessment process, which includes the development of person-specific treatment plans. Therapists determined best practice approaches for individual treatment plans. Substance Use Disorder (SUD) staff assessed patient needs during the intake process, which included a comprehensive biopsychosocial assessment including screening for social determinants of health barriers, and the American Society of Addiction Medicine (ASAM) and Guide Right Assessment (GRA) for SUDs. Services, resources, and referrals were determined during the screening and assessment process. As part of VDS' intake process, all patients were assessed for level of need using a Social Determinants of Health model and if there were social-emotional indicators that a patient would benefit from SMI services, an SMI intake was completed and submitted within seven days. Staff screened patients for substance use treatment needs, psychiatric/medication management needs, and made referrals for services including community-based supports. VDS and Cope Community Services, Inc. offered quick access to care by contacting referrals sent to the program within 24 hours and conducting the initial assessment within 24-48 hours with treatment beginning shortly thereafter. One of the ECOVID programs greatest strengths was quick access to care. The provider team was able to get referrals scheduled for initial assessment within days of their initial contact. The Gila River Indian Community Health Care Center was able to purchase laptop computers to assist with virtual screening, assessment, and psychiatric assessment for ECOVID clients.

AHCCCS contracted with the AZDVS in April 2021 to develop an outreach and referral program for service members, veterans, and their dependents. The AZDVS coordinated pop-up events in collaboration with retail locations such as shopping centers and grocery stores to outreach and engage Veterans, Service Members, and their dependents. The collaborative events were successful in outreaching and engaging with patrons and were utilized in the rural and tribal communities targeted by the AZDVS. The program distributed program brochures across the state and in rural and tribal communities at faith-based organizations, domestic abuse provider organizations, U.S. Post Offices, and libraries. This activity resulted in an increased number of phone calls and interest in

program services from across the state. The program held 174 outreach events and conducted 18 screenings for mental health and/or mental health and substance use for 12 veterans, 3 military dependents, and 3 active service members. Referrals for an individual were made to an ECOVID provider in either central or southern Arizona. During outreach events, AZDVS staff encountered many individuals who were interested in screening for behavioral health services, while others were interested in information on benefits, housing, and financial assistance programs. The AZDVS program supported veterans, service members, and their dependents in obtaining information on various basic need, benefits, and social services.

5. **Using quantitative and qualitative data please describe outcomes, progress, and challenges regarding the implementation of recovery support services (nutrition services, peer support, childcare, educational/housing, etc.) Ensure ability to provide virtually as needed.**

Providers were well connected within their communities and were charged with ensuring a complete continuum of services and care was provided to their members. Recovery support and case management services were utilized to manage all aspects of a members' care, ensured all services were provided according to the members' needs, and ensured services were provided in a comprehensive manner. Individuals who did not need direct substance abuse, mental health, and crisis services, but who needed recovery support services or general assistance services due to COVID-19 such as housing, food assistance, and utility assistance were connected with support service entities throughout the state. Once an enrollee's GPRA intake was completed, the client was referred to all services identified in their assessment, treatment plan and GPRA intake.

The Emergency COVID-19 Project found that the implementation of recovery support services was the most utilized service and was essential to engagement in behavioral health services. Providers under the project assisted participants in accessing basic needs such as food boxes, supportive housing, personal care, and transportation.

Cope Community Services, Inc., employed a team of certified peer support specialists who provided socialization activities such as getting participants out of their home, helping participants complete grocery shopping, and helping individuals attend necessary medical appointments. The participants reported enjoying the process of building therapeutic rapport with their peer support/outreach workers and often relied on their assistance in accessing and coordinating community resources. The program assisted participants in building life skills for independence, reducing stressors, engaging with treatment services, and gaining self-confidence. The peer support/outreach staff creatively built and located community resources for participants. Recovery support service providers supported participants in obtaining their COVID-19 booster vaccines and supported individuals in all aspects of their life including family life, parenting, finances, obtaining education, etc.

VDS restructured their case management program by creating and hiring Support Coach positions who were Peer Certified. These positions provided case management including connecting and guiding families in accessing community services such as housing/rental

assistance, transportation access, food resources, etc. This restructuring included a focus on a peer support model and increased the clinical's staff ability to focus solely on therapeutic services. VDS' mobile team provided services throughout the community including primary care well checks, sick checks, well woman visits, psychiatric services, and case management. The team partnered with the local Women's Infant and Children's (WIC) program to provide eligible services for enrolled individuals who struggled with the lack the equipment needed to complete online or telephone appointments. These clients also received nutrition education. VDS worked closely with the agency's school-based services to provide school and housing services. Intensive Treatment Services assisted clients in obtaining housing, home energy assistance applications, and employment services. ITS staff helped clients develop resumes and provided transportation to employment interviews as needed.

The Pascua Yaqui team offered enrolled clients with hygiene bags and clothing vouchers/ The team worked with the tribal supportive housing program trust fund to provide home improvements to qualified clients with serious mental illness diagnoses. The program delivered food boxes, helped enrolled clients obtain access to the internet and community resources such as jackets, diapers, housing, etc. The program hosted and promoted self-help meetings.

Enrolled clients received a number of recovery support and case management services or referrals for support services as indicated in the following table.

AHCCCS COVID-19 Recovery Support Service/ Referral/Case Management Service	Number of Individuals Provided with One or more Service and/or Referral
Recovery Support Services	
Peer Support Services	152
Life Skills Training	91
Transportation	82
Nutrition/Food Services	66
Planned or Arranged Post Treatment Continuing Care	42
Aftercare Planning	42
Physical Activity	40
Recreational Activity	29
Spiritual Activity	26
Social Support Groups	16
Educational Services	15
Parenting Skills Education	12
Permanent Housing Arrangement	10
Family Counseling	9
Employment Readiness Training	8
Vocational Services	6
Transitional Housing	6
Employment Placement	5
Community Reintegration Socio-Economic Support (State and Federal)	2
Childcare	0
Case Management	
Case Management Services	187

6. **Using quantitative and qualitative data please describe outcomes, progress, and challenges regarding the implementation of crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, meditation admin, and crisis stabilization.**

Arizona's crisis system has been a national leader and a "best-practice" state in the provision of crisis care. Throughout the project, AHCCCS ensured the provision of an array of short-term crisis stabilization and behavioral health services across Arizona's urban, rural and frontier communities. Crisis services were available to all individuals in Arizona at any time irrespective of Medicaid eligibility status. Crisis services included a full continuum of crisis intervention services including, but not limited to 24/7/365 crisis telephone services, mobile crisis response teams, and 24-hour substance use disorder/psychiatric crisis receiving and stabilization settings. Arizona's robust network of crisis providers ensured that individuals experiencing a behavioral health emergency were served quickly and appropriately within their communities. Interventions were solution-and recovery-oriented. They focused on stabilizing the individual within their community and returning them to their baseline of functioning, while simultaneously ensuring receipt of appropriate follow-up services to mitigate future emergencies through preventive treatment or connection to community services.

One COVID-19 provider in Maricopa County, Valle del Sol, had a licensed clinician on call seven days a week to handle any emergencies that may arise after hours. Enrolled clients have access to the after-hours, on-call system. A crisis plan was developed, which included crisis contact numbers in Maricopa County including the warm line. Valle del Sol clients who experience a crisis resulting in an emergency room or inpatient stay were visited by a member of the clinical team. Staff outreach patients after discharge to schedule a follow up appointment with a Crisis Transition Navigator. VDS developed an after-hours program that extended services Monday through Friday from 8 am to midnight and Saturday and Sunday from 8 am to 8 pm to ensure extended access to needed services. Services available included case management and crisis interventions. Psychiatric and therapy services were also provided in an extended-hours model. In addition to the after-hours program, Valle Del Sol staff responded to emergent client needs within 24 hours and connected clients to their therapy team or psychiatric provider for medication management. Another provider in Pima County, Cope Community Services, Inc., had several Emergency COVID-19 clients utilizing their after-hours support line. Project staff were able to quickly connect with individuals in their time of need and were able to provide them with counseling and recovery support services. The Pascua Yaqui Indian Tribe worked with a suicide prevention center, EMPACT La Frontera, a 24/7 after hours crisis provider. The Tribe also had their own internal tribal crisis team. Pascua Yaqui enlarged its crisis team by hiring new staff. The Gila River Indian Community had a crisis mobile team that provided 24-hour crisis support and counseling for those in need.

Data Collection

1. **Requirement: Each grantee must collect and report client-level data at intake, every six months after intake and at discharge using GPRA. (Admin & Data Collection must not exceed 20% of budget)**

   Total # Of Clients Served Between 10/1/21 – 5/31/22: 305

   SMI/SUD and/or Co-occurring: # 133

   Healthcare Professionals # 0

   Less than SMI: # 172

   Children 11 Years and Younger: # N/A

2. **Does SPARS accurately reflect the total intake and follow-up rates reported? (Y/N)**

   Currently, SPARS accurately reflects the total intake and follow-up rates for this reporting period.

   If no, please explain: Not Applicable

3. **How is data being used for Quality Improvement?**

   The program evaluation team, Wellington Consulting Group, developed an online GPRA tracking tool for each provider to assist them in identifying enrolled clients, 6-month follow-up interview due dates, follow-ups completed, GPRA discharges, and their GPRA completion rate. Ongoing and continuous support in GPRA implementation was employed across providers. The Evaluator provided GPRA data updates at monthly meetings with AHCCCS, RBHAs/TRBHAs, and providers. Providers reported monthly on program updates, success, challenges, barriers, and actions to overcome barriers. Reports were reviewed by the AHCCCS Project Director, RBHA contract managers, and the evaluation team. Reported challenges and barriers were discussed during monthly meetings to identify any quality improvement issues that needed to be addressed with a focus on disparities in access/use/outcomes. Content analyses of monthly process narratives was utilized to identify characteristics of recruitment/retention plans, factors that facilitated/hindered implementation, and challenges and barriers experienced, and resolutions. The monthly meetings allowed for quick identification and resolution of challenges/barriers and planning for technical assistance needs. RBHAs/TRBHs monitored their providers to ensure that providers adhered to best practices in treatment, followed up with clients, and ensured that individuals receive the proper, assessments, treatments, and that services adhered to treatment plans and identified needs.

Key Personnel & Budget

1. **The project is overseen by a project director at 50% level of effort. Please note in progress if there have been any key staff changes or level of effort.**

   Michelle Skurka, one of the ECOVID Co-Project Directors left AHCCCS during the reporting period. Her duties were assigned to the existing Co-Project Director, Mr. Jose Echeverria-Vega. Mr. Echeverria-Vega's level of effort remained at 50%.

2. **Have you met the stated timeline and budget proposed in the original application (or any changes in scope submitted)?**

   AHCCCS worked with providers to spend the original approved budgets. Each month, all Contractors submitted a Contractor Expenditure Report (CER) with backup documentation for reimbursement. Each CER was reviewed by AHCCCS Program and Financial staff to ensure funds were allowable. Additionally, each Contractor was expected to submit a monthly progress report to the evaluation team detailing progress, successes, and challenges.

   Budget negotiations between SAMHSA and AHCCCS, and AHCCCS and the Contractors/Subcontractors delayed the start of the project (April 20, 2020) resulting in obtaining budgetary approvals from SAMHSA in July and October of 2020, respectively. Service implementation began in October and November of 2020. This delay put the Contractors/Subcontractors a few months behind their 12-month timeline for the project. With the one-year No-Cost Extension (NCE) for the Parent Grant, four out of the five Parent Grant Contractors were on track to spend their funds by August 19, 2022. Spending for the Supplemental Grant was also delayed. A NCE for the supplemental funds was received to ensure spending the allotted funds.

   There have been no changes to the initial scope of work submitted for the Arizona Emergency COVID-19 Project.

Outcomes, Challenges & Successes:

1. **What obstacles has your program encountered and what steps did you take to overcome these obstacles?**

   Providers worked through implementation plans and identified and enrolled eligible individuals. On average, providers enrolled 38 clients per month. From October 1, 2021, to May 31, 2022, there were 305 program intakes:
   - 133 enrollments (44% of total enrollments) SMI/SED or Co-occurring disorders,
   - 0 enrollments (0% of total enrollments) healthcare professionals, and
   - 172 enrollments (56% of total enrollments) mental health diagnosis less severe than SMI or general mental health disorders.

   Each provider took a unique approach to marketing/outreaching and engaging clients such as collaborating with local school districts, providing flexible services both virtually and

in the home during and after normal business hours, and providing access to brief counseling. One provider, Cope Community Services, Inc. noted that increasing access to supportive services, including recovery support and transportation increased engagement in treatment services. Staff also provided access to COVID-19 vaccinations for enrolled participants. Two providers, Valle del Sol and the Pascua Yaqui Indian Tribe, used funding to support health care providers who were employees of the organization/Tribe and obtained access to mental health treatment services through expanded/enhanced employee assistance programs.

In June and July 2021, AHCCCS requested all subcontractors with a GPRA intake and/or follow-up rate below 80% submit a Corrective Action Plan (CAP) outlining challenges and barriers, process improvement activities, and a 60-day CAP outlining activities and efforts to improve GPRA client intake and/or follow-up measures. These plans were put in place and monitored by RBHAs/TRBHAs, and the Emergency COVID-19 Project Director. Since implementing the CAP, the program has seen an improvement in both client intake and/or follow-up measures; the program will continue monitoring providers under corrective action to continue follow-up rate improvements.

GPRA status updates were provided at bi-monthly meetings with the RBHAs and TRBHAs and the contracted providers. The updates covered GPRA intakes, follow-up rates, follow-up GPRA due, and follow-up GPRA coming due. AHCCCS met with the TRBHAs discussing enrollments, follow-up rates, follow-up GPRA due, and follow-up GPRA coming due. On-going training and technical assistance in GPRA was offered as needed.

Providers encountered several challenges this period including staffing. Several providers had vacant staffing positions and had trouble filling positions. Providers posted the positions and conducted outreach at job fairs and through various local networks. VDS hosted CHOW (Community Health Outreach with Waffles) events to network within the therapy community and recruit needed clinical staff. The CHOW events were held once a month on Thursdays, and the agency hosted four events to date. VDS leveraged social media and word of mouth from existing staff in order to market these events as a unique way to recruit therapists.

In January 2022, COVID cases began to rise in Arizona which required providers to revert to providing telehealth or telephonic services for enrolled clients. Services continued for clients via telehealth. Once COVID-19 cases declined and clients came back into the office for in-person services, a new obstacle surfaced including the inflated price of gas. High gas prices was an obstacle for those clients wanting in-person services. This increased clients' need for transportation to multiple services including both therapeutic and basic needs. To address this issue, staff provided in-home services and strategically scheduled appointments with clients in their homes based on location to minimize drive time and gas usage. Increased prices in groceries also impacted ECOVID participants. Providers addressed this challenge by working closely with food banks and food pantries to provide clients with needed groceries. Other obstacles encountered by the AZDVS program during outreach included low attendance during outreach events during peak COVID-19 months and lack of phone and internet connectivity in the rural areas where the program is

conducting outreach. AZDVS staff continued to encounter service members, veterans, and dependents with commercial insurance or who were eligible to receive benefits at the Department of Veterans Affairs making them ineligible for the program. Staff continued to help coordinate services under other programs accepting insurance/VA benefits.

2. **Please provide three (3) examples that demonstrate your program's successes in achieving the goals and objectives stated in the grant application and ensure that one of these examples highlights a person served in each of the target populations (SMI/SUD, Healthcare Practitioner, Other than SMI).**

    - **Serving Health Care Practitioners:** The Pandemic Outreach Project (POP), an outreach-based program provided through Cope Community Services, Inc. (subcontractor), leveraged social media (Facebook, Instagram, and LinkedIn) to recruit health care practitioners into the program. Since program inception POP has enrolled 15 healthcare professionals; 12 were still enrolled in program services as 5/31/22. Outreach workers continued to support these individuals with multiple needs and conducted continuous check-ins. Services were provided after work hours to ensure accessibility. One enrolled health care provider juggled work and a family with small children while adjusting to COVID-related closures, guidelines, and increased workloads. The client worked with therapists on developing parenting skills, self-awareness, self-care, and the acceptance of one's emotional needs, as necessary. Currently, this client regularly implements self-care strategies to improve their mental health and wellness as well as parenting techniques, all while maintaining their daily responsibilities. The Pascua Yaqui Indian Tribe implemented an employee assistance program (EAP) for their behavioral health and health care providers utilizing EAP Jorgensen Brooks. During the reporting period, the program held a wellness day event for all health care staff to practice self-care and reflection and the event left staff feeling energized. Pascual Yaqui also offered on-going self-care services for its health care practitioners.

    - **Serving individuals with SMI/SED or Co-Occurring Disorders:** A total of 133 individuals with SMI/SED or Co-Occurring Disorders were enrolled and served during this reporting period. Treatment providers shared several success stories for individuals in this diagnostic category. One client who presented with agoraphobia and did not qualify for Medicaid but could not afford treatment, was enrolled in the project and received treatment and medication services. This individual made progress toward treatment goals and received needed support. Several clients noted during their GPRA 6-month follow-up interviews they did not feel as though they would have survived without the services provided by the grant. One patient lost multiple friends and family to the COVID-19 virus, and the project supported them through the loss and grief. Another client enrolled in the program with a substance use disorder including an addiction to fentanyl. Upon enrollment, the individual disclosed that their addiction had been ongoing for 1.5 years and reported smoking 25-30 fentanyl pills per day. After four months in the program, the individual was in full recovery and tested negative for all illicit drugs. The client enrolled in college courses and has maintained custody of their child. Another individual who enrolled

in the program for heavy substance use, reported never being sober for more than a few days, even when prescribed methadone. With the help of the ECOVID program the client became sober and joined a recovery program. Another client utilized the help of their therapeutic team to relieve their mental health symptoms that were preventing them from finishing school. After working with their team, they submitted their dissertation, and obtained approval to obtain their PhD. The Pascua Yaqui program has helped several enrolled clients obtain employment with the tribe. The program helped a client apply for and obtain tribal funded home improvement repairs. Staff assisted a client in obtaining access to residential substance use treatment. This client completed treatment, obtained training to become a peer support specialist, and was hired as a peer support specialist.

- **Serving individuals with disorders less severe than SMI:** A total of 172 individuals with disorders less severe than SMI were enrolled and served during this reporting period. A veteran enrolled in the program for drinking and heightened mental health symptoms. Initially this individual refused to go to the VA for services and was very hesitant to engage in services; however, the program successfully engaged them in services. Upon enrollment their outreach worker assisted them in getting involved in the Wounded Warrior Project, coordinated medication management services, and coordinated services at a local partial hospitalization program. The individual is currently in recovery and is working towards their therapeutic goals. Another client, a retired educator worked closely with their therapist to address symptoms of anxiety including nightmares. Since working with the ECOVID staff, the client has reported zero symptoms of anxiety and nightmares and has tapered completely off anxiety medication.

3. **Please indicate any innovations or promising practices from your program that you would like to share with SAMHSA and your peers.**

Provider programs developed outreach and marketing strategies to recruit and enroll participants. One provider, Cope Community Services, Inc., provided in-home behavioral, and substance use treatment, case management, and peers support services to ensure services are flexible and comfortable for enrolled clients with the highest level of need including those with SMI/SED or Co-Occurring diagnoses. In-home therapeutic services proved to increase engagement in treatment services and access to services. Staff reported improvements in the clients' level of functioning.

Valle Del Sol (VDS) partnered with a court-ordered treatment program experiencing a high number of individuals in need of services for their family members. VDS implemented mobile services for enrolled clients that include primary care well checks, sick checks, well woman visits, psychiatric services, and case management. VDS developed its Fast Track program that offers extended hours of service including staying open from 8 am to midnight Monday through and 8 am to 8 pm on Saturday and Sunday to ensure access to needed services. The Fast Track program offered intakes and assessments, and services via telehealth. VDS restructured their case management program to include creating and hiring a Peer Certified Support Coach team responsible for providing case management to

enrolled clients. This restructuring increased the clinical staff's ability to focus on therapeutic services and increased client's access to support staff employees.

AHCCCS contracted with the AZDVS in April 2021 to develop an outreach and referral program for service members, veterans, and their dependents. The AZDVS coordinated pop-up events in collaboration with retail locations such as shopping centers and grocery stores to outreach and engage veterans, service members, and their dependents. The collaborative events were successful in outreaching and engaging with patrons and were utilized in the rural and tribal communities targeted by the AZDVS. The program distributed program brochures across the state and in rural and tribal communities, at faith-based centers, domestic abuse provider organizations, at U.S. Post Offices, and libraries, which resulted in an increased number of phone calls and interest in program services from across the state.

4. **Any other information you would like to share with SAMHSA regarding your program?**

The Emergency COVID-19 Project wants to recognize how effective intensive support services/community outreach services have been for project participants in improving their daily lives. Having access to an outreach specialist who can provide regular in-person or virtual check-ins, transportation, care coordination across multiple life domains, and recovery support services helped ensure that individuals with complex needs have access to comprehensive wellness services. Support services have helped participants attend vital treatment services, access basic needs, improve levels of independence and confidence, improve interpersonal relationships, etc. Focusing on comprehensive wellness demonstrated immeasurable improvement in participants' overall quality of life. Providers have reported that grant services have been successful in ensuring that no individual needing behavioral health treatment is turned away.

Optional Attachment(s)

Specify attachments (associated with the grant project) submitted with the progress report, such as:

- Evaluation report, workplan, statewide plan, minutes/summaries of meetings

  See Attachment 1: AHCCCS Az Emergency COVID-19 Evaluation Report

- Proclamations, awards, or citations

  Not applicable

- Press releases or Media Coverage

  Not applicable

- Publications (e.g., internal newsletters, professional journals, and presentations)

  See Attachment 2: AHCCCS Emergency COVID-19 Data Infographics

Attachment 1:

AHCCCS EMERGENCY COVID-19 PROJECT ANNUAL EVALUATION

(April 20, 2020 – May 31, 2022)

Presented to:
Arizona Health Care Cost Containment System

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Introduction

The Arizona Health Care Cost Containment System Emergency COVID-19 (AHCCCS ECOVID) project addressed the increased need for substance abuse, mental health, and crisis support services to Arizonans impacted by the COVID-19 pandemic. This project prioritized outreach services utilizing the existing substance use, mental health, and crisis system to ensure individuals were met where they are and increased overall service utilization. Case management services managed all aspects of a member's care, ensured all services were provided according to members' needs, and ensured services were provided in a comprehensive manner. Individuals who did not need direct substance abuse, mental health, and/ or crisis services, but needed recovery support services or general assistance services due to COVID-19 were connected with support service entities throughout the state.

The AHCCCS ECOVID project began on April 20, 2020, with an initial planning period. Arizona Health Care Cost Containment System (AHCCCS), the funded state agency, completed an inventory of resources available to Arizonans to identify service gaps, barriers, and potential overlaps prior to implementing funding. The work completed during the planning period facilitated the development of a plan that addressed Arizona's specific needs for substance use, mental health, and crisis services during the pandemic. Service delivery was initiated between September and November 2020 when AHCCCS sent the allocation letters to the Regional Behavioral Health Authorities (RBHAs)/Tribal Regional Behavioral Health Authorities (TRBHAs) for signatures. This report covers the period of April 20, 2020, through May 31, 2022.

Data Sources and Evaluation Overview

The AHCCCS ECOVID project is funded by SAMHSA's Center for Substance Abuse Treatment (CSAT) and uses the CSAT Government Performance and Results Act (GPRA) data collection tool at specific time points as a funding requirement. GPRA data collection occurs as part of the client's enrollment in the program with a second data collection point occurring six months later. The third data collection interval occurs when the client is discharged from the program. Changes in drug alcohol use, family and living conditions, crime and criminal justice status, and social connectedness are measured by comparing the data collected at intake with six-month follow-up and discharge data.

Providers working with clients completed the GPRA and submitted the completed forms to the evaluation team as paper copies or through a web portal created by the evaluation team. The evaluation team submitted the GPRA data to SAMHSA using the SPARS data system. The web portal collects additional information on the services a client receives and referrals. A monthly process narrative on program implementation is completed by the providers each month. This additional information is utilized to address the following process and outcome evaluation questions developed for the AHCCCS ECOVID project:

Process Evaluation Questions:

1. How many individuals were reached through the project?
2. Is the project serving the target population adequately and appropriately?

3. How closely did implementation match the plan?
4. What types of changes were made to the original plan?
5. What effect did the changes have on the planned intervention and performance assessment?

Outcome Evaluation Questions:

1. What was the effect of intervention on key outcome goals?
2. What factors were associated with outcomes?
3. Was the intervention effective in maintaining the project outcomes at the six-month follow-up?
4. What program factors were associated with increased access to and enrollment in treatment services?
5. What was the effect of the AHCCCS ECOVID project on the level of collaboration between the integrated care system, recovery support services, and healthcare system on key outcome goals?

This evaluation report presents information related to the process and outcome evaluation questions using the intake GPRA interview data. Counts, frequencies, means, and percent changes are shown for available data. Follow-up data collection began in April 2021.

Evaluation Results

Service providers began identifying and enrolling clients in between September and November 2020 after contracts and allocations were finalized. Once a client was identified as eligible[1] for the AHCCCS ECOVID project, an intake GPRA was completed. Service delivery began following the completion of the intake interview and was tracked through the data collection web portal created by the evaluation team. The data included in this evaluation report was collected from intake, follow-up, and discharge GPRAs completed between September 21, 2020 and May 31, 2022.

Process Evaluation Results

Process Evaluation Question 1: How many individuals were reached through the program?

Several items were used to measure this process evaluation question. The following table presents demographics collected between September 21, 2020 and May 31,2022 for 800 eligible AHCCCS ECOVID participants. The N value for each demographic variable changed for some items because clients declined to provide specific information, such as their date of birth, or a specific variable was not applicable.

Sixty percent (60%) of clients were screened for a co-occurring disorder with 40% having a positive result, indicating a co-occurring disorder. Clients had a mean age of 40.2, ranging from 17 to 87 years old with more participants being female (51%) than male (44%). Fifty-seven percent (57%) of clients identified as white and 46% were Hispanic/Latino. Ten clients (2%)

[1]Eligible AHCCCS ECOVID participants are NTXIX members or members who are not Medicaid eligible.

selected more than one category for race. Thirty-two percent (32%) completed grade 12 with a high school diploma or a GED equivalent and 16% of clients had a Bachelor's degree or higher.

Demographic variables	Intake
1. Co-occurring Screen (%) (n = 800)	
Yes	60%
No	40%
Refused or Unknown	<1%
2. Co-occurring positive screen status (%) (n = 481)	
Yes	36%
No	64%
3. Average Age in years (n = 758)	
Range 17 – 87 years old	40.2
4. Gender (%) (n = 800)	
Males	44%
Females	51%
Transgender	0%
Refused or Unknown	5%
5. Ethnicity (%) (n = 800)	
Hispanic	46%
Non-Hispanic	53%
Refused or Unknown	1%
6. Race (%) (n=800)	
American Indian	13%
Alaska Native	0.4%
Asian	1%
Black	8%
Native Hawaiian	1%
White	57%
Other	0.1%
Refused or Unknown	19.0%
7. Education (%) (n = 800)	
Never to 5th Grade	2%
6th Grade	2%
7th Grade	0%
8th Grade	2%
9th Grade	3%
10th Grade	4%
11th Grade	5%
12th Grade/HS diploma/equivalent	32%
College or University/1st year completed	8%
College or University/2nd year completed Associates Degree (AA/AS)	11%

Demographic variables	Intake
College or University/3rd year completed	2%
Bachelor's Degree	16%
Vocational/Technical Program with no diploma	2%
Vocational/Technical Program diploma	2%
Refused or Don't know	9%
8. Ever served in the military? (%) (n = 800)	
Yes	3%
No	90%
Refused or Unknown	7%

Out of the 800 clients served, 535 individuals (67%) reached the six-month follow-up data collection window by May 31, 2022. An administrative follow-up GPRA form was submitted for 223 individuals (42% of the 535 eligible individuals) with 312 clients completing the interview. This is a 58% follow-up completion rate, which falls below the minimum 80% follow-up completion rate established by SAMHSA.

Discharge GPRAs were submitted for 268 clients (34% of the intakes); 74 clients completed discharge interviews. One hundred ten (110) individuals (38%) completed their treatment or recovery support services. Of the 165 termination discharges, 23% were for involuntary discharge due to nonparticipation, and 35% were for other reasons that included client received Medicaid coverage through AHCCCS or a change in the client's Title XIX status. The following table summarizes the reasons clients were discharged from the AHCCCS ECOVID program.

9. Discharge Reason (n=268)	Number / Percent
Completion/Graduation	103 /38%
Termination	165 /62%
Termination Reason:	
Left on own against staff advice with satisfactory progress	20/7.5%
Left on own against staff advice without satisfactory progress	40/14.9%
Involuntarily discharged due to nonparticipation	61/22.8%
Involuntarily discharged due to violation of rules	0%
Referred to another program or other services with satisfactory progress	8/3%
Referred to another program or other services with unsatisfactory progress	2/0.7%
Incarcerated due to offense committed while in treatment with satisfactory progress	2/0.7%
Incarcerated due to offense committed while in treatment with unsatisfactory progress	1/0.4%
Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress	1/0.4%
Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress	0%
Transferred to another facility for health reasons	7/2.6%
Death	9/3.4%

9. Discharge Reason (n=268)	Number / Percent
Other	14/5.2%
Change Title Status - No longer Non-Title XIX	*6/43%*
Requested services to be closed out to continue with medication only	*1/7%*
Relocated	*2/14%*
Lack of Contact	*2/14%*
Patient admitted to SNF, cant communicate	*1/7%*
Has AHCCCS coverage continuing services under her insurance	*1/7%*
Did not use service	*1/7%*
Change in eligibility	*1/7%*

The difference between the intake GPRA date and the discharge GPRA date determined how long clients received services through the AHCCCS ECOVID project. The 268 clients with a discharge GPRA had an average of 194.9 days in the project. Among the 103 clients documented as graduating/ completing services, the average number of days was 205.6 (ranging from 7 days to 547 days), a 5.5% increase from the average for all discharged clients. The 165 clients terminated from the project had an average of 188.4 days of service (ranging from 1 day to 544 days), a 3% reduction from the average for all discharged clients.

Process Evaluation Question 2: Is the project serving the target population adequately and appropriately?

Contractors agreed to serve 800 unduplicated individuals by August 19, 2022. In accordance with funding requirements, 70% of clients (560 individuals) should be persons with SMI/SEDs, 10% (80 individuals) should be healthcare practitioners, and 20% (160 individuals) should be individuals with less than SMI.

The 800 intake GPRAs (100% of the 800 target) indicated that the AHCCCS ECOVID project met its goal. Of the 800 intakes, 54% were for individuals with SMI/SED or co-occurring disorders, 43% were individuals with less than SMI, and 3% were for healthcare practitioners. These percentages will be updated as enrollment continues through August 19, 2022.

The GPRA included a section on Behavioral Health Diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Up to three diagnoses could be selected with the option to identify the diagnosis as Primary, Secondary, or Tertiary. The following section presents the results for 800 intake GPRAs. Of the 800 clients, 724 individuals (91%) had a primary behavioral health diagnosis, 332 individuals (42%) also had a secondary diagnosis, and 104 individuals (13%) had a tertiary diagnosis. Thirty-nine individuals (4.9%) had at least one behavioral health diagnosis that was not ranked as primary, secondary, or tertiary. The behavioral health diagnosis was "not known" for 43 individuals (5%).

8. Behavioral Health Diagnosis	# Primary	# Secondary	# Tertiary
F10.10 – Alcohol use disorder, uncomplicated, mild	37	7	3
F10.11 – Alcohol use disorder, mild, in remission	3	2	1
F10.20 – Alcohol use disorder, uncomplicated, modern/severe	21	17	9

8. Behavioral Health Diagnosis	# Primary	# Secondary	# Tertiary
F10.21 – Alcohol use, disorder, moderate/severe, in remission	12	7	3
F10.9 – Alcohol use, unspecified	14	6	3
F11.10 – Opioid use disorder, uncomplicated mild	12	1	0
F11.11 – Opioid use disorder, mild in remission	0	4	0
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	62	3	2
F11.21 – Opioid use disorder, moderate/severe, in remission	6	2	0
F11.9 – Opioid use, unspecified	2	1	0
F12.10 – Cannabis use disorder, uncomplicated, mild	5	7	3
F12.11 – Cannabis use disorder, mild, in remission	1	1	2
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	6	8	2
F12.21 – Cannabis use disorder, moderate/severe, in remission	2	3	2
F12.9 – Cannabis use, unspecified	4	4	0
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated mild	0	0	0
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	0	0	0
F13.20 – Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated moderate/severe	0	0	0
F13.21 – Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated moderate/severe in remission	0	0	0
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified	2	0	0
F14.10 – Cocaine use disorder, uncomplicated, mild	0	0	0
F14.11 – Cocaine use disorder, mild, in remission	0	1	0
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	1	1	3
F14.21 – Cocaine use disorder, moderate/severe, in remission	3	1	2
F14.9 - Cocaine use, unspecified	0	0	0
F15.10 – Other stimulant use disorder, uncomplicated, mild	3	0	2
F15.11 – Other stimulant use disorder, mild, in remission	0	2	0
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	10	4	7
F15.21 – Other stimulant use disorder, moderate/severe, in remission	1	3	0
F15.9 – Other stimulant use, unspecified	2	3	0
F16.10 – Hallucinogen use disorder, uncomplicated, mild	0	0	0
F16.11 – Hallucinogen use disorder, mild, in remission	0	0	0
F16.20 – Hallucinogen use disorder moderate/severe	0	1	0
F16.21 – Hallucinogen use disorder moderate/severe, in remission	0	0	0
F16.9 – Hallucinogen use, unspecified	0	0	0
F18.10 – Inhalant use disorder, uncomplicated, mild;	0	0	0
F18.11 – Inhalant use disorder, mild, in remission	0	0	0

8. Behavioral Health Diagnosis	# Primary	# Secondary	# Tertiary
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	0	0	0
F18.21 – Inhalant use disorder, moderate/severe, in remission	0	0	0
F18.9 – Inhalant use, unspecified	0	0	0
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	0	1	1
F19.11 – Other psychoactive substance use disorder, in remission	0	1	0
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	1	0	1
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	1	0	0
F19.9 – Other psychoactive substance use, unspecified	1	0	0
F17.20 – Tobacco use disorder, mild/moderate/severe	1	0	0
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	0	0	0
F20 - Schizophrenia	10	1	0
F21 – Schizotypal disorder	0	0	1
F22 – Delusional disorder	2	0	2
F23 – Brief psychotic disorder	1	0	0
F24 – Shared psychotic disorder	0	0	0
F25 – Schizoaffective disorders	23	1	1
F28 – Other psychotic disorder not due to a substance or known physiological condition	1	0	1
F29 – Unspecified psychosis not due to a substance or known physiological condition	4	1	0
F30 – Manic episode	0	0	0
F31 – Bipolar disorder	53	11	1
F32 – Major depressive disorder, single episode	55	27	8
F33 – Major depressive disorder, recurrent	133	39	7
F34 – Persistent mood [affective] disorders	4	4	0
F39 – Unspecified mood [affective] disorder	6	3	0
F40 – F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	180	135	18
F50 – Eating disorders	1	3	0
F51 – Sleep disorders not due to a substance or known physiological condition	0	1	2
F60.2 – Antisocial personality disorder	1	0	1
F60.3 – Borderline personality disorder	1	2	4
F60.0, F60.1, F60.4 – F69 – Other personality disorders	6	2	3
F70–F79 – Intellectual disabilities	1	2	1
F80–F89 – Pervasive and specific developmental disorders	1	0	0
F90 – Attention-deficit hyperactivity disorders	7	5	7
F91 – Conduct disorders	2	0	0
F93 – Emotional disorders with onset specific to childhood	0	2	0
F94 – Disorders of social functioning with onset specific to childhood or adolescence	0	0	0

8. Behavioral Health Diagnosis	# Primary	# Secondary	# Tertiary
F95 – Tic disorder	0	1	0
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	0	0	0
F99 – Unspecified mental disorder	19	1	1
Total	**724**	**332**	**104**

Process Evaluation Question 3: How closely did implementation match the plan?

The planning phase of the AHCCCS ECOVID project was conducted and completed as outlined in the implementation plan. Providers worked through implementation plans and identified and enrolled eligible individuals. On average, providers enrolled 38 clients per month leading to the 800 intake GPRAs which is 100% of the 800-target intake goal. Throughout implementation, program staff continually monitored intake coverage and follow-up rates and discharges via an online GPRA tracking tool. GPRA data updates were provided at monthly meetings with AHCCCS, RBHAs/TRBHAs, and providers. Providers reported monthly on program updates, success, challenges, barriers, and actions to overcome barriers. Reports were reviewed by the AHCCCS Project Director, RBHA contract managers, and the evaluation team. Reported challenges and barriers were discussed during monthly meetings to identify any quality improvement issues that needed to be addressed with a focus on disparities in access/use/outcomes. Content analyses of monthly process narratives were utilized to identify characteristics of recruitment/retention plans, factors that facilitated/hindered implementation, and challenges and barriers experienced, and resolutions. The monthly meetings allowed for quick identification and resolution of challenges/barriers and planning for technical assistance needs. RBHAs/TRBHAs monitored their providers to ensure that providers adhered to best practices in treatment, followed up with clients, and ensured that individuals receive the proper, assessments, treatments, and that services adhered to treatment plans and identified needs.

Outreach services were identified as a crucial component to the AHCCCS ECOVID project in the implementation plan. Each provider took a unique approach to marketing/outreaching and engaging clients such as collaborating with local school districts, providing flexible services both virtually and in the home during and after normal business hours, and providing access to brief counseling. Increasing access to supportive services, including recovery support and transportation increased engagement in treatment services. Several providers used funding to support health care providers who were employees of the organization/Tribe and obtained access to mental health treatment services through expanded/enhanced employee assistance programs.

Supplemental funding allowed AHCCCS to expand outreach activities by contracting with the Arizona Department of Veterans Services (AZDVS) for outreach, screening, and referral services to veterans, active service members, and their dependents. Between April 2021 and July 2021, protocols for service delivery were developed and enhancements were made to the web portal for data collection and emailing referrals. Three AZDVS outreach positions in northern, southern, and central Arizona were staffed by August 9, 2021, with outreach activities focused on zip codes with high incident rates of veteran suicide and events catering to veterans and their families. AZDVS has made 21 referrals to ECOVID providers since implementation.

Process Evaluation Question 4: What types of changes were made to the original plan?

As COVID-19 cases began to decrease across Arizona, clients began to prefer obtaining in-person services versus telehealth or telephonic services. However, as the preference for in-person services increased, so did the price of gas. The increase in gas prices was an obstacle for those clients wanting in-person services. This increased clients' need for transportation to multiple services including both therapeutic and basic needs. To address this issue, staff provided in-home services and strategically scheduled appointments with clients in their homes based on location to minimize drive time and gas usage. Increased prices in groceries also impacted ECOVID participants. Providers addressed this challenge by working closely with food banks and food pantries to provide clients with needed groceries.

Process Evaluation Question 5: What effect did the changes have on the planned intervention and performance assessment?

Increasing access to supportive services, including recovery support and transportation increased engagement in treatment services. Intensive support services/community outreach services including regular in-person or virtual check-ins, transportation, care coordination across multiple life domains, and recovery support services addresses the complex needs of individuals enrolled in the program and supports comprehensive wellness. Providers report that focusing on comprehensive wellness has demonstrated immeasurable improvement in participants' overall quality of life. This anecdotal data is supported by the outcomes around Quality of Life in Tables 39 and 40.

Outcome Evaluation Results

Outcome Evaluation Question 1: What was the effect of intervention on key outcome goals?

The following tables compare matched participant data from intake to the six-month follow-up interview and from intake to discharge for key outcome goals. The percent change between the specified time intervals is documented in each table. The six-month follow-up GPRA was completed by 315 individuals, and 74 clients completed the discharge GPRA interview. Clients with "missing" or "unknown" at one time interval (intake, follow-up, or discharge) were removed from data analysis.

Risk factor variable: Employment

Employment status was reported at intake, follow-up, and discharge. Table 11 compares 315 participant responses at intake and at the six-month follow-up. The positive percent change reported for full time (7%) was the desired outcome indicating more individuals were employed after receiving services through AHCCCS ECOVID project. Overall, there was a reduction in unemployment among participants six months after intake. The average age for all AHCCCS ECOVID participants is 40.2, as documented previously in Table 3, while the average age for clients who completed the follow-up GPRA was 44.1 (ranging from 18 to 87).

11. Current employment status (%)	Intake (n = 315)	Follow-up (n = 315)	Percent Change
Employed, Full Time	44%	47%	7%
Employed, Part Time	8%	8%	0%
Unemployed, looking for work	10%	8%	-20%
Unemployed, disabled	19%	18%	-5%
Unemployed, volunteer work	<1%	<1%	0%
Unemployed, retired	1%	1%	0%
Unemployed, not looking for work	8%	7%	-13%
Other	2%	1%	-50%
On medical leave or FMLA (Intake: n=2)			
Jail (Intake: n=1 and Follow-up: n=1)			
Furlough (Intake: n=1)			
Self-employed (Intake and Follow-up: n=1)			
Unemployed, waiting on disability (Intake & Follow-up: n=1)			

The employment data at discharge indicated an increase in employment and an increase in retirement. The 74 clients who completed the discharge GPRA interview reported a 4% increase in full-time employment and a 43% increase in part-time employment compared to intake. No changes were reported for the percent of clients who were unemployed and disabled. There was an increase in clients looking for work (11%) or retired (25%). A 26% decrease was reported for clients who were unemployed.

12. Current employment status (%)	Intake (n = 74)	Discharge (n = 74)	Percent Change
Employed, Full Time	46%	48%	4%
Employed, Part Time	7%	10%	43%
Unemployed, looking for work	9%	10%	11%
Unemployed, disabled	12%	12%	0%
Unemployed, retired	4%	5%	25%
Unemployed, not looking for work	19%	14%	-26%
Other	3%	0%	-100%
On medical leave or FMLA (Intake: n=2)			

Risk factor variable: Housing

Table 13 presents the housing data at intake and follow-up. Clients reported a 100% reduction in living on the street or in an automobile at follow-up. A 100% increase was also reported for clients living in an institution. No change was reported for the percent of individuals living in permanent housing, but some changes were reported in the type of permanent housing. Clients had a 7% increase in living in an apartment, room, or house that 23% increase in housing at the six-month follow-up with individuals who owned or rented an apartment, room, or house they owned or rented.

13. In the past 30 days, where have lived most of the time? (%)	Intake (n = 315)	Follow-up (n = 315)	Percent Change
Shelter	0.6%	0.3%	-50%
On Street/Automobile	1%	0%	-100%
Institution	0.6%	1.3%	117%
Permanent Housing	97%	98%	1%
Permanent Housing: Own/Rent apartment, room, or house	*82%*	*88%*	*7%*
Permanent Housing: Someone else's apartment, room, or house	*13%*	*10%*	*-23%*
Permanent Housing: Halfway house	*0.7%*	*0.3%*	*-57%*
Permanent Housing: Residential treatment	*2%*	*0%*	*-100%*
Permanent Housing: Other – Oxford House, RV, Assisted Living, Condo	*0%*	*1%*	*--*

There was no change in the percentage of clients (89%) who completed the discharge GPRA interview who reported living in permanent housing. No one was living in a shelter or on the street/automobile at discharge.

14. In the past 30 days, where have lived most of the time? (%)	Intake (n = 74)	Discharge (n = 74)	Percent Change
Shelter	1.4%	0%	-100%
On Street/Automobile	0%	0%	0%
Institution	9.5%	11%	16%
Permanent Housing	89%	89%	0%
Permanent Housing: Own/Ren apartment, room, or house	*83%*	*88%*	*6%*
Permanent Housing: Someone else's apartment, room, or house	*14%*	*11%*	*-21%*
Permanent Housing: Halfway house	*0%*	*0%*	*0%*
Permanent Housing: Residential treatment	*2%*	*0%*	*-100%*
Permanent Housing: Other – RV	*0%*	*2%*	*--*

Risk factor variable: Past 30-day substance use

A reduction in client's substance use was an intended outcome of the AHCCCS ECOVID project. The intake interview established clients' baseline use of alcohol and illegal drugs. Tables 15 and 16 compare the baseline use with client's use six-months after enrollment in the AHCCCS ECOVID project. To compare use across all alcohol and drug categories, the total N for number of matched intakes/follow-ups was used to compare past 30-day substance use.

Table 15 summarizes the data for clients who reported using alcohol and/or illegal drugs at intake. A reduction in alcohol and illegal drug use at follow-up was seen across all items with clients reporting reductions in both the percent of users and the average number of days of use. The smallest reduction in use was documented for any alcohol use with a 11% reduction in the percent of clients using alcohol and an 8% reduction in the average number of days. The largest reduction in use was reported among clients who used alcohol for intoxication (four or fewer) with a 36% reduction in use and an 11% reduction in the number of days. There was a 26% increase in the number of days clients reported for binge drinking (5+ drinks in one sitting).

15. Individuals who reported substance use at intake: In past 30 days	Intake N=315		Follow-up N=315		Percent Change	
	% Yes	Average # of Days	% Yes	Average # of Days	% Change	% Change # Days
Any alcohol use	36%	7.3	32%	6.7	-11%	-8%
Use of alcohol for intoxication (5+ drinks in 1 sitting)	13%	5.7	10%	7.2	-23%	26%
Use of alcohol for intoxication (4 or fewer) and felt high	11%	6.1	7%	5.4	-36%	-11%
Used illegal drugs	21%	16.8	17%	16.2	-19%	-4%
Used both alcohol and drugs	8%	5	5%	5.1	-38%	2%

A few individuals did not report using alcohol or illegal drugs during the past 30 days at intake but reported use of the specified substance during the six-month follow-up interview. Fifty-seven (18%) of clients reported alcohol use and 15% reported illegal drug use only at follow-up. It is not possible to determine if the increased substance use seen in Table 16 indicated new behavior or if clients failed to disclose their use at intake. Results should be interpreted with caution due to the small N values.

16. Individuals who first reported substance use at follow-up: In past 30 days	No Use at Intake but Use at Follow-up % Yes (N=315)
Any alcohol use (n=57)	18%
Use of alcohol for intoxication (5+ drinks in 1 sitting) (n=26)	8%
Use of alcohol for intoxication (4 or fewer) and felt high (n=17)	5%
Used illegal drugs (n=47)	15%
Used both alcohol and drugs (n=14)	4%

Table 17 documents the change in illegal drug use by individual substance between intake and follow-up. A small percentage of the clients who completed the intake and follow-up GPRA interviews reported using any illegal drugs. Marijuana/hashish had the highest percent of users at intake (17%) and at follow-up (15%), which may reflect the legality of medical marijuana use since November 2010 and recreational marijuana use in November 2020. Clients documented a 12% decline in the percent of clients using marijuana and a 2% increase in the average number of days of use. Clients reported abstaining from OxyContin/oxycodone at follow-up as well as Heroin, Demerol, Percocet, and Tylenol. There was a reported increase in days of use of Benzodiazepines, Cocaine/Crack, and Methamphetamine at follow-up.

17. Individuals who reported illegal drug use at intake: In past 30 days (N=315)	Intake		Follow-up		Percent Change	
	% Yes	Average # of Days	% Yes	Average # of Days	% Change	% Change # Days
Marijuana/Hashish	17%	15.5	15%	15.8	-11.8%	1.9%
OxyContin/Oxycodone	1%	15.5	0	0	-100.0%	-100.0%
Benzodiazepines	1%	25	1%	30	0.0%	20.0%
Cocaine/Crack	1%	3.7	1%	13	0.0%	251.4%
Opiates/Heroin	1%	30	0	0	-100.0%	-100.0%
Opiates/Demerol	0.3%	30	0	0	-100.0%	-100.0%
Opiates/Percocet	0.3%	30	0	0	-100.0%	-100.0%
Opiates/Tylenol	0.3%	3	0	0	-100.0%	-100.0%
Hallucinogen	1%	15.5	0.3%	1	-70.0%	-93.5%
Methamphetamine	0.3%	15	2%	15.8	566.7%	5.3%
Other Illegal	2%	30	1%	20.7	-50.0%	-31.0%

A few individuals reported using a specific substance during follow-up that was not reported at intake. Marijuana had the largest number of individuals who reported use only at follow-up. Table 18 should be interpreted with caution due to the small N values.

18. Individuals who first reported illegal drug use at follow-up: In past 30 days	No Use at Intake but Use at Follow-up % Yes (N=315)
Marijuana/Hashish (n=42)	13%
Methamphetamine (n=6)	2%
Cocaine/Crack (n=3)	1%
Benzodiazepines (n=2)	0.6%
Opiates/Tylenol (n=1)	0.3%
Hallucinogen (n=1)	0.3%
Other Illegal (n=3)	1%

Tables 19 and 20 compare baseline use with clients' use at discharge. Table 19 summarizes the data for clients who reported using alcohol at intake compared to discharge. A reduction in alcohol use at follow-up was seen in both the percent of users and the average number of days of use. There was a decrease in the number of clients reporting use of illegal drugs at discharge, but there was an increase average number of days of use in the past 30 days. There was a 50% increase in the number of days clients used both alcohol and drugs, but there was no change in the number of clients using both alcohol and drugs at discharge.

19. Individuals who reported substance use at intake: In past 30 days (N=74)	Intake		Discharge		Percent Change	
	% Yes	Average # of Days	% Yes	Average # of Days	% Change	% Change # Days
Any alcohol use (n=29)	39%	8.9	38%	5.8	-2.6%	-34.8%
Use of alcohol for intoxication (5+ drinks in 1 sitting) (n=10)	14%	7.6	10%	4.4	-28.6%	-42.1%
Use of alcohol for intoxication (4 or fewer) and felt high (n=13)	18%	9.2	11%	3.4	-38.9%	-63.0%
Used illegal drugs (n=12)	16%	9.6	10%	10.7	-37.5%	11.5%
Used both alcohol and drugs (n=2)	3%	8	3%	12	0.0%	50.0%

Six individuals did not report using alcohol or illegal drugs during the past 30 days at intake and then documented substance use in the past 30 days at discharge. Two clients reported illegal drug use at discharge, but not at intake. The increased substance use documented in Table 20 could indicate new behavior or cases where clients failed to disclose substance use at intake. The results shown in Table 20 should be interpreted with caution due to the small N values.

20. Individuals who first reported substance use at discharge: In past 30 days	% Yes (N=74)
Any alcohol use (n=6)	8%
Use of alcohol for intoxication (4 or fewer) and felt high (n=5)	7%
Used illegal drugs (n=2)	3%
Used both alcohol and drugs (n=2)	3%

Table 21 compares illegal drug use in the past 30 days at intake and at discharge. At discharge, there was a decrease in the number clients reporting marijuana use, but there was an increase in the number of days clients used marijuana. There was no change in the number of clients using benzodiazepines but there was an increase in the number of days they used.

21. Individuals who reported illegal drug use at intake: (n=74)	Intake		Discharge		Percent Change	
	% Yes	Average # of Days	% Yes	Average # of Days	% Change	% Change # Days
Marijuana/Hashish (n=7)	16%	9.2	11%	9.5	-31.3%	3.3%
Benzodiazepines (n=1)	1%	20	1%	30	0%	50%

Marijuana was the only substance individuals reported using at discharge but did not report at intake. Data in Table 22 should be interpreted with caution due to the small N.

22. Individuals who first reported substance use at discharge: In past 30 days	% Yes (N=74)
Marijuana/Hashish (n=3)	4%

Risk factor variable: Impact of substance use

Participants were also asked to rate the impact of their use of alcohol or other drugs on a scale from 1 to 4 with "1" being "Not at all" to "4" being "Extremely". Table 23 shows intake and follow-up ratings of clients who reported alcohol or drug use at intake and completed the follow-up interview. The negative percent change values indicate movement in the desired direction as participants reported that substance us had less impact on their lives. Clients reported the largest reduction (13%) in stress caused by alcohol and other drug use.

23. In the past 30 days	**Intake Mean (n=148)**	**Follow-up Mean (n=148)**	**Percent Change**
How stressful have things been for you because of your use of alcohol or other drugs?	1.39	1.21	-13%
Has your use of alcohol or other drugs caused you to reduce or give up important activities?	1.28	1.17	-9%
Has your use of alcohol or other drugs caused you to have emotional problems?	1.34	1.19	-11%

Table 24 shows ratings from clients with alcohol or drug use at intake who completed a discharge interview. The negative percent change seen for all three items is the desired outcome. Clients reported the largest decreases (12%) for emotional problems caused by using alcohol and drugs.

24. In the past 30 days	**Intake Mean (n=33)**	**Discharge Mean (n=33)**	**Percent Change**
How stressful have things been for you because of your use of alcohol or other drugs?	1.16	1.09	-5%
Has your use of alcohol or other drugs caused you to reduce or give up important activities?	1.12	1.03	-8%
Has your use of alcohol or other drugs caused you to have emotional problems?	1.21	1.06	-12%

Risk factor variable: Mental and Behavioral Health

The baseline for mental and behavioral health issues was established for clients on the intake GPRA and matched with follow-up interview responses. All seven items in Table 25 showed the intended outcome with negative percent changes, indicating fewer clients reported specified mental and behavioral health issue at follow-up. No clients reported attempted suicide in the past 30 days at follow-up.

25. Individuals who reported mental and behavioral health issues at intake: In the past 30 days	**Intake (N=315)**		**Follow-up (N=315)**		**Percent Change**	
	% Yes	**Avg. # Days**	**% Yes**	**Avg. # Days**	**% Change**	**% Change # Days**
Experienced serious depression	64%	14.8	53%	11.5	-17%	-22%
Experienced anxiety	74%	18.5	68%	15.3	-8%	-17%
Experienced hallucinations	7%	17.5	6%	15.9	-14%	-9%

25. Individuals who reported mental and behavioral health issues at intake: In the past 30 days	Intake (N=315)		Follow-up (N=315)		Percent Change	
	% Yes	Avg. # Days	% Yes	Avg. # Days	% Change	% Change # Days
Experienced and/or had trouble understanding, concentrating, or remembering	56%	19.5	41.3%	18.5	-26%	-5%
Experienced and/or had trouble controlling violent behavior	9%	8.1	5.1%	6.4	-43%	-21%
Attempted suicide	1%	1	0%	0	-100%	-100%
Were prescribed medications for psychological/emotional problems	30%	24.4	28%	25.3	-7%	4%

A few clients reported experiencing a mental or behavioral health issue in the past 30 days on the follow-up interview after reporting no experiences at intake. Table 26 shows the highest percentage (11%) of clients reported experiencing serious depression at follow-up. Due to the small N values, the results in Table 26 should be interpreted with caution.

26. Individuals who first reported mental and behavioral health issues at follow-up: In the past 30 days	Follow-up (N=315)
Experienced serious depression (n=34)	11%
Experienced anxiety (n=29)	9%
Experienced hallucinations (n=9)	3%
Experienced and/or had trouble understanding, concentrating, or remembering (n=26)	8%
Experienced and/or had trouble controlling violent behavior (n=11)	3%
Were prescribed medications for psychological/emotional problems (n=29)	9%

Table 27 compares the baseline with matched responses from the discharge interview. Participants reported a decline in experiencing all seven mental and behavioral health issues. Although there was a decrease in the percent of individuals who experienced hallucinations, there was an increase of 48% in the number of days clients reported experiencing this challenge.

27. Individuals who reported mental and behavioral health at intake: In the past 30 days	Intake N=74		Discharge N=74		Percent Change	
	% Yes	Avg. # Days	% Yes	Avg. # Days	% Change	% Change # Days
Experienced serious depression	51%	12.8	35%	12.5	-31%	-2%
Experienced anxiety	51%	16.8	50%	14.4	-2%	-14%
Experienced hallucinations	7%	11.0	5%	16.3	-29%	48%
Experienced and/or had trouble understanding, concentrating, or remembering	39%	18.0	34%	19.1	-13%	6%
Experienced and/or had trouble controlling violent behavior	11%	6.6	7%	5.2	-36%	-21%

27. Individuals who reported mental and behavioral health at intake: In the past 30 days	Intake N=74		Discharge N=74		Percent Change	
	% Yes	Avg. # Days	% Yes	Avg. # Days	% Change	% Change # Days
Attempted suicide	1%	1.0	0%	0	-100%	-100%
Were prescribed medications for psychological/emotional problems	18%	27.8	16%	25.2	-11%	-9%

A small number of clients reported experiencing a mental or behavioral health issue in the past 30 days on the discharge interview after reporting no experiences at intake. Table 28 shows a few clients reported prescribed medication for psychological/emotional problems, which may reflect clients who began receiving medication following their participation in the AHCCCS ECOVID project. Table 28 should be interpreted with caution due to the small N values.

26. Individuals who first reported mental and behavioral health issues at discharge: In the past 30 days	Discharge N=74
Experienced anxiety (n=7)	9%
Experienced hallucinations (n=2)	3%
Experienced and/or had trouble understanding, concentrating, or remembering (n=6)	8%
Experienced and/or had trouble controlling violent behavior (n=3)	4%
Were prescribed medications for psychological/emotional problems (n=5)	7%

Risk factor variable: Crime and Recidivism

Matched data on criminal activity from clients who completed the intake and follow-up interview is presented in Table 29. There was a decrease in the number of nights spent in jail, but the number of clients jailed remained consistent at intake and follow-up. Reductions were reported for the number of times clients committed a crime. The percent of clients who committed a crime decreased by 19% and the average number of crimes declined by 4%.

29. Individuals who reported criminal activity at intake: In past 30 days	Intake (N=315)		Follow-up (N=315)		Percent Change	
	% Yes	Avg. # Times/ Days	% Yes	Avg. # Times/ Days	% Change	% Change # Time/ Days
Number of nights spent in jail and/or prison	0.3%	5.0	0.3%	1.0	0%	-80%
Number of times committed a crime	21%	17.1	17%	16.5	-19%	-4%

At the six-month follow-up, a few individuals reported criminal activity in the past 30 days after reporting no criminal activity at intake. The N value for the number of people who reported being arrested is one. Seventeen individuals reported committing at least one crime in the past 30 days at follow-up after reporting no criminal activity at intake. The results in Table 30 should be interpreted with caution due to the small N values.

30. Individuals who first reported criminal activity at follow-up: In past 30 days	Follow-up (N=315)
Number of times arrested (n=1)	0.3%
Number of times committed a crime (n=17)	5%

Clients who completed the discharge interview also showed the anticipated change of a reduction in criminal activity. There was a 31% decline in the percent of people who committed a crime in the past 30 days, but there was a 28% increase in the number of crimes committed. There was a 74% reduction in the number of people who were arrested.

31. Individuals who reported criminal activity at intake: In past 30 days	Intake (N=74)		Discharge (N=74)		Percent Change	
	% Yes	Avg. # Times/ Days	% Yes	Avg. # Times/ Days	% Change	% Change # Time/ Days
Number of times arrested	5.4%	1.0	1.4%	1.0	-74%	0%
Number of times committed a crime	17.6%	8.9	12.2%	11.4	-31%	28%

Protective factor variables

Social connectedness was measured by attendance at self-help groups and interaction with family/friends as support for recovery. The percentage of participants who identified attending a self-help group or support group at intake and at follow-up was low, ranging from 5% to 7% of clients at intake and 3% to 7% at follow-up. Attendance at religious self-help and other support groups declined across all categories with a 40% reduction in the percent of clients and 55% and 68% reductions respectively in the average number of times clients attended. The COVID-19 pandemic and the measures taken to reduce transmission, such as social distancing and restrictions on group meetings, may have impacted clients' ability to find and attend self-help and support groups. Participants did report a small increase in their interactions with friends and family that are supportive of recovery. At follow-up, 86% of clients reported interactions with friends and family, an 18% increase from intake. The GPRA interview did not include a question to measure the average number of times a client interacted with friends and family.

Protective factor variables	Intake (N=315)		Follow-up (N=315)		Percent Change	
33. Social Connectedness: In past 30 days	% Yes	Average # of Times	% Yes	Average # of Times	% Change	% Change # Times
Attended voluntary self-help groups	7%	10.9	7%	8.2	0%	-25%
Attended religious/faith-based self-help groups	5%	4.7	3%	2.1	-40%	-55%
Attended any other support groups	5%	10.5	3%	3.4	-40%	-68%
Interacted with any family/friends that are supportive of recovery	73%		86%		18%	

The discharge data on protective factors presented mixed results. While attendance religious/faith-based self-help groups showed increases in the percent of clients at discharge; a decline was reported in the average number of times clients attended voluntary self-help groups and other support groups. There was no change in the percent of individuals who interacted with family and friends supportive of recovery.

Protective factor variables	Intake (N=74)		Discharge (N=74)		Percent Change	
34. Social Connectedness: In past 30 days	**% Yes**	**Average # of Times**	**% Yes**	**Average # of Times**	**% Change**	**% Change # Times**
Attended voluntary self-help groups	8%	10	3%	9.5	-63%	-5%
Attended religious/faith-based self-help groups	0	0	5%	6.8	--	--
Attended any other support groups	4%	14.7	4%	3.3	0%	-78%
Interacted with any family/friends that are supportive of recovery	73%		73%		0	

Mental and Physical Health Outcome Variables

The first mental and physical health outcome measured self-report of health status. The 315 clients who completed the intake and follow-up interview showed a small decrease in the percentage of clients indicating "Excellent", there was a 47% increase in the percent of people who said their health status was "Very Good" or "Good", and a reduction in the percent of people who selected "Fair" (-29%) and "Poor" (-54%). These changes indicated movement in the desired direction.

35. Self-reported health status	Intake (N=315)	Follow-up (N=315)	Percent Change
Excellent	8%	6%	-19%
Very Good	11%	15%	26%
Good	38%	47%	21%
Fair	33%	25%	-29%
Poor	12%	8%	-54%

Clients who completed both the intake and discharge interview demonstrated an improvement in their health status. Although there was a decrease in the percentage of clients indicating "Excellent", there was an increase in the percentage of clients who selected "Very Good" (12%) and "Good" (32%) at discharge. There was a decrease in the selection of "Fair" (-23%) and "Poor" (-59%).

36. Self-reported health status	Intake (N=74)	Discharge (N=74)	Percent Change
Excellent	14%	7%	-49%
Very Good	15%	17%	12%
Good	43%	57%	32%
Fair	22%	17%	-23%
Poor	7%	3%	-59%

The second item to address mental health and physical health outcomes measured whether treatment was received in the past 30 days. Clients' treatment service utilization was limited with 33% of individuals receiving at least one treatment type at intake or follow-up. Table 37 shows increases for multiple forms of treatment and a few decreases. The largest increases were reported for inpatient physical treatment with a 75% increase in the number of clients receiving this service and a 33% increase in the average number of nights. At intake and follow-up, outpatient mental treatment had the highest number of clients (56 at intake and 80 at follow-up) and the largest average number of times clients received this treatment (3.4 times at intake and 4.3 times at follow-up). This is an anticipated outcome under the goal of this project.

	Intake (N=315)		Follow-up (N=315)		Percent Change	
37. Received treatment in past 30 days	**# Yes**	**Average # of nights/ times**	**# Yes**	**Average # of nights/ times**	**% Change**	**% Change # nights/ times**
Inpatient Physical	4	6.3	7	8.3	75%	33%
Inpatient Mental	5	17.2	7	11.9	40%	-31%
Inpatient Alcohol or Substance Abuse	6	16.8	3	10.3	-50%	-39%
Outpatient Physical	39	1.8	38	2.4	-3%	36%
Outpatient Mental	56	3.4	80	4.3	43%	28%
Outpatient Alcohol or Substance Abuse	11	11.5	14	15.5	27%	35%
ER Physical	8	1.1	8	1.0	0%	-11%
ER Mental	2	2.5	1	7.0	-50%	180%
ER Alcohol or Substance Abuse	2	1.0	1	1.0	-50%	0%

Table 38 compares the treatment clients received in the past 30 days at intake and discharge. Overall, 24% of clients reported receiving treatment in the past 30 days at discharge. Clients reported no change in the percent of individuals who received inpatient mental services. There was a 14% reduction in the number of clients receiving outpatient mental treatment services at discharge. The largest increases were reported for outpatient physical treatment, which had a 20% increase in the number of clients and a 300% increase in the number clients received ER Physical treatment. The average number of times clients received outpatient mental treatment and treatment of alcohol or substance abuse showed an increase at discharge.

	Intake (N=74)		Discharge (N=74)		Percent Change	
38. Received treatment in past 30 days	**# Yes**	**Average # of times**	**# Yes**	**Average # of nights/ times**	**% Change**	**% Change # times**
Inpatient Physical	0	0	1	3.0	--	--
Inpatient Mental	1	30	1	30	0%	0%
Inpatient Alcohol or Substance Abuse	0	0	0	0	--	--
Outpatient Physical	5	2	6	1.7	20%	-17%
Outpatient Mental	7	2	6	4.0	-14%	100%
Outpatient Alcohol or Substance Abuse	2	6.5	2	8.0	0%	23%
ER Physical	1	1	4	1.0	300%	0%
ER Mental	1	4	2	1.5	-63%	--

Clients were asked to rate their perception of several components of their mental and physical health on a scale from "1" to "5" with "5" being the preferred response. Clients reported higher means at follow-up for all five items. The largest increase was reported for clients feeling satisfied with themselves with a 13% increase rising from 3.16 at intake to 3.56 at follow-up. Clients reported the highest mean score at follow-up for quality of life, which rose 6% to 3.76.

39. Ratings of Mental and Physical Health (Scale 1 to 5–Mean 5.0 preferred)	**Intake Mean (N=315)**	**Follow-up Mean (N=315)**	**Percent Change**
Quality of life	3.54	3.76	6%
Satisfaction with health	3.16	3.41	8%
Enough energy for everyday life	2.96	3.27	10%
Satisfaction with ability to perform daily activities	3.27	3.61	10%
Satisfied with yourself	3.16	3.56	13%

Table 40 shows changes in clients' ratings of their mental and physical health between intake and discharge. Clients reported higher means for all items at discharge. For quality of life, clients reported a 9% increase at discharge with the mean score increasing from 3.65 to 3.96 at discharge. The highest percent change was for "Satisfied with yourself" which increased by 14% to a 3.88 rating at discharge.

40. Ratings of Mental and Physical Health (Scale 1 to 5–Mean 5.0 preferred)	**Intake Mean (N=74)**	**Discharge Mean (N=74)**	**Percent Change**
Quality of life	3.65	3.96	9%
Satisfaction with health	3.44	3.72	8%
Enough energy for everyday life	3.47	3.60	4%
Satisfaction with ability to perform daily activities	3.53	3.81	8%
Satisfied with yourself	3.41	3.88	14%

Outcome Evaluation Question 2: Was the intervention effective in maintaining the project outcomes at the six-month follow-up?

The six-month follow-up interviews and discharge interviews revealed important trends with maintaining project outcomes. At the six-month follow-up, the percent of employed clients rose by 7%. Decreases in alcohol and substance use were consistent at discharge and follow-up. At discharge, most clients reported abstaining from all illegal drugs and consuming alcohol to intoxication. A small percentage of the clients who completed the intake and follow-up GPRA interviews reported using any illegal drugs specifically benzodiazepines, cocaine/crack, and methamphetamine. Marijuana use showed the highest percent of users at intake and follow-up. Clients also reported reductions in criminal activity at follow-up and at discharge. Improvements in their mental and physical health were documented at follow-up and discharge with reductions in all mental and behavioral health issues.

Planned and Received Services

The services clients received through the AHCCCS ECOVID project provided insight into clients' needs and the treatment and recovery services delivered to clients. Positive changes, such as

reduced substance use and criminal activities, and negative outcomes, like decreased social connectedness, emerged from the type and frequency of services clients received through the project.

The intake interview identified services planned for the client and the services received, with a count of how often the service was provided, were documented at discharge. Two hundred sixty-eight clients were discharged from the project by May 31, 2022. Table 41 presents the percent of these 248 clients with a planned service at intake, the percent of clients who received specified services at discharge, and the average number of days/sessions clients received the service. The GPRA interview form lists 44 service options and seven "Other" options where providers and document additional services not listed. Providers planned or provided services in all but one category between April 2020 and May 2022. The service category not utilized was "detoxification – ambulatory detoxification". Providers planned to provide nearly all clients with case management services (88%) and nearly 66% with individual counseling. Screening (56%), assessment (52%), and individual services coordination (46%) conclude the top five planned services for the AHCCCS ECOVID clients.

The discharge interviews showed that nearly 90% of the clients received case management (88%). The high percent of clients who received case management services indicated that providers followed the implementation plan which specified that case management services would be utilized to manage all aspects of a client's care. Fifty (50) individuals at discharge have no documentation of receiving case management. Forty-six percent (46%) of these clients completed or graduated from the program and 54% of these individuals were terminated from the program. Assessment and screening services were provided to more clients than planned at intake. Over 72% of clients received assessment services and 68% of clients received screening services.

41. Planned/Received Services	**% of Clients Planned Service at Intake (N=268)**	**% of Clients Received Service at Discharge (N=268)**	**Average # of Days/Sessions**
Case Management	88%	81%	11.9
Day Treatment	5%	1%	5.0
Inpatient/Hospital (Other Than Detox)	1%	3%	8.5
Outpatient	42%	25%	12.5
Outreach	34%	29%	6.4
Intensive Outpatient	6%	1%	5.0
Methadone	2%	1%	35.0
Residential/Rehabilitation	3%	1%	47.7
Detoxification – Hospital Inpatient	1%	0%	7.0
Detoxification – Free-Standing Residential	2%	0%	0
Detoxification – Ambulatory Detoxification	0%	0%	0
After Care	7%	1%	3.3
Recovery Support	17%	3%	15.3
Other Modality – Specified:	3%	0.4%	1.0

41. Planned/Received Services	% of Clients Planned Service at Intake (N=268)	% of Clients Received Service at Discharge (N=268)	Average # of Days/Sessions
Counseling; Peer Support, Care Coordination, Missing Data (n=5)	*3%*	--	---
Crisis	--	*0.4%*	*1.0*
Screening	66%	68%	1.0
Brief Intervention	16%	7%	1.8
Brief Treatment	10%	4%	4.4
Referral to Treatment	29%	18%	1.0
Assessment	61%	72%	1.3
Treatment/Recovery Planning	30%	19%	1.3
Individual Counseling	56%	36%	7.9
Group Counseling	27%	21%	10.7
Family/Marriage Counseling	2%	3%	6.3
Co-Occurring Treatment/ Recovery Services	7%	2%	7.8
Pharmacological Interventions	22%	7%	3.3
HIV/AIDS Counseling	3%	0%	0
Other Clinical Counseling	5%	2%	6.0
Crisis Skills, Nutrition Services, Anger Management, Case Management, DUI Education, Psychiatric Evaluation, Medication Management, Missing Data (n=13)	*5%*	--	--
Skills Training, Nutrition, Crisis, Group Skills (n=6)	--	*2%*	*6.0*
Family Services (Including Marriage Education, Parenting, Child Development Services)	8%	2%	6.0
Child Care	0.4%	0%	0
Employment Service – Pre-Employment	7%	2%	1.5
Employment Service – Employment Coaching	8%	0%	0
Individual Services Coordination	47%	22%	2.4
Transportation	21%	6%	11.4
HIV/AIDS Service	6%	0%	0
Supportive Transitional Drug-Free Housing Services	2%	0%	0
Other Case Management Services – Specify:	7%	3%	2.7

41. Planned/Received Services	% of Clients Planned Service at Intake (N=268)	% of Clients Received Service at Discharge (N=268)	Average # of Days/Sessions
Food Boxes, Remote Learning, Resume Building, Men Domestic Violence, Coordination with legal system, Coordination of Care, Coordination with Psych Provider, Group Therapy (n=18)	*7%*	--	--
Translation, Nutrition, Food Box, Walk-in same day service, Coordination with legal system (n=9)	--	*3%*	*2.7*
Medical Care	11%	5%	4.3
Alcohol/Drug Testing	5%	2%	1.5
HIV/AIDS Medical Support and Testing	5%	0%	0
Other Medical Care	1%	1%	5.3
Continuing Care	13%	3%	3.1
Relapse Prevention	10%	1%	1.3
Recovery Coaching	7%	1%	9.5
Self-Help and Support Groups	11%	1%	2.8
Spiritual Support	5%	1%	1.3
Other After Care Services – Specify:	1%	0%	0
Support for Divorce, Grief Support/ Counseling, Anger Management (n=3),	*1%*	--	--
Substance Abuse Education	25%	13%	5.3
HIV/AIDS Education	6%	1%	1.5
Other Education Services – Specify:	5%	1%	18.3
Physical exercise and nutrition, Parenting Skills, Medication Management, Living with chronic illness, ESL classes, Support for remote learning, Domestic Violence, Child Development/Parenting, Budgeting (n=13)	*5%*	--	--
Domestic Violence, DUI Education	--	*3*	*18.3*
Peer Coaching or Mentoring	29%	12%	22.9
Housing Support	7%	1%	1.5
Alcohol- and Drug-Free Social Activities	6%	1%	17.3
Information and Referral	15%	11%	1.2

Outcome Evaluation Question 3: What factors were associated with outcomes?

One factor associated with the outcomes presented above is the follow-up rate for completing follow-up GPRA interviews. Out of the 541 follow-ups submitted by May 31, 2022, 55% were completed GPRA interviews. Fourteen interviews (3%) were completed outside the specified window. Two hundred twenty-nine (229) follow-up GPRAs interviews were not completed for the reasons presented in Table 42. "Unable to locate, other" accounted for more than 60% of the administrative follow-up GPRAs with "Client did not respond to outreach" accounting for 46% of the "other" responses.

42. Reason Follow-up Interview Not Completed	**Number**	**Percent**
Deceased at time of due date	3	.06%
Located, but refused, unspecified	26	5%
Located, but unable to gain institutional access	8	1%
Located, but otherwise unable to gain access	11	2%
Located, but withdrawn from project	4	0.7%
Unable to locate, moved	7	1%
Unable to locate, other	170	31%
No Return Calls, multiple attempts	*88*	*51%*
Line disconnected; wrong phone number or contact info	*22*	*13%*
Patient is AWOL	*12*	*7%*
Lack of contact with program	*6*	*4%*
Client discharged	*7*	*4%*
No medical record	*9*	*5%*
Closed out from services with agency	*14*	*8%*
Family member stated not at home	*4*	*2%*
Patient incarcerated	*1*	*0.6%*
Unable to locate (no specification)	*6*	*4%*

Providers strived to maintain accurate contact information and to discuss the follow-up interview process with clients prior to the completion or termination from the program. Their efforts to engage participants in completing GPRA interviews were crucial to documenting the successes and challenges encountered in the AHCCCS ECOVID project.

Outcome Evaluation Question 4: What program factors were associated with increased access to and enrollment in treatment services?

The established and well-maintained connections between the AHCCCS ECOVID providers and their communities facilitated their ability to identify and enroll clients in appropriate services. The comprehensive recovery support and case management services ensured appropriate services were delivered to clients who needed direct substance abuse, mental health, and crisis services, and those who needed general assistance with challenges caused by the COVID-19 pandemic, such as housing, food assistance or utility assistance. Providers recognized addressing clients' basic needs removed challenges and barriers preventing clients from engaging in behavioral health services.

Providers were given the flexibility to implement marketing and outreach strategies developed for their communities. Referrals were received from local organizations and community members responding to advertisements on social media, the Department of Child Safety (DCS) website, and through each agency's or RBHA enrollment specialists. One provider collaborated with local school districts while another focused on providing flexible services virtually or in the home during

and after normal business hours. Innovative strategies were also implemented to target specific populations such as healthcare providers. One provider developed a Fast Track program that offers extended hours of service including staying open from 8 am to midnight Monday through Friday and 8 am to 8 pm on Saturday and Sunday to ensure access to needed services. The Fast Track program offered intakes and assessments, and services via telehealth.

The partnership with AZDVS initiated targeted outreach and referral services for veterans, service members and family members with unmet treatment needs. This partnership was designed to increase referrals to treatment services from local providers. During the reporting period, 21 referrals were emailed to AHCCCS ECOVID providers.

Outcome Evaluation Question 5: What was the effect of the AHCCCS ECOVID project on the level of collaboration between integrated care system, recovery support services, and healthcare system on key outcome goals?

Collaboration between the local service providers, RBHAs, and other community partners was fundamental to achieving key outcomes. Providers identified and collaborated with unique partners to best meet the needs of their communities. The result of these collaborations was diversified outreach and marketing strategies to recruit and enroll participants and distinct services to address client needs during the COVID-19 pandemic. Collaborative partners ranged from local school districts and the Women Infant and Children's (WIC) program to agencies specializing in employee assistance programs to the AZDVS. Services offered with the support of collaborative partners include primary care well checks, sick checks, well woman visits, psychiatric services, case management, transportation, care coordination, recovery support services, and referrals to additional services including basic needs. These connections ensured clients with complex needs had access to comprehensive wellness services and could focus on improving their overall quality of life.

Conclusion

At the end of this reporting period, the AHCCCS ECOVID project completed the planning period and provided a year of direct client services. A total of 800 individuals enrolled in the project and completed the intake GPRA interview, and 315 clients completed a six-month follow-up GPRA interview. The follow-up completion rate of 55% was below the minimum 80% completion rate established by SAMHSA.

The follow-up interview was completed by 315 participants. Completing follow-up interviews is vital for monitoring the long-term impacts of the AHCCCS ECOVID project. Program participants who completed the six-month follow-up interview achieved several important outcomes.

- Clients reported a small increase in employment status.
- There was a reduction in alcohol use by clients.
- There was a reduction among the clients in the reported impact of alcohol and other drugs on their lives.
- Fewer clients experienced mental and behavioral health issues at follow-up with an 17% decrease in depression and a 14% reduction in those clients' experiencing anxiety.
- There was a 43% reduction in the number of clients reporting trouble controlling violent behavior.

- The average number of days clients reported experiencing seven mental and behavioral health issues declined.
- Two-thirds of clients (68%) reported improved mental and physical health.
- Reductions in criminal activity.

The follow-up interviews also revealed areas where AHCCCS ECOVID participants did not achieve the intended outcome. A small group of participants disclosed behaviors on the follow-up interview that were not reported at intake. These behaviors occurred in key measures such as alcohol and illegal drug use, mental and behavioral health issues, and criminal activity. It is unclear if the information reported at follow-up indicated new behavior or ongoing behaviors the client did not previously disclose. These scenarios suggest the client may have engaged in new behaviors after receiving services or did not feel comfortable with the provider staff to disclose this information during the intake interview.

Participants' use of self-help and support groups declined at follow-up. Reductions were reported for both the percent of clients utilizing these services with a 40% change in number indicating attendance two types of self-help groups as well as a decline in the average number of times they attended.

The discharge interview was completed by 74 individuals with discharge GPRA forms. Clients who completed the discharge interview demonstrated several strengths.

- Approximately half (47%) indicated being employed either full time or part time.
- There was a reduction in the average number of days clients used alcohol.
- There was a reduction in use of illegal drugs at discharge.
- Clients reported a reduction in the impact of alcohol and drug use on their lives.
- Fewer clients reported experiencing mental and behavioral health issues at discharge.
- There was a reduction in criminal activity reported at discharge.
- Increased number of clients reporting an improvement in their health status.

The discharge interviews identified a few areas where clients did not achieve the intended outcomes. Clients reported lower levels of social connectedness at discharge; this may have been as a result of the pandemic. There was no change in the percentage reporting interaction with family and friends supportive of their recovery. While there was a decrease in illegal drug use, there was an increase in the number of days illegal drugs were used.

Recommendations

The outreach, recruitment, and collaboration strategies implemented by providers have increased enrollment in the AHCCCS ECOVID project during the reporting period. The first recommendation is for providers to maintain the procedures that have facilitated the completion of the six-month follow-up interviews to maintain and increase the percentage of completed follow-up interviews submitted for this project.

The second recommendation is to review "what's working" with the strategies and procedures utilized for completing follow-up interviews and to identify approaches that can be implemented to increase discharge GPRA interviews. The current completion rate for discharge interviews is approximately half of the follow-up completion rate. Improving the completion of discharge

interviews will improve the project's ability to report fully on a client's participation in the AHCCCS ECOIVD project and subsequent outcomes.

The third recommendation is to continue to provide access to intensive supportive services, including recovery support and transportation to maintain engagement in treatment services and access to comprehensive wellness services to improve participants' overall quality of life.

Attachment 2:

AHCCCS Emergency COVID-19 Data Infographics

Outcome Data for AHCCCS ECOVID-19 Clients

APRIL 20, 2020 TO DECEMBER 31, 2021

The AHCCCS Emergency COVID-19 (ECOVID-19) program provides crisis intervention, behavioral health treatment, and recovery support for adults impacted by the pandemic. The program specifically addresses the needs of individuals with serious mental illness, substance use disorders, and/or co-occurring disorders, and behavioral disorders less severe than serious mental illness. The program also specifically serves healthcare professionals.

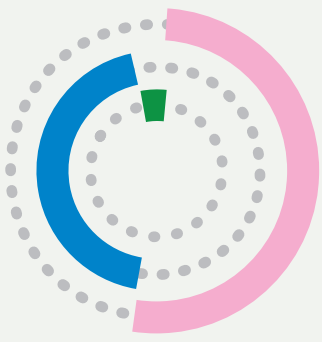
YEAR TO DATE DEMOGRAPHIC SNAPSHOT OF CLIENTS SERVED

The AHCCCS ECOVID-19 has a 83.4% Intake Coverage Rate.

644

clients enrolled between 4/20/20 and 12/31/21

GENDER



54% OF CLIENTS WERE FEMALE

44% OF CLIENTS WERE MALE

3% of clients were unknown.
The majority of clients were female.

AGE GROUP

The majority of clients are between the ages of **25-44**

Average age: 40.4 years old

RACE/ETHNICITY

White:	59.3%
Unknown Race:	18.2
American Indian and/or Alaskan Native:	12.4%
Black:	7.8%
Asian:	1.2%
Native Hawaiian/ Pacific Islander:	0.9%

51% Non-Hispanic

46% Hispanic

3% of clients were unknown.

EDUCATION

17% of clients did not finish High School

32% had a High School diploma or GED

46% attended Post Secondary education

YEAR TO DATE SNAPSHOT ENROLLMENT & DISCHARGE

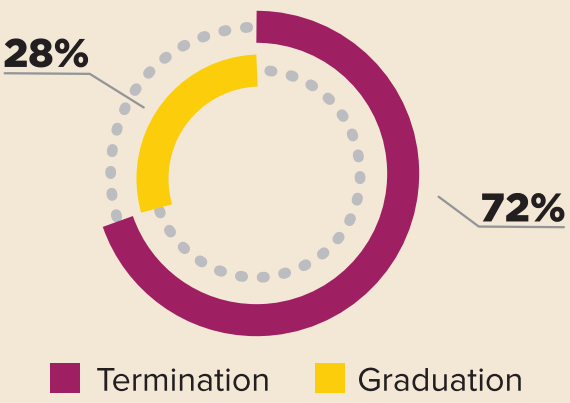
196 Successful follow-up interviews completed out of **360** follow-ups due

54.4% FOLLOW-UP RATE AS OF 12/31/21

644 clients enrolled and **102** DISCHARGED between 4/20/20 and 12/31/21

The AZ COVID-19 project is required to collect outcome data for clients at enrollment, 6-months, and at discharge. The program's follow-up rate includes the number of individuals providing data at intake and again at 6-months. As of 12/31/21, ECOVID-19 had a 54.4% follow-up rate meaning the program successfully collected 196 six-month follow-up interviews out of 360 follow-ups due.

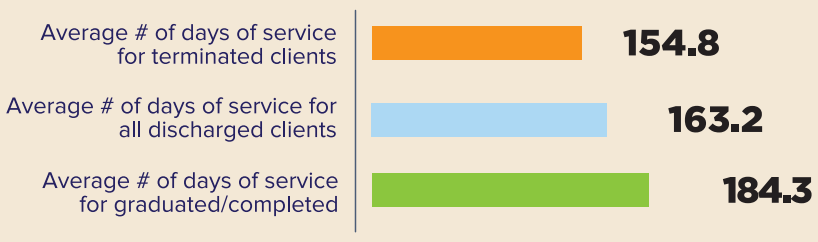
REASONS FOR TERMINATION



37%
Terminated for Nonparticipation

The most common reason clients were discharged was failure to participate in program services (e.g. clients did not show up for regularly scheduled services and could not be contacted by the provider).

Average Number of Days of Services for All Discharged Clients
(N = 102)



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Outcome Data for AHCCCS ECOVID-19 Clients

APRIL 20, 2020 TO DECEMBER 31, 2021

The AHCCCS Emergency COVID-19 (ECOVID-19) project uses the Center for Substance Use Treatment Government Performance and Results Act (GPRA) data collection tool at specific time points to collect baseline and outcome data for enrolled clients. GPRA data collection occurs as part of the client's enrollment in the program with a second data collection point occurring six months later. The third data collection interval occurs when the client is discharged from the program. The "N" is the number of individuals responding to the GPRA question at intake and follow-up interviews.

MENTAL HEALTH & BEHAVIORAL HEALTH OUTCOMES

The ECOVID-19 program tracks mental and behavioral health of clients. The data represent a matched sample of clients who completed behavioral health questions at intake and 6-month follow-up interviews.

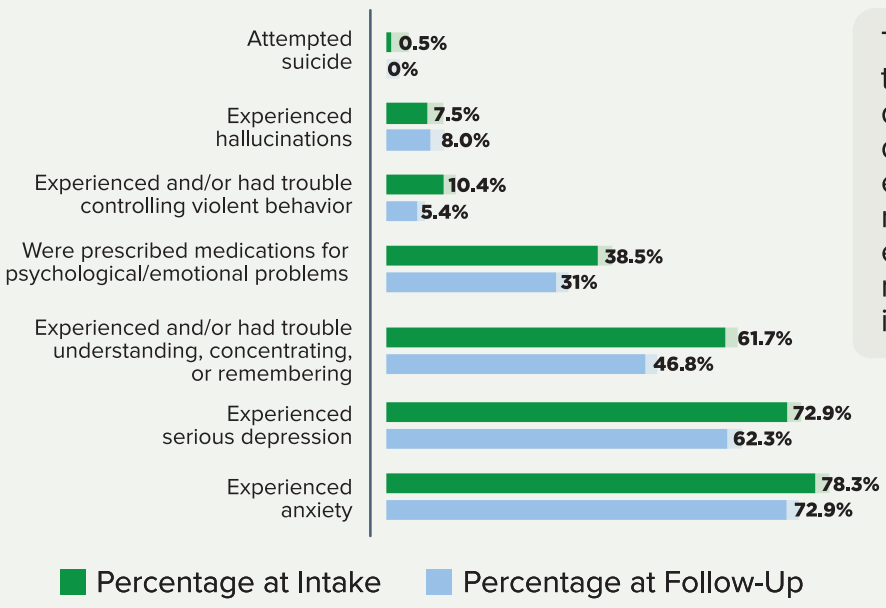
At Intake, clients most frequently reported experiencing

78.7% ANXIETY

72.9% DEPRESSION

61.7% TROUBLE UNDERSTANDING CONCENTRATING OR REMEMBERING THINGS

Percent of Individuals Reporting Past 30 Day Mental and Behavioral Health

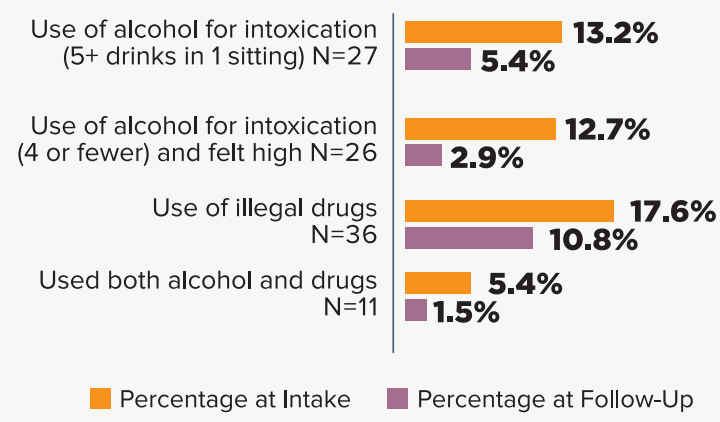


The number of clients reporting these experiences in the past 30 days at 6-month post intake decreased across all categories except Hallucinations. It should be noted that a client could report experiencing more than one mental and behavioral health issue.

SUBSTANCE USE OUTCOMES

The ECOVID-19 program tracks substance use in the past 30 days by clients. The data represent a matched sample of clients who reported substance use at intake and 6-month follow-up interviews.

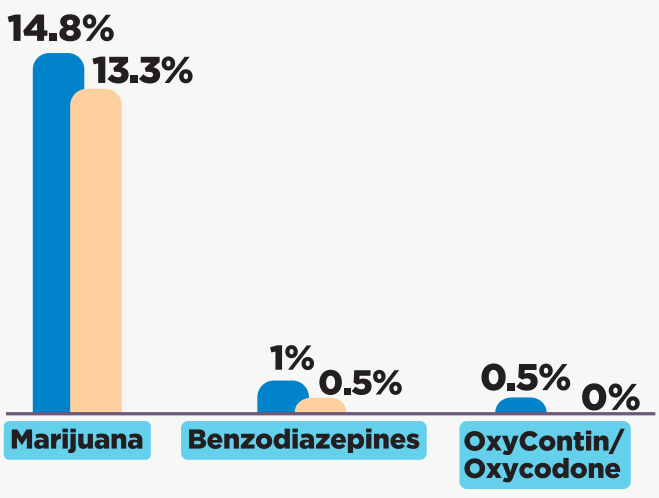
Individuals Reporting Substance Use In the Past 30 Days



The number of clients reporting using alcohol for intoxication and illegal drugs in the past 30 days at 6-month post intake decreased across all categories.

Percent of Individuals Reporting Past 30 Day Use of Illegal Drugs

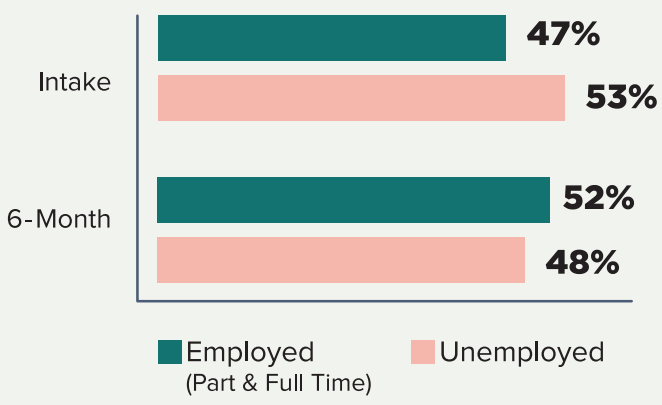
The highest percentage of ECOVID-19 clients reporting past 30 day use of illegal drugs at intake used marijuana/hashish (14.8%), benzodiazepines (1%), and oxycontin/oxycodone (0.5%). The numbers of clients reporting substance use in the past 30 days at 6-month post intake decreased across all substances. It should be noted that a client could report use of more than one substance.



EMPLOYMENT OUTCOMES

The ECOVID-19 program tracks employment outcomes of clients. The data represent a matched sample of 205 clients who completed employment questions at intake and 6-month follow-up interviews.

Percent of Individuals Employed at Intake Compared to 6-month Follow-up



10.1% Reduction in Unemployment

11.5% Increase in Employment

SERVICE OUTCOMES

The ECOVID-19 program tracks services provided to enrolled clients. The data represent a sample of 50 clients who discharged from the program.

87% Received Case Management

32% Received Outpatient Mental Health Services

37% Received Individual Counseling

24% Received Group Counseling

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Outcome Data for AHCCCS ECOVID-19 Clients

APRIL 20, 2020 TO MARCH 31, 2022

The AHCCCS Emergency COVID-19 (ECOVID-19) program provides crisis intervention, behavioral health treatment, and recovery support for adults impacted by the pandemic. The program specifically addresses the needs of individuals with serious mental illness, substance use disorders, and/or co-occurring disorders, and behavioral disorders less severe than serious mental illness. The program also specifically serves healthcare professionals.

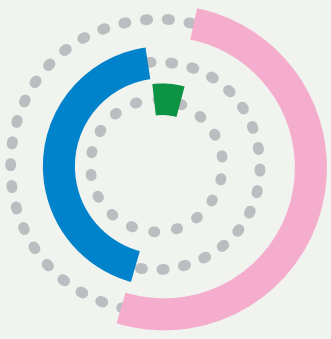
YEAR TO DATE DEMOGRAPHIC SNAPSHOT OF CLIENTS SERVED

The AHCCCS ECOVID-19 has a 95.1% Intake Coverage Rate.

761

clients enrolled between 4/20/20 and 03/31/22

GENDER



51% OF CLIENTS WERE FEMALE

43% OF CLIENTS WERE MALE

6% of clients were unknown.
The majority of clients were female.

AGE GROUP

The majority of clients are between the ages of **25-44**

Average age: 40.4 years old

RACE/ETHNICITY

White:	57.7%
Unknown Race:	22.2%
American Indian and/or Alaskan Native:	12.2%
Black:	7.5%
Native Hawaiian/ Pacific Islander:	1.3%
Asian:	1.2%

49% Non-Hispanic

45% Hispanic

6% of clients were unknown.

EDUCATION

17% of clients did not finish High School

32% had a High School diploma or GED

42% attended Post Secondary education

YEAR TO DATE SNAPSHOT ENROLLMENT & DISCHARGE

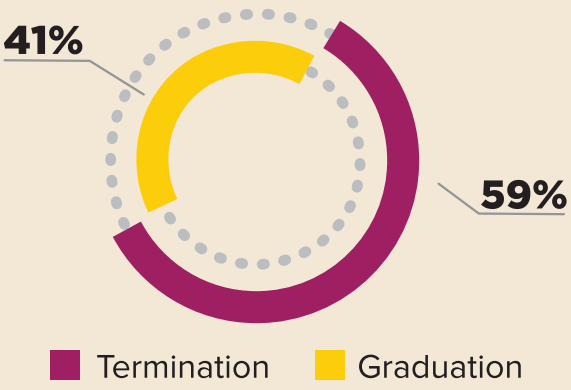
272 Successful follow-up interviews completed out of **507** follow-ups due

53.6% FOLLOW-UP RATE AS OF 03/31/22

761 clients enrolled and **199** DISCHARGED between 4/20/20 and 03/31/22

The AZ COVID-19 project is required to collect outcome data for clients at enrollment, 6-months, and at discharge. The program's follow-up rate includes the number of individuals providing data at intake and again at 6-months. As of 03/31/22, ECOVID-19 had a 53.6% follow-up rate meaning the program successfully collected 272 six-month follow-up interviews out of 507 follow-ups due.

REASONS FOR TERMINATION



38%
Terminated for Nonparticipation

The most common reason clients were discharged was failure to participate in program services (e.g. clients did not show up for regularly scheduled services and could not be contacted by the provider).

Average Number of Days of Services for All Discharged Clients

(N = 199)

Average # of days of service for terminated clients	167.9
Average # of days of service for all discharged clients	179.4
Average # of days of service for graduated/completed	196.2

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Outcome Data for AHCCCS ECOVID-19 Clients

APRIL 20, 2020 TO MARCH 31, 2022

The AHCCCS Emergency COVID-19 (ECOVID-19) project uses the Center for Substance Use Treatment Government Performance and Results Act (GPRA) data collection tool at specific time points to collect baseline and outcome data for enrolled clients. GPRA data collection occurs as part of the client's enrollment in the program with a second data collection point occurring six months later. The third data collection interval occurs when the client is discharged from the program. The "N" is the number of individuals responding to the GPRA question at intake and follow-up interviews.

MENTAL HEALTH & BEHAVIORAL HEALTH OUTCOMES

The ECOVID-19 program tracks mental and behavioral health of clients. The data represent a matched sample of clients who completed behavioral health questions at intake and 6-month follow-up interviews.

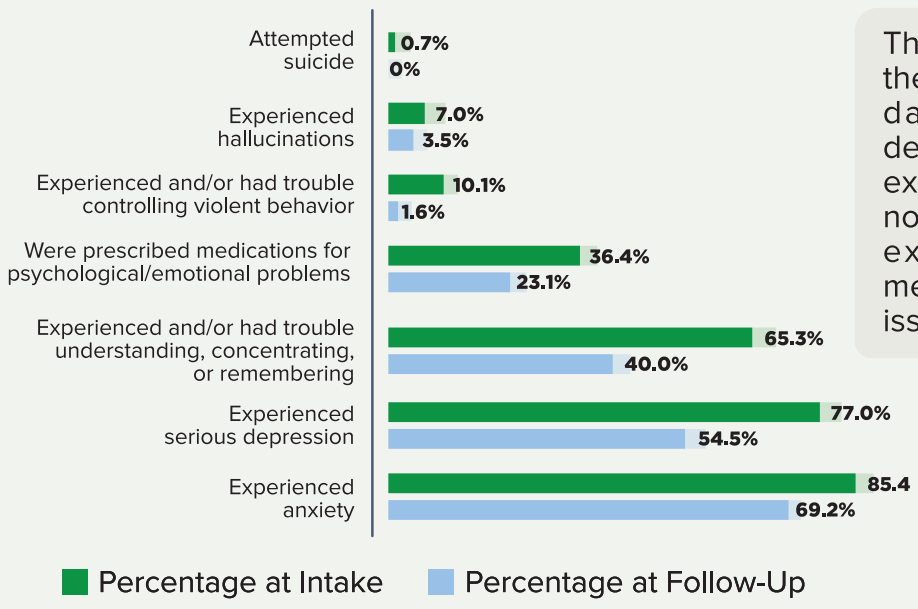
At Intake, clients most frequently reported experiencing

85.4% ANXIETY

77.0% DEPRESSION

65.3% TROUBLE UNDERSTANDING CONCENTRATING OR REMEMBERING THINGS

Percent of Individuals Reporting Past 30 Day Mental and Behavioral Health

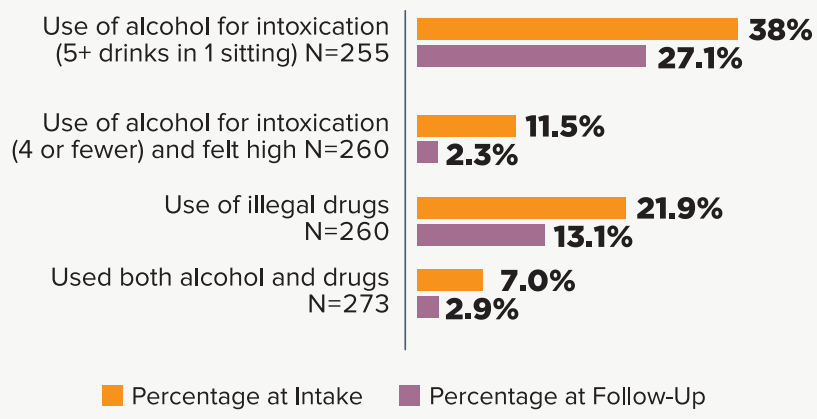


The number of clients reporting these experiences in the past 30 days at 6-month post intake decreased across all categories except Hallucinations. It should be noted that a client could report experiencing more than one mental and behavioral health issue.

SUBSTANCE USE OUTCOMES

The ECOVID-19 program tracks substance use in the past 30 days by clients. The data represent a matched sample of clients who reported substance use at intake and 6-month follow-up interviews.

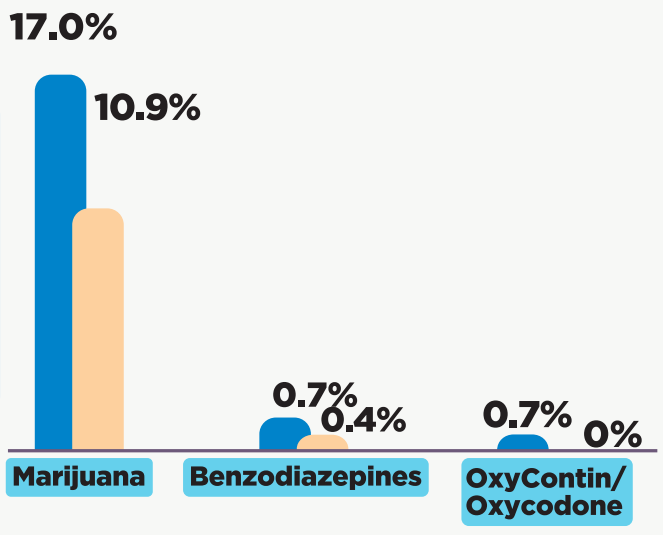
Individuals Reporting Substance Use In the Past 30 Days



The number of clients reporting using alcohol for intoxication and illegal drugs in the past 30 days at 6-month post intake decreased across all categories.

Percent of Individuals Reporting Past 30 Day Use of Illegal Drugs

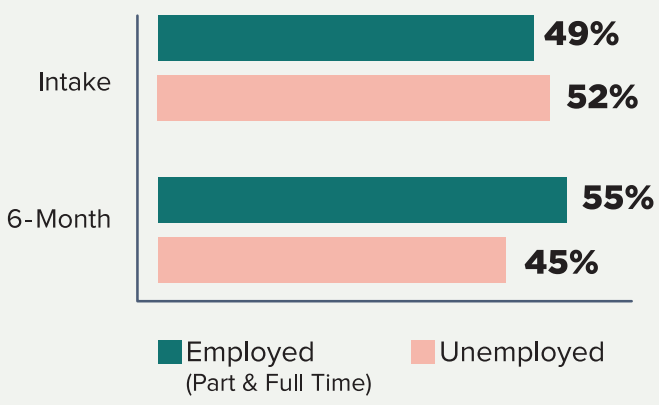
The highest percentage of ECOVID-19 clients reporting past 30 day use of illegal drugs at intake used marijuana/hashish (17.0%), benzodiazepines (0.7%), and oxycontin/oxycodone (0.7%). The number s of clients reporting substance use in the past 30 days at 6-month post intake decreased across all substances. It should be noted that a client could report use of more than one substance.



EMPLOYMENT OUTCOMES

The ECOVID-19 program tracks employment outcomes of clients. The data represent a matched sample of 283 clients who completed employment questions at intake and 6-month follow-up interviews.

Percent of Individuals Employed at Intake Compared to 6-month Follow-up



12.1% Reduction in Unemployment

12.8% Increase in Employment

SERVICE OUTCOMES

The ECOVID-19 program tracks services provided to enrolled clients. The data represent a sample of 50 clients who discharged from the program.

21% Received Group Counseling

29% Received Outpatient Mental Health Services

32% Received Individual Counseling

77% Received Case Management

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