Narrative

Section A: Population of Focus and Statement of Need

A1: Population of Focus, Geographic Catchment Area and Demographic Profile.

The Arizona State Opioid Response (SOR) grant primarily targets the following populations: individuals currently using opioids; those diagnosed with an Opioid Use Disorder (OUD); individuals at risk of opioid overdose or misuse; individuals with a stimulant use disorder; individuals in recovery; youth facing social pressures to use opioids or stimulants, both in person and online; trauma exposed individuals; and youth, parents, community members, and healthcare consumers who are unaware of the potential risks associated with opioid and stimulant misuse. In addition to these primary targets, the Arizona SOR team has identified the following sub-populations for targeted activities: pregnant and post-partum women as well as families with Department of Child Safety (DCS) or family court involvement, tribal populations, individuals experiencing incarceration and those recently released, individuals in rural and isolated areas, those experiencing homelessness or housing insecurity, veterans, individuals with co-occurring opioid or stimulant disorder and mental health symptoms, individuals with physical disabilities, and those with a traumatic brain injury. Although funding will be used in part to address stimulant use, the bulk of focus remains on opioid misuse.

The demographics profile below is a description of the state's population. As the SOR grant is a statewide effort covering prevention, treatment, and recovery the grant will work to reach all aspects of the state's demographic profile. According to the US Census Data from 2020, Arizona's total population of 7,151,502 people with the median age being 38.8; there is a slightly higher than average percentage of adults 65 and older at 18.8%, and Veterans at 7.9%. The employment rate in Arizona is slightly under the national average at 57.7% and Arizonians experiencing homelessness increased by 29 % as of January 20231. As of 2023, Arizona's demographics are as follows: White 53%, Latino 29%, African American 4.3%, American Indican 4.5%, Asian American 2.3%, Pacific Islander 0.1%, and two or more races 2.4%2. Despite African Americans making up a small percentage of Arizona's population, nearly 22 % of those experiencing homelessness and 8.16% of those with a substance use disorder are African American. Socioeconomically, the majority of Arizonans expected to benefit from SOR funded services are those who are underinsured and/or uninsured. Geographically, Arizona contains 15 counties, with Maricopa and Pima in the Central region being the largest. Arizona is also home to 22 federally recognized tribes. The Arizona SOR team works closely with its tribal liaison to assist in targeting this subpopulation and has directly contracted with the two Tribal Regional Behavioral Health Authorities in previous iterations of the SOR program, Gila River and Pascua Yaqui. The Arizona SOR team is excited to add a third Tribal Regional Behavioral Health Authority, White Mountain Apache Tribe, to the program for the SOR IV iteration.

SOR IV grant funding will be allocated to support various demographic groups, our priority focus will be on adolescents (ages 10-18), transition-aged youth (ages 18-24), senior citizens over the age of 65, women of child-bearing age, veterans, African Americans, American Indians, LGBTQIA2 individuals, those experiencing poverty or homelessness, and Spanish speakers who are at risk or have been identified as having opioid use disorder. This list is not exhaustive, as the Arizona SOR program represents a statewide initiative aimed at providing prevention, treatment, and recovery services to all Arizona residents affected by the opioid epidemic.

A2: The Problem, Service Gaps and Needs.

According to the Arizona Department of Health Services Opioid Overdoses Surveillance Report, 1,925 individuals lost their life as the result of an opioid overdose and at least 4,073 individuals experienced a non-fatal opioid overdose in 2023 demonstrating a minor increase in overdose deaths. From 2017 to 2021, the reported rate of opioid overdose deaths per 100,000 increased by 108.3%, however from 2021 to 2022 a decrease of 6.1% was noted. The percentage of opioid overdose deaths involving prescription/synthetic drugs increased steadily each year from 2017-2022, however deaths involving heroin decreased.

The percentage of opioid overdose deaths in 2022 was highest among individuals 25-34 and 35-44 years of age, comprising 53.9% of the overall deaths; recent trends continue in this manner. Notably, the percentage of school-aged children, 0-17, have seen a steady decrease in overdose deaths from a peak of 3.1% in 2020 to 1.4% in 2023. Arizona's 2024 campaign regarding Narcan among clients, families, school age children, and communities has seen the number of overdose deaths reduce to 362 in the same time frame. Arizona is striving to reduce this statistic to zero through continued prevention efforts with teens and continued partnerships with schools.

AHCCCS continues to partner with Arizona's ACC's with Regional Behavioral Health Agreements and providers to increase access to treatment opportunities in Arizona's rural areas, especially Gila, Pinal, Yuma, Apache, Greenlee, and La Paz. Pinal experienced a rate of 62.6 per 100,000 in non-fatal overdoses, surpassing both metropolitan areas of Maricopa and Pima. Despite having the largest rate of non-fatal opioid overdoses there are only two OTPs located in that area. Yuma, Gila, Navajo, Apache, Greenlee, while smaller rural counties, were disproportionately affected by the opioid epidemic, demonstrating an increase in non-fatal opioid overdoses in the last year. Gila (52), Navajo (44.2) and Yuma (44.3) counties' rate of non-fatal overdose rates were only slightly less than the two largest counties in the state, Maricopa (57.3) and Pima (59.5).

Additionally, Apache, Greenlee, and La Paz have no local OTPs established, resulting in residents needing to travel extensively to reach treatment services, often more than 2 hours one

way. AHCCCS purchased three mobile units through the SOR III grant and intend to use these units to begin reaching these more rural areas. Due to continued difficulty in DEA licensing requirements and slow buy in from rural communities this project will continue to be completed in slow, methodical stages, which include developing key relationships in those rural communities, gaining the trust of local residents, and working through licensing requirements to house MOUD medications on the mobile units.

African Americans comprise of 4.3% of Arizona's population, significantly less than the total US population of 13.4%. Despite being a small population, research shows that African Americans have lower rates of recovery from drug addiction following treatment3, even though they are more likely to receive treatment at a specialty facility (15.2% vs. 9.6% for individuals from all other ethnic groups) and more likely to recognize the need and seek treatment (2.8% vs 1.4%)4. To better serve the African American community, representation within treatment programs and treatment leadership is important not only to bring a sense of familiarity to clients, but also consideration when building programs. AHCCCS currently works with numerous contractors who strive to treat diverse populations, however, there is only one grant participant providing prevention services that are directly targeting the African American community. Arizona will seek to develop partnerships with organizations specifically targeting African American communities and substance misuse.

Section B. Proposed Implementation Approach

B1: Goals and Objectives: The overarching goal is to decrease opiate and stimulant use disorders (including cocaine and methamphetamine) and related mortalities. AHCCCS will strive to meet this goal by increasing access to U.S. Food and Drug Administration (FDA)- approved medications for the treatment of opiate use disorder (OUD) and through the implementation of and access to, a robust and culturally competent continuum of care comprised of evidence-based practices including harm reduction, treatment and recovery support services, and prevention programming. Provider recipients of SOR funding will be trauma-informed and proficient in the assessment and treatment for concurrent substance use disorders and co-occurring diagnoses (substance misuse/abuse and mental health symptoms) in addition to addressing social determinants of health prioritizing whole-person care.

Project Approach: AHCCCS' project approach involves active collaboration with state-level, regional, and local partners who have proven histories for successful implementation of substance use prevention programming and evidence-based treatment/practices that address the continuum of needs related to opioid and stimulant misuse, abuse, and dependence. These partners will be responsible for providing all services referenced within this application.

Prevention

Goal 1: Increase prevention activities that are designed to reduce OUD and stimulant related deaths.

- **Objective:** Decrease opioid-related overdose deaths through the purchase and distribution of naloxone kits for first responders, community agencies, tribal communities and special populations including, but not limited to, individuals identifying as LGBTQ+.
- **Objective**: Increase training of peers, first responders and the community on recognizing overdose, as well as the administration of naloxone and/or other FDA approved medications to reverse overdose.
- **Objective:** Increase training, practice consultation, and mentoring of prescribers regarding complex case management, MOUD referrals, Arizona Opioid Prescribing Guidelines, rules for licensed health care facilities, and available resources.
- **Objective:** Increase prevention programming in rural and Tribal communities.

Goal 2: Increase trauma-informed community and school-based primary prevention activities.

- **Objective:** Increase community knowledge, awareness, and preventative action for opioid and stimulant misuse and abuse through educating the community and treatment providers on trauma-informed prevention and the consequences of opioid and stimulant use. Targeted implementation will occur for youth (including school-based prevention), tribal populations, veterans, individuals with physical disabilities, parents with complex legal histories/detainment, individuals who are living with a brain-injury, individuals who have experienced trauma, and those identified as having co-occurring SUD and mental health disorders.
- **Objective:** Increase parent participation in prevention and treatment by eliminating transportation and childcare-related barriers.
- **Objective:** Develop the workforce by increasing the number of providers trained on and implementing the Healthy Families home visiting program, Supporting and Enhancing NICU Sensory Experiences (SENSE), and other supportive parenting programs designed to target individuals and families at high-risk for opioid/stimulant misuse and abuse.
- **Objective:** In addition to opiate and stimulant misuse and abuse, increase community knowledge about the risks related to tobacco/vaping and alcohol.
- **Objective:** Implement the evidence-based Healthy Families program in detainment facilities.
- **Objective:** Increase students' ability to self-regulate and develop classroom management skills.

Treatment

Goal 3: Increase access to Arizona's MOUD treatment services.

- **Objective**: Increase prescriber capacity by offering a forum to receive consultation, education, online suboxone prescriptions, and ongoing training.
- **Objective**: Sustain and increase services in regional 24/7 Opioid Treatment Programs (OTP) to ensure timely access to intake, assessment, and inductions, as well as provide ongoing medication and psychosocial services for MOUD, SUD, concurrent SUD, and co-occurring (mental health and substance abuse) diagnoses.
- **Objective**: Implement mobile MOUD units in rural areas where MOUD clinics are not available and/or transportation is a barrier to individuals accessing services.
- **Objective:** Mobilize navigation, outreach, and peer support workers to outreach individuals living with an OUD/StUD/SUD and aid them in securing treatment and other ancillary resources.
- **Objective:** Establish transitional-aged youth and young adult access to MOUD treatment by adding a MOUD provider who serves adolescents, while also conducting a needs assessment to determine where additional MOUD services are needed.
- **Objective:** Disseminate and market statewide resources, coinciding call-lines, and websites to the public to create a "no wrong door" approach for individuals to access the continuum of care in a timely manner.

Recovery

Goal 4: Increase access to short-term and long-term recovery support services.

- **Objective:** Increase access to recovery support providers by expanding outreach activities that include legal services, drug testing, harm reduction activities (including the distribution of fentanyl test strips, hygiene kits, dental kits, education on harm reduction services, recovery coaching, HIV, HEP C, and HPV testing), and linking clients to ongoing MOUD treatment and other ancillary services.
- **Objective:** Address psycho-social stressors and Social Determinants of Health that risk clients' ability to maintain sobriety by expanding and promoting community-based support programs including vocational training, placement, employment support, life-skills training, family support services, and other programs, with additional focus on Tribal communities.
- **Objective:** Increase access to stable recovery housing for individuals at risk for relapse/opiate use by assisting with rental fees, deposits, etc.
- **Objective:** Provide targeted recovery support services for individuals living with brain injuries and those living with a spinal cord injury.
- **Objective:** Preserve the family institution by increasing recovery support services for pregnant women and parenting families with a history of OUD/stimulant use by providing in- home programs for parents who are involved with the Department of Child

Safety and/or have a history of outpatient, intensive outpatient, and/or partial hospital levels of care.

The table below reflects the number of unduplicated individuals to be served through SOR IV funding:

Number of Unduplicated Individuals to be Served with Grant Funds				
	Year 1	Year 2	Year 3	Total
Prevention Services	2,000,000	2,000,000	2,000,000	6,000,000
Treatment Services	3,000	5,000	4,086	12,086
Recovery Support Services	3,000	3,000	3,159	9,159
GPRA/SPARS Target	3,000	3,500	3,000	9,500

B2: Implementation of Required Programming.

AHCCCS will contract with State agencies, community providers, Medicaid contracted managed care organizations with AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHAs) and Tribal Regional Behavioral Health Authorities (together referred to in this document as T/RBHAs) to enact programs that encompass the full spectrum of the allowable services under the SOR IV grant including residential treatment, individual, family and group therapies, outpatient treatment, intensive outpatient treatment, partial hospitalization, peer support services, housing supports, legal assistance transportation, outreach services, case management, recovery housing and coaching, vocational training, employment support, inpatient hospitalization for psychiatric and substance use disorders, coordination of care with primary care providers, referrals for MOUD, community-based MOUD services, and social support services.

Contracted and sub-contracted providers have extensive experience and are appropriately credentialed organizations that have proficiency in working with diverse and underserved populations that include but are not limited to LGBTQI+, veterans, individuals living with brain and spinal cord injuries, Arizona's Tribal communities, other ethnic/minorities, and Arizona's silver citizens aged 65 and over. Contractors and sub-grantees will incorporate activities that address behavioral health disparities and social determinants of health. AHCCCS will monitor the T/RBHAs to ensure that all facets of programming result in participants achieving favorable treatment outcomes and long-term recovery from opioid and stimulant use disorders.

Medications for the Treatment of Opioid Use Disorder (MOUD): AHCCCS incorporates language outlining requirements related to the Medication Access and Training Expansion

(MATE) Act and will monitor contractors to ensure that qualified practitioners who serve clients with SUD and are employed by an organization receiving funding through the SOR IV grant adhere to training requirements delineated in section 1263 of the Consolidated Appropriations Act into contractors' contracts.

Trauma-informed addiction specialists will direct the following programs:

24/7 Access Points/OTPs: Arizona's 24/7 Access Points are one of several addiction specialty care programs that will be funded by the SOR IV grant. AHCCCS has confirmed their ability to provide all three forms of the FDA approved medications for MOUD as well as their continued ability to provide treatment for StUD. The Access Points serve as community hubs/centers for excellence where patients with complex needs who are living with an OUD or StUD are able to receive whole-person assessments and treatment services 24 hours per day- seven days per week. Services provided at the Access Points include but are not limited to toxicology testing, stabilization for SUD, MOUD inductions, treatment for mental illness (including psychosis) and dual diagnosis, treatment for physical illnesses including infectious diseases, Hepatitis A and B testing, as well as testing for the human papilloma virus (HPV). The OTPs also provide vaccinations and connection to ongoing medical treatment, recovery services, therapy, and social supports such as housing, agencies that support individuals who have been exposed to or are the victims of violence, and public entitlements. Most clients who seek care at Access Points will eventually be transitioned to community-based providers, including primary care physicians, however, the Access points are able to offer ongoing treatment for community members who require low barrier services, are reluctant to engage in treatment where there are too many requirements, or those who want limited contact with formal institutions, as they offer a quality-based, on-the-spot option for use during fleeting windows for opportunity when a client is agreeable to receiving treatment.

Mobile MOUD Units: During SOR III, AHCCCS funded the implementation of four mobile units, however, due to shortages in supply and delays in DEA approval, the units did not reach their full potential during that iteration of the grant. AHCCCS intends to increase utilization of the mobile MOUD units and will target rural/ hard to reach communities where there is limited access to MOUD treatment and/or transportation is a barrier. In addition to MOUD treatment, the units will collect samples for drug testing or analysis; dispense take-home medications; conduct initial psychosocial and full medical examinations within 14 days of admission; provide counseling and other services (both in-person and via. telehealth), distribute xylazine and fentanyl test strips, offer primary care services, and will generate ancillary referrals as needed. Mobile MOUD providers will collaborate with street-based outreach providers to actively engage individuals who are using opiates and stimulants, as they have extensive knowledge about the houseless populations and the pockets within the state where they are located.

MOUD in Clinics: In October 2015, AHCCCS integrated its Medicaid physical and behavioral health service delivery systems, creating a comprehensive treatment system where clients are able to receive behavioral health services, treatment for SUDs, case management, peer support, therapies, assistance with securing outpatient treatment, intensive outpatient treatment, partial hospitalization, and referrals for psychosocial services including assistance with housing needs, under a single structure. This setting, like all participating treatment and recovery providers, will be expected to provide care coordination and case management to ensure the full spectrum of treatment and recovery support services are provided.

MOUD and transition services in Correctional Systems: Peer navigators will assess individuals for opiate use upon admission into the jail system and work with the onsite treatment agency to provide inductions while clients are in detainment. The navigator will ensure that individuals receive warm handoffs to treatment providers upon release to the community, help clients transition to recovery housing, refer clients to recovery support, and educate them on risks related to the resumption of opiates after extended periods of decreased substance use/abstinence. The MATFORCE Yavapai Re-entry Program will also assist in this endeavor. This program collaborates with the Department of Corrections and county jails to match volunteer mentors with formerly incarcerated individuals who assist them with setting goals related to their transition back into the community. Commonly reported goals include enrollment into treatment and recovery services, family reunification, obtaining employment, continued education, accessing legal aid, obtaining stable housing, and other community services. This program has been instrumental in preventing overdose and overdose related deaths, helping clients achieve recovery, reintegrating into their families, and reducing recidivism.

All MOUD providers will provide testing (CBC, INR, and CMP) for potential complications of OUD or StUD when no other sources of funding are available, and clinical need is indicated.

Reach-In and Reach Out Programming: These programs will be sustained as they are essential in working with law enforcement to divert individuals with SUD out of the jail/incarceration systems and into treatment. Reach-in programs are equally critical in emergency rooms and hospital settings as they offer a linear track into treatment and post release from the hospital. For SOR IV, AHCCCS will increase its emergency room and hospital reach-in efforts in Southern Arizona by contracting with the City of Tucson for the implementation of a Community Safety, Health & Wellness (CSHW) Program. The CSHW program aims address social determinants of health by providing a community social work option for individuals who reach out to emergency services for help due to SUD, poverty, mental illness, housing instability, and other basic needs that are unmet.

Street-based Outreach and MOUD: Street-based outreach will be instrumental in connecting clients to MOUD treatment as they target individuals who are houseless and are actively using substances. These populations are often "unseen" by the community and providers struggle to retain them in treatment because they are difficult to locate, frequently experience interruptions in phone services, and/or are hesitant to walk into treatment clinics. The street-based outreach teams are well known among this population, and they are trusted. The teams can fast-track clients to a 24/7 Access Point/OTP or hospital once the client agrees for treatment. They are also able to coordinate referrals to the community and assist in securing services.

The Arizona Department of Health Services (ADHS) will be exploring the ability to prescribe suboxone via. telehealth during that integral period where clients are ready to receive treatment but have yet to be seen in a clinic/mobile MOUD setting. This option will be explored with the collaboration of AHCCCS, and it is in alignment with the agency's commitment to eliminating barriers related to access to care, particularly in rural and underserved areas. This program would also prove helpful in assisting inpatient/residential programs that provide intensive treatment services for patients who require MOUD, non-specialty settings such as emergency rooms, urgent care centers and pharmacies in obtaining MOUD and other recovery services for individuals in need. Arizona will also sustain the Arizona Opioid Assistance and Referral (OAR) Line during SOR IV. The OAR Line provides real-time consultation about prescribing opioids and assists physicians treating patients with acute opioid complications or withdrawal, managing high-dose or complicated medications, assistance with opioid dosing, and outpatient resources for medical, behavioral health and MOUD treatment. Patients, caregivers, and family members also benefit from the OAR line, as it provides information about opioid medications and effects, referrals for support and behavioral health treatment services, and provides routine follow-up calls for ongoing assistance and support. In addition to these resources, AHCCCS will ensure that the T/RBHAs and providers are aware of SAMHSA-funded SOR/TOR Technical Assistance/Training resources are available for healthcare providers and others who provide treatment to individuals living with OUD and/or StUD.

Naloxone: In effort to reduce opioid overdose, the ADHS will expand its distribution of Naloxone beyond law enforcement, street outreach, faith-based and health agencies, and coalitions to include hospitals. Patients who enter the emergency rooms and hospitals due to overdose and/or test positive for opiates will be issued Naloxone upon discharge. Arizona's Tribal partners are equally committed to the provision of Naloxone as a tool to reduce overdose but will obtain Naloxone through their contracted provider.

Sonoran Prevention Works is eager to foster relationships with Arizona's tribal communities and has established a Tribal Liaison position that will focus on meeting the prevention and harm reduction needs of this population. They will begin on-site delivery of Naloxone and other harm

reduction services to American Indians located in Navajo, Cochise, Maricopa, Pima, Coconino, Mohave, and Yuma Counties, the agency will provide prevention and harm reduction services for the remaining eight counties virtually and will make accommodations to attend in-person, as needed.

MOUD and Naloxone for Youth: AHCCCS will address MOUD use among youth and young adults ages 16-25 by initially adding one adolescent MOUD provider in Maricopa County (as they have identified a need for this service), while concurrently contracting with Arizona State University to conduct a comprehensive state-wide needs assessment around Arizona's Youth and MOUD. The results of the needs assessment will inform AHCCCS on where to target additional MOUD programming, how to best educate the community about its availability, and how to outreach adolescents and their families specific to MOUD. AHCCCS will sustain the existing behavioral health services for transitional-aged youth and young adults with, or at risk for, OUD, StUD and other substance use disorders including treatment and recovery support and family-based support services. The University of Arizona will address the needs of this population by providing recovery programs for young adults and parents on their campus, and AHCCCS will continue to support the use of Naloxone and other opioid overdose reversal medications for all ages as well as provide substance use education programs in schools.

Access to Recovery Supports: Arizona has experienced a significant rise in population over the past five years and the rapid growth has left long-term Arizonans in a situation where increased rental costs have outpaced their incomes. This financial insecurity has resulted in increased houselessness, community stress, and demand for social and recovery support services. To address this, AHCCCS will increase its peer support staff, employment support, transitional housing, supportive housing, family support programs, and life-skill training services. AHCCCS will also continue to support a rapid-rehousing model by aiding individuals entering OUD or StUD treatment who have limited income, as well as individuals reentering communities from criminal justice settings or other rehabilitative services. As required by SAMHSA, AHCCCS will ensure that housing funded by the grant supports and does not prohibit the use of evidence-based treatment, including all forms of MOUD.

Capacity Building: In effort to build capacity related to recovery housing, the ADHS, Arizona State University (ASU), the University of Arizona (U of A) and AHCCCS will collaborate to develop community and provider specific resource materials, educational forums, and offer consultation platforms for providers who are interested in offering recovery housing programs. AHCCCS will ensure that recovery housing are appropriate facilities and that all housing funded by the grant meets criteria established in Arizona legislation that was made effective on July 1, 2019 (Laws 2018, Ch. 194), requiring the adoption of rules to establish minimum standards and

requirements for the licensure of sober living homes to ensure the health and safety of Arizonans.

AHCCCS recognizes that there was a 53.2% increase in drug-related overdose deaths amongst U.S. veterans between 2010-2019 and that 93.4% of those deaths were due to opioids (Begley et al., 2022). Suicide among veterans was also twice that of non-veterans between 2015-2019, averaging 20.5 per 100,000 (ASU., 2021). To address this, increased focus will be given to veterans' support services, as the potential for this program was not fully actualized during SOR III.

Harm Reduction: Funding will be used to expand existing outreach and harm reduction activities including the purchase and distribution of fentanyl and xylazine test strips, education, promotion of harm reduction services within treatment settings, and the distribution of dental kits for individuals participating in buprenorphine treatment. AHCCCS will also sustain the provision of legal assistance while ensuring that all SAMHSA criteria and requirements specific to this service are adhered to. Outreach workers will continue to link clients to OUD/StUD use treatment, recovery coaches, physicians who are able to provide HIV, Hepatitis and HPV testing, legal services, and drug toxicology testing. Syringe exchange services programs will be available for program participants; however, they will not be funded through the grant and will strictly adhere to federal and state laws and regulations.

Several sub-grantees will incorporate contingency management (CM) programs into their StUD and concurrent substance misuse treatment programming. AHCCCS will provide certification that the requesting agencies will comply with all applicable conditions and training requirements, as well as provide a plan within 90 days of grant award for all agencies that participate in CM. AHCCCS acknowledges that this evidence-based practice is valuable for improving retention in treatment and will ensure that providers who intend to incorporate CM receive the education they require prior to program implementation; and, that the T/RBHAs and AHCCCS (indirectly) provide oversight of the CM implementation and operation as specified in Appendix B.

In effort to mitigate challenges related to reliable transportation and childcare, bus passes and taxi vouchers will be provided for individuals who lack the transportation needed to receive/engage in treatment. The T/RBHAs will ensure that the need for this resource is documented in the client's record and that distribution of transportation resources is tracked. Childcare will also be expanded to include two providers during this iteration of the grant.

Youth and Community Based Prevention Strategies: The Substance Abuse Coalition Leaders of Arizona (SACLAz) will continue to provide coordination and oversight of AHCCCS' statewide primary substance abuse prevention efforts. The coalitions' programming will focus on

trauma-informed opioid and stimulant prevention, and other substances such as nicotine/tobacco/vaping prevention and cessation. The coalitions will provide education and strategic messaging about the risks and consequences of opioid/stimulant/substance use, particularly focusing on the dangers of counterfeit fentanyl pills targeted to youth using social media platforms, websites, broadcasting, participating in community events, and collaboration with system stakeholders such as law enforcement, pharmacies, and faith-based community. The coalitions will also administer prevention programming in school settings and train educators and other school staff in how to implement opiate misuse and other substance use programs to fidelity. Lastly, they will distribute Naloxone and educate professionals and community members on how to recognize opioid overdose, the availability of Naloxone and other opioid overdose reversal medications, and how to administer the lifesaving medications.

For the SOR IV, SACLAz will be tasked with erecting coalitions in prevention deserts, while focusing on increasing coalitions that target Tribal communities and other minority populations. They will also incorporate a new Teachers as Mentors Model for youth who have experienced adverse events due to the opioid epidemic, those who have experienced trauma, and those identified as at elevated risk for using opioids. This trauma-informed model provides students with the safe, caring, trusting and consistent support of a mentor who checks in with them each day and works on goals and provides substance use prevention taken from the Botvin Life Skills program.

AHCCCS will increase its school-based programming by implementing the evidence-based Good Behavior Game for elementary school-aged children. AHCCCS will also implement an evidence-based vaping prevention program that will be rolled out in collaboration with Pima Community College and the University of Arizona. Finally, AHCCCS also plans to extend the Barbell Saves program to high schools. The Barbell Saves program will provide on-site services twice a week for youth with behavioral health needs. Youth will participate in holistic programs led by certified instructors, promoting physical and mental well-being, stress reduction, and positive social connections. Finally, the Brain Injury Alliance has committed to adding adolescents to their population of focus and will expand services to teens and their families. The grant will allow for the development of head injury and addiction information to be desighned in a way that is relevant to teens, as well as fund a teen-centric brain health advisory council, that will look at furthering outreach to teens and vulnerable sub-groups like the LGBTQ+ population.

AHCCCS will collaborate with the White Mountain Apache Tribe to develop culturally relevant prevention and recovery programming. WMAT will implement a Youth Restoration preogram that is tailored to the cultural and societal needs of clients at risk of substance use. WMAT will offer early intervention information and services such as group support, education, and intrinsic

traditional knowledge of the Apache belief that the environment reflects the mind. The program will emphasize the importance of preparing the mind for recovery by clearing, preparing, and restoring the environment while teaching work skills, and offer youth the opportunity to participate in a work program that teaches employable skills while restoring recreational areas.

Programs that Support the Family Unity/Reunification: The Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) recognizes that the majority of detained individuals have a history of trauma and are likely to continue these destructive patterns with their children if they are not educated on ways to cease them. To address this, ADCRR will continue the evidence-based Healthy Families program within the prison system. The Healthy Families Program is designed to work with parents who have a history of trauma, intimate partner violence, mental health issues, substance use disorder and/or other life stressors. Healthy Families aims to reduce child maltreatment and related trauma while improving children's social and emotional well-being, school readiness, physical health and development, and family sufficiency. AHCCCS will also sustain its Hushabye Nursery program and ADHS will offer the Healthy Families program and the Supporting and Enhancing NICU Sensory Experiences (SENSE) program for pregnant and parenting families who are receiving OUD treatment and are involved with DCS. These programs offer home visits, assessments, and referrals for community services and monitor high-risk infants and those born exposed to substances. Parents are educated on how to optimize developmental outcomes by assessing infant cues, identifying different sensory exposures and responses, and incorporating appropriate timing of sensory exposures. The program also provides peer support for parents who have been reunified with their children.

Public Access to Prevention, Treatment and Recovery Resources: SOR funding will be used to enhance the existing Opioid Services Locator. The Locator provides the community with information specific to the capacity for available OUD treatment options. The Locator eliminates "wrong doors" and frustrations over being turned away due to a lack of bed availability or treatment providers. The Locator is particularly helpful for inpatient/residential MOUD, and non-substance use treatment programs as they serve as brokers to post-discharge MOUD care. Treatment providers update their available capacity in real time (e.g., number of available slots in local OTPs, number of available residential beds, first available appointments for psychosocial services).

AHCCCS will continue to fund both the Opioid Monitoring Initiative through the Arizona High-Intensity Drug Trafficking Areas (HIDTA) and the Overdose Fatality Review (OFR) Projects through the ADHS. The Opioid Monitoring Initiative helps identify resource gaps, use, and impacts relative to emerging trends. The OFR projects are tasked with examining and improving the seven systems that caused, contributed, or failed to prevent prescription and illicit opioid

deaths. Both data sources factor into AHCCCS' data-driven decision-making and inform systemic change.

Sustainability: Contractors are provided with education related to sustainability that must begin effective day one, and ongoing consideration as to how programs will continue post the conclusion of the grant. AHCCCS contends that most of the programs implemented under the grant will be sustainable due to providers' ability to bill for services under Medicaid, private insurance, and State dollars. Prevention services will also.be sustainable. Providers will be encouraged to develop sustainability plans that do not divert to an alternative grant, when possible. Having stated this, AHCCCS continually assesses the availability of and pursues grant funds to develop and expand programming that addresses the opiate epidemic, social determinants of health, disparities, and transverse all SUDs.

Section C: Proposed Evidence-Based, Adapted, or Community defined Service/Practice

C1: Evidence-Based Practices (EBPs) to be Used; No modifications will be made to the EBPs indicated below.

American Society of Addiction Medicine Criteria (ASAM): The ASAM CONTINUUM assessment, guided by the ASAM Criteria, is a comprehensive, multidimensional approach to evaluating individuals with substance use disorders and co-occurring conditions to promote personalized and effective treatment planning. It assesses patients across six dimensions: Acute Intoxication and/or Withdrawal Potential, Biomedical Conditions and Complications, Emotional, Behavioral, or Cognitive Conditions and Complications, Readiness to Change, Relapse, Continued Use, or Continued Problem Potential, and Recovery/Living Environment. Clinicians use a structured interview tools to gather detailed information, which informs a tailored treatment plan addressing the specific needs identified in each dimension. The ASAM Criteria helps determine the appropriate level of care, ranging from early intervention to intensive inpatient treatment, based on the severity and complexity of the patient's condition. This assessment process is ongoing, allowing for continuous evaluation and adjustment of the treatment plan to respond to the patient's evolving needs, ultimately aiming for better treatment outcomes.

Cognitive Behavioral Therapy (CBT): Cognitive Behavioral Therapy (CBT) aids substance abuse treatment by addressing the cognitive and behavioral patterns that contribute to addiction. It helps patients identify and manage triggers, challenge negative thoughts, and develop coping skills to handle stress and cravings. CBT also encourages engaging in healthy activities, creating relapse prevention plans, and improving emotional regulation. According to research, "CBT has been shown to be effective in reducing substance use and improving overall mental health

outcomes"[1] . By providing tools and strategies to achieve and maintain sobriety, CBT supports long-term recovery and enhances the quality of life for individuals struggling with addiction.

Contingency Management (CM): Contingency management (CM) aids substance abuse treatment by using positive reinforcement to encourage sobriety and adherence to treatment. It provides tangible rewards for positive behaviors such as attending therapy sessions and maintaining sobriety, which increases the likelihood of these behaviors being repeated. By offering immediate rewards, CM creates a direct link between the desired behavior and the positive outcome, making it more effective. It sets clear, achievable goals for patients, gradually increasing the requirements for rewards to build sustainable habits. Research has shown that "CM significantly enhances treatment outcomes by increasing abstinence rates and treatment retention"[2] . By leveraging these principles, CM enhances motivation, promotes positive behavior change, and supports sustained recovery in individuals undergoing substance abuse treatment.

Medications for the treatment of Opioid Use Disorder (MOUD): MOUD has played a crucial role in treatment substance abuse since Methadone was first approved in 1947. With the addition of Buprenorphine in 2002 and Naltrexone extended release in 2010, this treatment modality has effectively reduced opioid use and related symptoms, lowered the risk of infectious disease transmission, and decreased criminal behaviors associated with drug use. These medications also significantly increase treatment retention. Research shows that “increased treatment retention itself is associated with lower risk of overdose mortality, reduced risk of HIV and HCV transmission...and greater likelihood of employment”.[3]

Motivational Interviewing (MI): Motivational Interviewing (MI) enhances substance abuse treatment by boosting internal motivation and resolving ambivalence about quitting substance use. This collaborative, person-centered approach engages patients in discussions about their goals and values, helping them discover personal reasons for change. MI is highly effective due to its emphasis on building a strong therapeutic alliance, respecting patient autonomy, and using empathetic dialogue to evoke "change talk." It is particularly effective for adolescents, respecting their developmental stage and fostering a supportive environment for positive change. This technique will also be employed to encourage participation in the Government Performance and Results Act (GPRA) Assessment.

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[1] McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive-behavioral therapy for substance use disorders. Psychiatric Clinics of North America, 33(3), 511-525.
[2] Prendergast, M., Podus, D., Finney, J., Greenwell, L., & Roll, J. (2006). Contingency management for treatment of substance use disorders: A meta-analysis. Addiction, 101(11), 1546-1560.
[3] The American Society of Addiction Medicine. Advancing Access to Addiction Medications. Accessed May 11, 2017.

Neurosequential Methods of Therapeutics (NMT): NMT will help students in the classroom by applying principles of neurodevelopment to improve students' emotional and cognitive functioning. NMT assesses the impact of trauma on brain development and uses this information to tailor interventions that can support better learning and behavior. Staff are trained in recognizing trauma dysregulation, at which time a counselor or teacher versed in NMT will intercede with guidance and strategies for use in the classroom, as well as extending into the home. This approach incorporates the use of Focus Zones to allow for introspection and practice of coping strategies while in a supportive environment.

Trauma-informed Care: Trauma-informed care plays a significant role in substance abuse treatment by addressing the underlying trauma that often co-occurs with substance use disorders. This approach helps individuals understand and process their traumatic experiences, which can reduce the need to self-medicate with substances. It involves creating a safe environment, establishing trust, and empowering individuals by focusing on their strengths and resilience. By integrating these principles, treatment providers can enhance engagement and improve outcomes for individuals struggling with both trauma and substance abuse. The Substance Abuse and Mental Health Services Administration (SAMHSA) also emphasizes that understanding the impact of trauma can lead to more effective treatment strategies that foster recovery and reduce the likelihood of re-traumatization. This is especially true when treating Arizona's veteran population, who are often exposed to traumatic events and almost "1 out of every 3 Veterans seeking treatment for SUD also has PTSD".[4]

Hub and Spoke Model: The hub and spoke model is an innovative approach to substance abuse treatment that integrates specialized care with community-based services to enhance accessibility and effectiveness. In this model, "hubs" serve as regional centers providing intensive treatment, including medication for opioid use disorder (MOUD), counseling, and comprehensive care coordination. These hubs support "spokes," which are community-based providers offering ongoing treatment and monitoring. This structure ensures that patients receive consistent and high-quality care throughout their recovery journey, regardless of their location. The model improves outcomes by reducing relapse rates and ensuring that patients have access to necessary medications and support services.

Matrix Model of Addiction: The Matrix Model of addiction treatment is a comprehensive, evidence-based approach specifically designed for treating stimulant use disorders, such as cocaine and methamphetamine addiction. It combines various therapeutic techniques including cognitive-behavioral therapy (CBT), motivational interviewing (MI), and family therapy, creating a structured program that typically spans 16 weeks. The model focuses on enhancing clients' motivation for change, improving engagement and retention in treatment, and involving family

[4] https://www.ptsd.va.gov/understand/related/substance_abuse_vet.asp

members to support the recovery process. Research has shown that this integrative method not only helps in reducing substance use but also improves overall life satisfaction and family functioning.

C2: Monitoring and Ensuring Fidelity of Proposed Evidence-Based Service/Practice

All subgrantees must be licensed by the state of Arizona and submit a staffing request to ensure that direct service providers are appropriately credentialed and licensed to deliver the evidence-based practices (EBPs) discussed in section C1. Providers are also required to submit monthly reports detailing funded activities and the number of individuals receiving services. These reports must include any barriers encountered, including issues with implementing the outlined EBPs. Upon submission, these reports will be reviewed by State Opioid Response (SOR) coordinators, who will provide feedback and seek additional information as needed. Medicaid contracted managed care organizations with AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHAs) will oversee their subgrantees' implementation of EBPs as part of their contractual obligations. Furthermore, SOR coordinators will conduct on-site visits to each program at least once per grant year, or more frequently if substantial concerns arise.

D. Staff and Organizational Experience

D1: Capacity and Experience of Applicant Organization and Partner Organizations:

The Arizona Health Care Cost Containment System (AHCCCS) has a 42-year history of implementing innovative initiatives that are focused on the state-wide integration and care coordination of physical, substance use, and behavioral health services. In addition to overseeing the managed care organizations that provide Medicaid-funded physical health care services, AHCCCS serves as the Single State Authority responsible for matters related to behavioral health and substance abuse and provides oversight, coordination, planning, administration, regulation, and monitoring of all facets of the public medical and behavioral health system in Arizona. AHCCCS staff has built strong relationships with local substance abuse prevention coalitions, substance abuse treatment organizations, re-entry programs, and recovery programs operating at the community level to bring culturally competent and trauma-informed services to Arizona residents. AHCCCS has selected its partners based on their long-standing roots within their communities, their understanding of their community's unique demographics and needs and their ability to serve diverse populations. AHCCCS was particularly mindful in selecting partners who are committed to targeting underserved or hard to reach populations, including but not limited to racial and ethnic minorities, tribal communities, the LGBTQI+ community, transition-aged youth, detained individuals, veterans, pregnant and parenting individuals, individuals living with a spinal cord injury, and individuals who are living with a brain injury. For this grant, AHCCCS' role will be that of grantor, coordinator, and overall grant oversight. AHCCCS' experience in implementing the State Opioid Response grant includes being

awarded the State Targeted Response, State Opioid Response, the State Opioid Response II, and the State Opioid Response III grants.

D2. Partnering Organizations and Experience:

AHCCCS will partner with the following agencies for the provision of services:

MATFORCE has been delivering substance use prevention programming for 18 years and will deliver a statewide (all demographics) opioid and substance use prevention coalition network. Coalitions work within their designated areas to provide culturally competent prevention services that meet the needs of their specific demographics/populations.

Arizona Complete Health and Mercy Care are Medicaid contracted managed care organizations with AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHAs). They have a combined total of 111 years of experience in maintaining networks that sufficiently meet the needs of their regions and in ensuring the culturally competent delivery of a full spectrum of evidence-based prevention, treatment, recovery support services, harm reduction and medical care that result in positive treatment outcomes and long- term recovery from opioid and stimulant use disorders for all populations and demographics, including those considered difficult to reach/ underserved, around the state.

Pascua Yaqui Tribe and Gila River Indian Tribe, and White Mountain Apache Tribe will serve tribal communities through the provision of culturally competent prevention, treatment, recovery support services, harm reduction and medical care.

Sonoran Prevention Works has 13 years of experience in providing state-wide harm reduction, street-based outreach, and HIV/HCV testing. They serve all demographics and populations but specialize in working with individuals with housing insecurities/houseless individuals who are living with a SUD. They are proficient in working with minority populations including those who identify as LGBTQ+.

Arizona Department of Corrections Rehabilitation and Re-entry (68 years of experience) will provide reach-in services, education, and referrals upon release for individuals who are detained.

Arizona Department of Child Safety has 30 years of experience in providing the Healthy Families and SENSE programs. They will target families with OUD and substance exposed newborns, as well as those who are at risk for OUD.

Arizona Department of Health Services has partnered with AHCCCS for three iterations of the SOR grants. They will be tasked with the purchase and statewide distribution of Naloxone kits to first responders, hospitals, and county public health entities. They will also manage the Opioid Assistance and Referral call-in lines and the County-based Drug Overdose Fatality Review Teams.

Arizona High Intensity Drug Trafficking Areas: HIDTA was established in 1990 and is tasked with assisting AHCCCS to identify areas within the state to target programming efforts.

Arizona State University and University of Arizona: The universities will provide treatment, recovery support, direct care services, educate treatment providers, and provide data needed to advise programming. The U of A will also implement the Good Behavior Game.

D2. Staff and Key Personnel

Project Director: Bianca Arriaga, A.S., B.A, in DGI will serve as the SOR III grant Project Director (1.0 Level of Effort). Ms. Arriaga has an associate degree in biology and a Bachelor of Arts degree in clinical psychology. She has seven years of experience in government-based regulation and compliance, as well as grant writing, reporting and implementation. Ms. Arriaga is bi-lingual, with demonstrated proficiency in the Spanish language. As the SOR II grant coordinator, she is well informed on the impact substance use has had on Arizona's communities.

Project Coordinator and Data Coordinator: Alexandra O'Hannon, LMSW, CPHQ in the Division of Behavioral Health and Housing Services, will work (.60 FTE) in the capacity of a SOR Project Coordinator and (.40 FTE) as a Data Coordinator for a total of 1.0 FTE. Ms. O'Hannon is a Licensed Master's level Social Worker and a Certified Professional in Health Care Quality. She has 20 years of experience in government-based regulation/compliance, program design and implementation, direct care, supervision, and 13 years of substance use related grant writing and management experience. Previous grant oversight experience includes serving as the Project Director for the Partnership for Success grant and the Screening, Brief Intervention, and Referral to Treatment grant. She has served as the State Opioid Response Project Coordinator for three iterations of the State Opioid Response grant (SOR I, SOR II, and SOR III). Ms. O'Hannon's data coordination experience includes data collection, analysis, Quality Management, Utilization Management, and Continuous Quality Improvement, all of which are comprised of extensive data management.

Project Coordinator and Data Coordinator: Lea Hollis, MA, in the Division of Behavioral Health and Housing Services, will work (.40 FTE) in the capacity of SOR Project Coordinator and (.60 FTE) as a Data Coordinator for a total of 1.0 FTE. Mrs. Hollis holds a master's degree in clinical counseling and has 14 years of experience in behavioral health, including 11 years in Compliance and Quality Management. Her extensive background encompasses direct care, supervisory roles, reporting, data collection and analysis, data management, and the implementation of Continuous Quality Improvement programs.

Both Project Coordinators/Data Coordinators will be responsible for monitoring the project, gathering and analyzing data, and ensuring the key activities and milestones are met

D4. Financial Management Point of Contact

Nereyda Ramierz, Finance Administrator, will serve as the point of contact for the financial management and oversight of the SOR IV award. Her email is Nereyda.Ramirez@azahcccs.gov. Phone number 602-364-4718.

Section E: Data Collection and Performance Measurement

The Government Performance and Results Act (GPRA) data will be collected by direct service providers as stipulated by the notice of funding opportunity. Collection points for GPRA data include intake, six-month follow-up, and discharge, as mandated for grantees and sub-grantees by contract. An external contractor will handle the collection, analysis, and reporting of GPRA data, which will be entered via an electronic portal. All providers responsible for GPRA data will undergo mandatory training on using the portal at the start of Year 1. This training will be recorded for future reference as new staff are hired. If more than 10% of providers fail to meet data collection and submission standards within the first six months, additional training will be provided.

The external contractor will identify and review any anomalies in the GPRA data with the SOR team. These anomalies should ideally be resolved before submission to SAMHSA's Performance Accountability and Reporting System (SPARS) or other designated reporting systems. If issues are identified post-submission, the SPARS ticketing system will be used for corrections. Any instance of data anomalies exceeding 5% per month will trigger a review of the data monitoring processes.

GPRA intake data will be monitored by both the external contractor and the SOR team to ensure alignment with the reported numbers of individuals receiving services. At a minimum, bi-weekly analysis of the GPRA data will assess intake rates per provider and compare these with other providers, regions, and previous years. A follow-up rate will also be calculated, along with an algorithm to determine the number of GPRAs needed to meet year-end goals. This information will be shared monthly with providers during SOR check-in meetings and through written feedback.

Each provider can appoint two members as GPRA Champions, who will review and ensure the accuracy of GPRA submissions, follow-up data, and overall compliance. These Champions will undergo mandatory training at the beginning of SOR IV, Year 1, to familiarize themselves with the analytic platform and report usage. This training will also be recorded for future Champions.

Should a provider struggle to meet intake or follow-up goals, the SOR team will offer technical assistance. Consistent underperformance, where providers meet less than 75% of their intake

and follow up targets will prompt a review of their processes and potential implementation of corrective actions.

In addition to GPRA data, sub-grantees will submit monthly narrative reports on SOR-funded activities and encountered barriers. They will also use a standardized template to report numerical data on items such as distributed Naloxone overdose kits, fentanyl strips, Deterra bags, Locking Boxes, overdose reversals, training reach, and outreach activities targeting underserved or diverse populations.

Medicaid contracted managed care organizations with AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHAs) will submit narratives and templates summarizing and analyzing data from their sub-grantees. This analysis will identify improvement opportunities and any necessary corrective actions for sub-grantees not meeting performance standards. The SOR grant coordinators will review and provide written feedback on these reports monthly, distributing this feedback to ACC-RBHAs and grantees. Regular meetings will be held to discuss program details, feedback, and improvement strategies.

All AHCCCS employees, including SOR Coordinators and the Project Director, along with contractors collaborating with AHCCCS, must adhere to the guidelines outlined in Chapter 600, Information Management, of the AHCCCS Administrative Policies. The contractor responsible for maintaining and enhancing the GPRA Portal and Analytics Portal will undergo vetting by the AHCCCS IT department to ensure the implementation of robust security protocols and safeguards within the portals.

GPRA data will be stored as deidentified information throughout the duration of the grant. Upon the grant's completion, this information will be truncated and securely stored in the AHCCCS database warehouse. Access to this data will be restricted to the AHCCCS SOR team and the contractor managing the SOR Portal.

The SOR coordinators and the project director will evaluate trends, concerns, and progress to enhance grant implementation. The Model for Improvement, Plan-Do-Study-Act cycle, and Lean processes may be employed to help providers address barriers or deficiencies. Quarterly Performance Reviews will be conducted with each provider, focusing on both qualitative and quantitative metrics. Providers failing to achieve 80% of their target metrics for two consecutive quarters will be subject to a performance improvement plan.