Welcome to the AHCCCS Community Quality Forum

- You were automatically muted upon entry. Please keep yourself on mute throughout the meeting to limit feedback.
- Do not put us on hold.
- Please use the chat feature for questions.
- To unmute your phone you will need to click on the microphone icon or press “*6” on your phone.
Goal/Purpose
The AHCCCS Community Quality Forum evaluates physical and behavioral health system performance in alignment with our integrated care model in collaboration and consultation with community stakeholders to drive system improvement efforts.

Objectives
1. Finalize the development of Statewide physical and behavioral health dashboards;
2. Evaluate dashboard data metrics and provide feedback for performance improvement efforts including performance improvement projects (PIPs); and
3. Evaluate observed community-based trend concerns by leveraging data analytics to drive policy change.
Community Quality Forum Agenda

- Purpose and Objectives: Dr. Sara Salek
- Clinical Dashboard: Will Buckley
- Quality Strategy Update: Jamie Robin
- COVID-19 Update
  - Telehealth Policy & Data: Dr. Sara Salek & Will Buckley
  - COVID-19 Vaccine: Dr. Sara Salek
  - ArMA Physician Peer to Peer Program: Juliana Stanley
  - Crisis Data: Alex Herrera
  - Crisis Counseling Program: Jill Rowland
Clinical Dashboard


Will Buckley
Business Intelligence Manager
AHCCCS Office of Data Analytics Unit
DHCM - AHCCCS
Quality Strategy Update

Jamie Robin
Quality Improvement Manager
DHCM - AHCCCS
Quality Strategy Updates

Under 42 CFR § 438.340, the state must review and update its quality strategy as needed, but no less than once every three years. This review must include an evaluation of the effectiveness of the quality strategy conducted within the previous three years. The results of the review must be available on the state’s website.

**Timeline**

- Submitted Updated Quality Strategy to CMS: July, 2018
- Received CMS feedback: August, 2020
- Update and Submit Quality Strategy to CMS: No Later Than June 30, 2021
Quality Strategy Updates

Managed Care Regulations (42 CFR § 438.340) require the Quality Strategy include, a minimum, the following:

• Network Adequacy and Availability of Services Standards
• Continuous Quality Improvement Goals and Objectives
• Description of Quality Metrics, Performance Targets
  o Including identification of those it will publish at least annually on the State’s website
• Description of Performance Improvement Projects to be implemented (implemented)
• Arrangements for External Independent Reviews [External Quality Review Organization (EQRO) reviews]
• Description of State's Transition of Care Policy
• State's plan to identity, evaluate, and reduce health disparities
• Use of intermediate sanctions
• Description for how the State will assess performance and quality outcomes achieved
• Mechanisms to comply with additional services for enrollees with special health care needs or who need Long-Term Services and Supports (LTSS)
• Information pertaining to the nonduplication of EQR activities
• Definition of a "Significant Change"
Quality Strategy Updates

Updates to be Included based on CMS Feedback Received

• Clearly identify if QS Goals and Objectives address all populations covered by the State’s Managed Care program
• Provide or link to findings from a previous QS Evaluation
• Indicate performance targets for included quality metrics
• Identify the specific Performance Improvement Projects plans will implement and/or description of interventions it proposes
• Describe transition of care policy
• Discuss plans to reduce disparities across demographic factors
• Detail Network Adequacy and availability of services standards
• Provide examples of evidence-based clinical practice guidelines it requires plans to use
• Clearly identify that the State posts complete accreditation for all its managed care plans on its website
Quality Strategy Updates

Additional Updates to be Included

• Update to reflect State’s system delivery model changes
• Describe the State’s Performance Measure Transition
• Update VBP Initiative goals, objectives, and overview
• Update AHCCCS Quality Initiatives
Quality Strategy Updates

AHCCCS Review and Updates Process*

- Core Team established to organize update efforts: Ongoing
- Provide Executive Management updates through Quality Steering Committee: Ongoing
- Assign Quality Strategy Evaluation Subgroup: December 2020
- Assign internal review and update activities to associated SMEs: December 2020
- Community Quality Forum, State Medicaid Advisory Committee and Tribal Council Presentations: - February 2021
- Complete One Voice Review of the Documents: March 2021
- Upper Management Review and Approvals: April 2021
- Executive Management Review and Approvals: April 2021
- Public Comment Period: May-June 2021
- Post Quality Strategy and Quality Strategy Evaluation on AHCCCS Website: June 2021
- Submit Quality Strategy and Quality Strategy Evaluation to CMS: June 2021

* Timeline generated based on three year review cycle. Proposed timeframe for resubmission provided to CMS; however, it is unclear at this time if CMS will require corrective action or varied timeline from that indicated above. Updates to the timeline will be made if necessary.
Telehealth Policy & Data Update

Dr. Sara Salek - AHCCCS CMO

Will Buckley - AHCCCS Data Analysis Office Business Intelligence Manager
Telehealth FAQ Updates

COVID-19 FAQs (azahcccs.gov)

23. (added 11/23/20) Question: When are the AHCCCS telehealth policy flexibilities offered during the COVID-19 pandemic, including the use of the temporary telephonic code set, due to expire?
Answer: The AHCCCS telehealth COVID-19 policy coverage flexibilities have been extended through 9/30/2021. If the COVID-19 pandemic continues beyond 9/30/21, AHCCCS will re-evaluate this end-date.

24. (added 11/23/20) Question: When does AHCCCS plan to finalize its post-pandemic telehealth policy decisions by?
Answer: AHCCCS plans to finalize its post-pandemic telehealth policy decisions by 7/1/21.
Telemonitoring Utilization
March - July 2020
(Number of Claim Lines/Services, All Claims/Encounters, All LOB)

- 99457: Remote Physiologic Monitoring - Treatment Management Services, Health Care Professors
- 99454: Remote Monitoring of Physiologic Parameter(s) (e.g., weight, blood pressure, pulse)
- 99453: Remote Monitoring of Physiologic Parameter(s) (e.g., weight, blood pressure, pulse)
- 99458: Remote Physiologic Monitoring - Treatment Management Services, Clinical Staff/Phys
- 91264: Remote Monitoring of a Wireless Pulmonary Artery Pressure Sensor for up to 30 Days
- All Other (6 Codes)

2,865 Telemonitoring CRNs (March - July 2020)
Teledentistry Utilization by Modality
March - September 2020
(Number of Claims, All Claims/Encounters, All LOB)
Most Common Physical Health Primary Diagnoses Treated Via Real-Time Audio/Visual Pre-Pandemic
(Number of Claim Lines, October 2019 - February 2020, PH Indicator = Y, All LOB)

# of CRNs (Grand Total of 1,687)
Most Common Physical Health Primary Diagnoses Treated Via Real-Time Audio/Visual
March - July 2020
(Number of Claim Lines, PH Indicator = Y, All LOB)

![Bar Chart](chart.png)

- **R8250**: UNSP LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT
- **G809**: CEREBRAL PALSY, UNSPECIFIED
- **I10**: ESSENTIAL (PRIMARY) HYPERTENSION
- **M47816**: SPONDYLOolisthesis W/O MYELOPATHY OR RADICULOPATHY, LUMBAR REGION
- **G40890**: EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
- **M545**: LOW BACK PAIN
- **R4789**: OTHER SPEECH DISTURBANCES
- **E1165**: TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
- **M5426**: RADICULOPATHY, LUMBAR REGION
- **Z20828**: CONTACT W/ AND EXPOSURE TO OTHER COMMUNICABLE DISEASES

*Note: Total CRNs: 369,457*
Most Common Physical Health-Related Procedures Via Real-Time Audio/Visual
March - July 2020
(Number of Claim Lines, PH Indicator = Y, All LOB)

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Claim Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established Office or Other Outpatient Visit, Typically 25 Minutes</td>
<td>115,091</td>
</tr>
<tr>
<td>Established Office or Other Outpatient Visit, Typically 15 Minutes</td>
<td>88,883</td>
</tr>
<tr>
<td>Treatment of Speech, Language, Voice, Communication, and/or Hearing Impairment</td>
<td>26,812</td>
</tr>
<tr>
<td>T1015 - Clinic/Encounter, All-Inclusive</td>
<td>20,444</td>
</tr>
<tr>
<td>97555 - Self-Care or Home Management, Each 15 Minutes</td>
<td>18,371</td>
</tr>
<tr>
<td>97550 - Therapeutic Activities to Improve Function, With One-on-One Contact Between Patient</td>
<td>17,102</td>
</tr>
<tr>
<td>96715 - Established Office or Other Outpatient Visit, Typical 40 Minutes</td>
<td>9,964</td>
</tr>
<tr>
<td>96712 - Established Office or Other Outpatient Visit, Typical 10 Minutes</td>
<td>8,455</td>
</tr>
<tr>
<td>99019 - New Patient Office or Other Outpatient Visit, Typically 30 Minutes</td>
<td>7,157</td>
</tr>
<tr>
<td>99204 - New Patient Office or Other Outpatient Visit, Typically 45 Minutes</td>
<td>6,061</td>
</tr>
</tbody>
</table>

*of CRNs (Grand Total of 369,457)*
Most Common Physical Health Primary Diagnoses Treated Via Store & Forward Pre-Pandemic
(Number of Claim Lines, October 2019 - February 2020, PH Indicator = Y, All LOB)
Most Common Physical Health Primary Diagnoses Treated Via Store & Forward
March - July 2020
(Number of Claim Lines, PH Indicator = Y, All LOB)

- **1L0: ESSENTIAL (PRIMARY) HYPERTENSION**: 212
- **J449: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED**: 149
- **J4540: MODERATE PERSISTENT ASTHMA, UNCOMPlicated**: 146
- **J4598B: OTHER ASTHMA**: 119
- **E1165: TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA**: 92
- **R05: COUGH**: 87
- **E119: TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS**: 85
- **S4733: OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)**: 85
- **U071: 2019-NCOV ACUTE RESPIRATORY DISEASE**: 76
- **N0809: RHEUMATOID ARTHRITIS W/O RHEUMATOID FACTOR, MULTIPLE SITES**: 55

*Number of CRNs (Grand Total of 4,109)*
Most Common Physical Health-Related Procedures Via Store & Forward Pre-Pandemic
(Number of Claim Lines, October 2019 - February 2020, PH Indicator = Y, All LOB)

- Fundus Photography with Interpretation and Report: 18
- Established Patient Office or Other Outpatient Visit, Typically 15 Minutes: 3
- Established Patient Office or Other Outpatient Visit, Typically 25 Minutes: 1
- Established Patient Office or Other Outpatient Visit, Typically 10 Minutes: 1
Most Common Physical Health-Related Procedures Via Store & Forward
March - July 2020
(Number of Claim Lines, PH Indicator = Y, All LOB)

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Number of Claim Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established Patient Office or Other Outpatient Visit, Typically 25 Minutes</td>
<td>1,784</td>
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<td>Established Patient Office or Other Outpatient Visit, Typically 15 Minutes</td>
<td>1,389</td>
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<tr>
<td>Established Patient Office or Other Outpatient Visit, Typically 10 Minutes</td>
<td>337</td>
</tr>
<tr>
<td>Established Patient Office or Other Outpatient Visit, Typically 40 Minutes</td>
<td>175</td>
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<tr>
<td>New Patient Office or Other Outpatient Visit, Typically 30 Minutes</td>
<td>162</td>
</tr>
<tr>
<td>Physician Telephone Patient Service, 21-30 Minutes of Medical Discussion</td>
<td>57</td>
</tr>
<tr>
<td>Physician Telephone Patient Service, 11-20 Minutes of Medical Discussion</td>
<td>56</td>
</tr>
<tr>
<td>New Patient Office or Other Outpatient Visit, Typically 45 Minutes</td>
<td>29</td>
</tr>
<tr>
<td>New Patient Office or Other Outpatient Visit, Typically 5 Minutes</td>
<td>19</td>
</tr>
<tr>
<td>New Patient Office or Other Outpatient Visit, Typically 60 Minutes</td>
<td>15</td>
</tr>
</tbody>
</table>
Store & Forward Utilization by Physician Specialty
March - July 2020
(Number of Claim Lines, PH Indicator = Y, Physicians Only, All LOB)
Most Common Physical Health Primary Diagnoses Treated Via Telephonic-Temporary
March - July 2020
(Number of Claim Lines, PH Indicator = Y, All LOB)

- R219 GASTRO-ESOPHAGEAL REFUX DISEASE WITHOUT ESOPHAGITIS: 2,947 cases
- E6601 MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES: 2,697 cases
- J069 ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED: 2,755 cases
- M545 LOW BACK PAIN: 3,711 cases
- 2082 E CONTACT W AND EXPOSURE TO OTH VIRAL COMMUNICABLE DISEASES: 4,184 cases
- R05 COUGH: 4,776 cases
- U071 2019-NCOV ACUTE RESPIRATORY DISEASE: 5,047 cases
- E1165 TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA: 5,105 cases
- E119 TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS: 6,454 cases
- I10 ESSENTIAL (PRIMARY) HYPERTENSION: 11,587 cases

# of CRNs [Grand Total of 249,094]
Most Common Substance Use Primary Diagnoses Treated Via Telephonic-Temporary
March - July 2020
(Number of Claim Lines, SUD Indicator = Y, All LOB)

<table>
<thead>
<tr>
<th>Diagnostic Code</th>
<th>Description</th>
<th>Claim Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1120</td>
<td>Opioid Dependence, uncomplicated</td>
<td>21,541</td>
</tr>
<tr>
<td>F1020</td>
<td>Alcohol Dependence, uncomplicated</td>
<td>9,511</td>
</tr>
<tr>
<td>F1520</td>
<td>Other Stimulant Dependence, uncomplicated</td>
<td>9,287</td>
</tr>
<tr>
<td>F1010</td>
<td>Alcohol Abuse, uncomplicated</td>
<td>4,628</td>
</tr>
<tr>
<td>F1220</td>
<td>Cannabis Dependence, uncomplicated</td>
<td>3,468</td>
</tr>
<tr>
<td>F1121</td>
<td>Opioid Dependence, in remission</td>
<td>3,340</td>
</tr>
<tr>
<td>F1210</td>
<td>Cannabis Abuse, uncomplicated</td>
<td>3,328</td>
</tr>
<tr>
<td>F1510</td>
<td>Other Stimulant Abuse, uncomplicated</td>
<td>2,946</td>
</tr>
<tr>
<td>F1521</td>
<td>Other Stimulant Dependence, in remission</td>
<td>2,744</td>
</tr>
<tr>
<td>F1021</td>
<td>Alcohol Dependence, in remission</td>
<td>2,042</td>
</tr>
</tbody>
</table>

HD of CRNs (Grand Total of 77,148)
Most Common Substance Use-Related Procedures Via Telephonic-Temporary
March - July 2020
(Number of Claim Lines, SUD Indicator = Y, All LOB)

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Number of Claim Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>99004 Behavioral Health Counseling and Therapy, Per 15 Minutes (Group)</td>
<td>21,541</td>
</tr>
<tr>
<td>99331 Mental Health Assessment, By Non-Physician</td>
<td>9,511</td>
</tr>
<tr>
<td>99214 Established Patient Office or Other Outpatient, Visit Typically 25 Minutes</td>
<td>9,387</td>
</tr>
<tr>
<td>T2015 Clinic Visit/Encounter, All-Inclusive</td>
<td>4,628</td>
</tr>
<tr>
<td>99213 Established Patient Office or Other Outpatient, Visit, Typically 15 Minutes</td>
<td>3,468</td>
</tr>
<tr>
<td>9015 Alcohol and/or Drug Services; Intensive Outpatient Treatment Program That</td>
<td>3,340</td>
</tr>
<tr>
<td>H2027 Psychological Service, Per 15 Minutes</td>
<td>3,328</td>
</tr>
<tr>
<td>H1002 Behavioral Health Screening to Determine Eligibility for Admission to Treatment</td>
<td>2,946</td>
</tr>
<tr>
<td>90752 Psychiatric Diagnostic Evaluation with Medical Services</td>
<td>2,744</td>
</tr>
<tr>
<td>T1003 LPN/IVN Services, Up to 25 Minutes</td>
<td>2,042</td>
</tr>
</tbody>
</table>

# of CBNs (Grand Total of 77,146)
COVID-19 Vaccine Update

Dr. Sara Salek
Chief Medical Officer
AHCCCS
COVID-19 Vaccine FAQs

Question: Once the COVID-19 vaccine becomes available, will AHCCCS suspend in-network requirements in order for qualified AHCCCS registered providers who are not contracted with an MCO to be reimbursed for administering the vaccine to AHCCCS enrolled members?
Answer: Yes, AHCCCS will require that all MCOs suspend network requirements and reimburse for the COVID-19 vaccine administered by all qualified providers.

Question: How can AHCCCS-registered providers sign up to become a COVID-19 vaccinator?
Answer: Providers can register with the Arizona Department of Health Services (ADHS) Arizona Immunization Program Office (AIPO) to become COVID-19 vaccinators using this Provider Onboarding tool developed in the REDCap system. The tool will enable ADHS to: 1) verify providers have the training, cold storage, and record keeping requirements in place to successfully administer COVID-19 vaccine; 2) have providers sign the required Centers for Disease Control and Prevention (CDC) agreements; and 3) deliver the vaccine to the provider once it is available.

Question: Will the Arizona Department of Health Services (ADHS) COVID-19 vaccine onboarded providers receive the COVID-19 vaccine free of charge?
Answer: Yes. At this time, the COVID-19 vaccines have been purchased by the federal government and thus will be available free of charge to ADHS-onboarded providers.

Question: How are AHCCCS-registered providers reimbursed for COVID-19 vaccine administration?
Answer: AHCCCS-registered providers who have been onboarded through the Arizona Department of Health Services (ADHS) for COVID-19 vaccine will be reimbursed for the applicable Current Procedural Terminology (CPT) administration code provided to eligible AHCCCS members. Because the vaccine is made available to COVID-19 onboarded providers free of charge, providers must not bill for the vaccine itself.

Question: What are the AHCCCS fee-for-service reimbursement rates for the COVID-19 vaccine administration?
Answer: AHCCCS has adopted the Medicare payment rates for COVID-19 vaccine administration. The AHCCCS fee-for-service rate for COVID-19 vaccine administration is $28.39 to administer single-dose vaccines. For a COVID-19 vaccine requiring a series of two or more doses, the initial dose(s) administration payment rate is $16.94 and $28.39 for the administration of the final dose in the series.
COVID-19 Vaccine: ADHS and CDC Resources

ADHS Resources

• The Vaccine and Antiviral Advisory Committee (VAPAC) December 3rd recommendations
  
  VAPAC meeting minutes and slides

• Dr. Christ's media briefing on Arizona's vaccine distribution plan

CDC Resources

What Clinicians Need to Know About the Pfizer-BioNTech COVID-19 Vaccine
Physician Peer Support Program
Virtual Doctors’ Lounge

Juliana Stanley
Director, Membership and Practice Support
Arizona Medical Association (ArMa)
Physician Need for Support

- Daily strain
- Added emotional stress due to COVID-19 pandemic
- Financial hardship
- High degree of emotional burnout
- Increasing occurrence of
  - Substance abuse
  - Depression
  - Suicide
COVID-19 Added Stressors

- PPE – shortage, costs
- Fatigue
- Isolation
- Altered standards of care, ethical challenges
- Fear of getting the virus or infecting friends/family members
- Financial concerns
- Witnessing the death of patients
- Uncertainty
Adverse Effects of Stress/Burnout

• Lower quality care
• Medical errors
• Longer patient recovery times
• Lower patient satisfaction
• Negative impact on personal/family life
Distressed Physicians

- Physicians often avoid seeking professional mental health assistance
- 44% of physicians experience symptoms of burnout
- 28% of medical residents suffer from depression
- 10-12% of physicians have a substance use disorder
- Approximately 400 American physicians commit suicide each year – more than double the rate of the general population
Physician, heal thyself.

- **Physician (noun):** A person skilled in the art of healing

  - Before physicians can adequately treat others, they must first heal themselves. In other words, you first need to fill your cup before you can fill the cup of others.

  - But, how?
Barriers to Seeking Help

• Concerns
  • Confidentiality
  • Quality of service
  • Perceived risk to career
  • Impact of treatment on:
    • Professional medical licensure
    • Privileges
Barriers to Seeking Help

• Stigma of mental health conditions
• Internalization of distress
• Most comfortable speaking with other physicians
ENJOY BEING A PHYSICIAN AGAIN

Peer-to-peer support for Arizona physicians

In the Virtual Doctors’ Lounge, share your concerns with someone who understands the daily strain you’re under and the added pressures of being a physician during a pandemic. Doc to Doc.

Visit www.MDLounge.com or call 646-809-0957
PHYSICIAN PEER SUPPORT

- Free to all Arizona licensed physicians and residents, in partnership with ADHS and AHCCCS
- Confidential
- Informal
- Individual
Doc-to-Doc – Connecting Peers

Supports peak performance for individual physicians

• Virtual/Remote
• Free from perceived stigma
• Relief from emotional exhaustion
• Reduce levels of self-reported burnout
• Reduce barriers to care
Corporate Counseling Associates, Inc.

- Corporate Counseling Associates (CCA) developed the Virtual Doctor’s Lounge in collaboration with ArMA.
- 35 years’ experience
  - Mental Health in the Workplace
  - Employee Assistance Program (EAP)
  - Crisis Response
  - Work-Life
  - Learning & Development
  - Diversity, Equity and Inclusion
  - Leadership & Management Development
Peer Coach Training

Comprehensive training of “peer coaches” includes:

• Parameters and limitations of the program
• Basic engagement, healthy coping techniques, supportive coaching techniques
• Self-care and boundaries
• Managing high risk concerns; accessing immediate support from the CCA team
• Available supportive and professional resources
Arizona Resources

• Connection to Arizona resources as needed for financial counseling, legal consultation, human resources assistance and more.
Program Launch

• 18 volunteer coaches
• Peer-to-peer connection began October, 2020
• Partners have shared broadly

• Arizona Medical Board
Supported by

Thanks to the Arizona Department of Health Services and Arizona Health Care Cost Containment System for providing grant funding for this valuable program.
Contact

If you have questions or would like to visit the Virtual Doctor’s Lounge, please contact:

www.MDLounge.com
mdlounge@ccainc.com
(646) 809-0957

Juliana Stanley
ArMA Director of Membership and Practice Support
jstanley@azmed.org
(602) 347-6919
Crisis System Update

Alex Herrera
Crisis Administrator / BH Project Manager
DHCM
Crisis Call Center - Top Reasons for Calls
October 2020 Statewide

- Follow-Up
- Domestic Violence
- Housing Problems
- Other
- Medical/Medications
- Depression
- Social Concerns
- Aggression/DTO
- Substance Use/Abuse
- Psychosis
- Anxiety
- Coordination of Care
- Self-Harm/Suicidal

Statewide
Crisis Call Center - Top Reasons for Calls
October 2020 Statewide

- Self-Harm/Suicidal: 22%
- Psychosis: 12%
- Anxiety: 13%
- Coordination of Care: 15%
- Substance Use/Abuse: 9%
- Aggression/DTO: 7%
- Social Concerns: 7%
- Depression: 6%
- Medical/Medications: 3%
- All Other: 6%
Crisis Call Center - Top Reasons for Calls
October 2020 By RBHA/GSA (Rate Per 100 Calls)

Self-Harm/Suicidal
Coordination of Care
Anxiety
Psychosis
Substance Use/Abuse
Aggression/DTO
Social Concerns
Depression
Medical/Medications
Other
Housing Problems
Domestic Violence
Follow-Up

Central GSA: Mercy
(9,011 Calls)
South GSA: AzCH
(5,682 Calls)
North GSA: HCA
(1,211 Calls)
## Total Crisis Mobile Team Dispatches by Year

The following chart illustrates the total crisis mobile team dispatches by year from January to December.

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td><strong>2019</strong></td>
<td>4194</td>
<td>4007</td>
<td>4445</td>
<td>4290</td>
<td>4104</td>
<td>3706</td>
<td>3828</td>
<td>4371</td>
<td>4431</td>
<td>4393</td>
<td>4146</td>
<td>3915</td>
</tr>
<tr>
<td><strong>2020</strong></td>
<td>4205</td>
<td>4338</td>
<td>4052</td>
<td>3612</td>
<td>3934</td>
<td>3787</td>
<td>4107</td>
<td>4251</td>
<td>4428</td>
<td>4418</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Crisis Counseling Program

Jill Rowland
Chief Clinical Officer
AHCCCS
Crisis Counseling Program Grants

The mission of the FEMA and SAMHSA Immediate Services Program /Crisis Counseling Program Grant (ISP/CCP) and the Regular Services Program/Crisis Counseling Program Grant (RSP/CCP) is to assist individuals and communities in recovering from the challenging effects of natural and human-caused disasters through the provision of community-based disaster relief/outreach and educational service to include:

- Individual Supports
- Group Supports
- Brief Educational Supportive Contacts
- Public Education Meetings
- Assessment, Referral and Resource Linkage
- Community Networking and Support
- Media and Public Service Announcements

AHCCCS received the CCP/ISP Grant Award approval in June 2020 with consequent grant extensions over the summer and received the RSP/CCP Grant Award approval in August 2020; the total amount of funding is just over $3,200,000 and extends funding to June 2021:

- Crisis Response Network (CRN) serves as the Contractor to implement and oversee the program and partners with multiple agencies to provide services: Crisis Preparation and Recovery, EMPACT, Family Involvement Center, The Guidance Center, La Frontera and RI International
- Additional information is on the Resilient Arizona website at resilientarizona.org
Crisis Counseling Program Grant

- New Initiatives: Response to COVID-19 Public Health Emergency:
  - Focused PSA’s/Public Messaging Collaboration
    - Fentanyl Overdoses and Suicide Prevention
    - Tribal and Rural Communities
  - Navajo Nation collaborative with Arizona, New Mexico and Utah (AHCCCS and CRN/Resilient Arizona)
Visit www.resilientarizona.org
<table>
<thead>
<tr>
<th>Primary Service</th>
<th>Number Served ISP</th>
<th>Number Served RSP</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Referrals</td>
<td>1,759</td>
<td>1,336</td>
<td>3,095</td>
</tr>
<tr>
<td>Individual Crisis Counseling</td>
<td>571</td>
<td>404</td>
<td>975</td>
</tr>
<tr>
<td>Group Counseling/Public Education</td>
<td>557</td>
<td>697</td>
<td>1,254</td>
</tr>
<tr>
<td>Brief Educational/Supportive Contact</td>
<td>1,414</td>
<td>819</td>
<td>2,233</td>
</tr>
<tr>
<td>Total Unique Interactions</td>
<td>2,542</td>
<td>1,920</td>
<td>4,462</td>
</tr>
</tbody>
</table>

*Through November 18, 2020*
<table>
<thead>
<tr>
<th>Other Contacts/Materials Distributed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotline/helpline/lifeline contact</td>
<td>534</td>
</tr>
<tr>
<td>Telephone contact</td>
<td>1,620</td>
</tr>
<tr>
<td>E-mail contact</td>
<td>4,404</td>
</tr>
<tr>
<td>Community networking and coalition building</td>
<td>1,481</td>
</tr>
<tr>
<td>Material handed to people</td>
<td>6,341</td>
</tr>
<tr>
<td>Material mailed to people</td>
<td>2,282</td>
</tr>
<tr>
<td>Material left in public places</td>
<td>7,746</td>
</tr>
<tr>
<td>Mass media</td>
<td>254</td>
</tr>
<tr>
<td>Social networking messages</td>
<td>1,535</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,197</strong></td>
</tr>
</tbody>
</table>
Meeting Recap and Next Steps

Dr. Sara Salek
CMO
AHCCCS
Thank You.

2021 Meetings:
March 16th, July 15th, November 18th