Welcome to today’s Behavioral Health Task Force Meeting

We will begin shortly. All lines have been automatically muted.
While you are waiting TEST YOUR AUDIO.
LISTEN FOR MUSIC.
Please use the chat feature for questions or raise your hand.

Thank you.
Behavioral Health Task Force
Agenda

• Welcome: Dr. Sara Salek
• Suicide and Opioid Data Trends Update: Jacqueline Kurth
• Mental Well Being Section AZHIP: Kelli Donley Williams & Sheila Sjolander
• Child and Adolescent Psychiatry ED Holds: Dr. Sandy Stein
• Hushabye Nursery: Tara Sundem
• ADHS Update: Priscilla Lauro & Shane Brady
• Questions, Open Discussion & Wrap-Up: All
Suicide and Opioid Data Trends Update

Jacqueline Kurth
Office Chief Injury and Violence Prevention
Arizona Department of Health Services
Suicide Mortality Review Program
Update Behavioral Health Meeting

Jacqueline Kurth
Office Chief Injury and Violence Prevention
Bureau of Chronic Disease and Health
Promotions
Suicide Mortality Review Program

- Authorized in March 2020 by SB1523
- ADHS will utilize Prop 207 funding to start and maintain program
- Allocating $675,000 per year for establishing local teams
- Completed to begin July 1, 2021
## Suicide Deaths in Arizona

<table>
<thead>
<tr>
<th>County</th>
<th># of Suicides 2020</th>
<th># of Suicides 2021*</th>
</tr>
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<tbody>
<tr>
<td>Apache</td>
<td>24</td>
<td>10</td>
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<tr>
<td>Cochise</td>
<td>30</td>
<td>14</td>
</tr>
<tr>
<td>Coconino</td>
<td>58</td>
<td>18</td>
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<tr>
<td>Gila</td>
<td>21</td>
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<td>Graham</td>
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<tr>
<td>Greenlee</td>
<td>4</td>
<td>1</td>
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<tr>
<td>La Paz</td>
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*Preliminary as of 07/13/2021

<table>
<thead>
<tr>
<th>County</th>
<th># of Suicides 2020</th>
<th># of Suicides 2021*</th>
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</thead>
<tbody>
<tr>
<td>Maricopa</td>
<td>7/12</td>
<td>360</td>
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<tr>
<td>Mohave</td>
<td>76</td>
<td>40</td>
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<tr>
<td>Navajo</td>
<td>41</td>
<td>16</td>
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<tr>
<td>Pima</td>
<td>225</td>
<td>113</td>
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<tr>
<td>Pinal</td>
<td>73</td>
<td>35</td>
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<tr>
<td>Santa Cruz</td>
<td>4</td>
<td></td>
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<tr>
<td>Yavapai</td>
<td>71</td>
<td>34</td>
</tr>
<tr>
<td>Yuma</td>
<td>23</td>
<td>21</td>
</tr>
</tbody>
</table>
Healthy People Healthy Communities (HPHC) IGA

- Less than 10 suicides per year = 5K:
  - La Paz County
  - Santa Cruz Counties

- 11-30 suicides = $25K:
  - Apache
  - Gila
  - Navajo

- 31-200 suicides = $50K:
  - Cochise
  - Coconino
  - Mohave
  - Pinal
  - Yavapai
  - Yuma

- 201-500 suicides = $100K:
  - Pima (Pima would also review Graham and Greenlee Counties)

- More than 500 suicides = $200K:
  - Maricopa
    - More than 500 suicides = $200K: Maricopa
Next Steps

ADHS Suicide Mortality Review Program Staff

• Health Program Manager – Jessica Bell
• Epidemiologist – Mercedehe Reamer
• CDC Assignee/Epidemiologist – Michael Gallaway
ADHS Responsibilities

Data Collection Tool
Case Narrative Example
Records Request Example
Example Timelines
Create Program Manual
Quarterly report template
Training Dates
Provide Death Data

Create Program Guide
Case Tracking Sheet
Confidentiality Form
Recommendation Form
Create Contracts
Training Materials
Annual Report
State Suicide Mortality Review Team

- A.R.S. § 36-199. Suicide mortality review team; members; duties; review team termination

- The statute states the requirements for the state team roster

- ADHS will work with local county suicide mortality review programs to develop team rosters
Timelines

• Confirm which local counties will do suicide reviews – August 2021
• Begin trainings with local county health departments – Sept./Oct. 2021
• Establish local and state team rosters – Oct./Nov. 2021
• Begin case reviews – January 2022
As of the end of 2020:
More than 5 Arizonans/day were dying from opioid overdoses. The leading cause being illicit fentanyl.
Many of the overdose cases in Arizona involve more than one drug, including more than one opioid. These charts represent the types of drugs involved in both fatal and non-fatal overdoses.

**Fentanyl** significantly increased from being present in only 9% of overdoses in 2017 to being present in half of all overdoses in 2021.

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**Note:** The above charts are counting the drug type(s) used, not the number of people. One person can be counted in more than one drug type if they used more than one.
Naloxone Dispensed

• 135,059 Naloxone kits dispensed by Arizona pharmacists 2017 - July 15, 2021

• ADHS has distributed 41,925 (83,850 doses) Naloxone kits to law enforcement, county health departments, community health centers, hospital emergency departments, coalitions and harm reduction organizations 2020 - July 20, 2021
Questions

• Please send questions regarding the Suicide Mortality Review program to:

  • Jacqueline Kurth at Jacqueline.kurth@azdhs.gov or
  • Jessica Bell at Jessica.Bell@azdhs.gov
Mental Well Being Section AZHIP

Kelli Donley Williams, MPH, AHCCCS
Sheila Sjolander, ADHS
Arizona Health Improvement Plan (AzHIP)
Mental Well-being Priority
AzHIP Background

- 5-year community and data-driven
- Multi-sector approach
- Community Engagement
  - Steering Committee
  - Priority Core Team Members
  - Community Forum Participants
  - Action Item Leads
  - Implementation Teams

http://azhealth.gov/azhip/
AzHIP 2021 - 2025 Priorities

Mental Well-being

Health in All Policies/ Social Determinants of Health

Rural & Urban Underserved Health

Pandemic Recovery/ Resiliency

Health Equity
Priority Co-chairs

Candy Espino - Arizona Council of Human Service Providers
Teri Pipe - Arizona State University
Wayne Tormala (retired) - Arizona Department of Health Services
Core Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Hershel Clark</td>
<td>Black Hills Center for American Indian Health</td>
</tr>
<tr>
<td>Juliana Davis</td>
<td>Arizona Department of Economic Services/Refugee Health</td>
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<tr>
<td>Kelli Donley-Williams**</td>
<td>Arizona Health Care Cost Containment System (AHCCCS)</td>
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<tr>
<td>Shayne Galloway, PhD</td>
<td>Centers for Disease Control (CDC) / Arizona Department of Health Services</td>
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<tr>
<td>Shrutı Gurudanti</td>
<td>Televeda, Inc.</td>
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<tr>
<td>Rev. Arnold Jackson</td>
<td>Mt. Moriah Community AME Church</td>
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<tr>
<td>Jacquie Kurth **</td>
<td>Arizona Department of Health Services</td>
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<tr>
<td>Julie Mack</td>
<td>Arizona Complete Health</td>
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<tr>
<td>Jeanette Mallery</td>
<td>Health Choice</td>
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<tr>
<td>Suzanne Pfister</td>
<td>Vitalyst</td>
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<tr>
<td>Floribella Redondo-Martinez</td>
<td>Arizona Community Health Worker Association</td>
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<tr>
<td>Rachael Salley</td>
<td>Arizona Health Care Cost Containment System (AHCCCS)</td>
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<td>Dr. Pilar Vargas</td>
<td>United Healthcare Community Plan</td>
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<tr>
<td>Lisa Villarroel, MD</td>
<td>Arizona Department of Health Services</td>
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<tr>
<td>Sala Webb</td>
<td>Department of Child Safety</td>
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<tr>
<td>Christine Wiggs</td>
<td>Blue Cross Blue Shield of Arizona</td>
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<tr>
<td>Col. Wanda Wright</td>
<td>Arizona Veterans Services</td>
</tr>
<tr>
<td>Cynthia Zwick</td>
<td>Wildfire</td>
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Mental Well-being

Vision: A state of whole person well-being in which every individual experiences life-long growth and capacity-building, adapts to changing challenges and adversities, lives fully and fruitfully, and experiences a sense of belonging and meaning within their community - adapted from the World Health Organization
Mental Well-being

**Strategy 1**
Reduce opioid use & overdose fatalities

**Strategy 2**
Improve awareness of, and address, the impact of social isolation and loneliness on health

**Strategy 3**
Reduce suicide-related events
Reduce opioid use & overdose fatalities

Promote effective non-pharmacologic management of Chronic Pain to reduce unnecessary use of opioids

Tactic A: Implement strategies in a manner that ensures cultural humility and health equity are a priority

Tactic B: Educate consumers and providers on available treatments (medical community, chronic pain patients)

Tactic C: Enhance access to treatment for substance use disorder, chronic pain, and mental health
Reduce opioid use & overdose fatalities

Develop and implement a stigma reduction and awareness campaign

**Tactic A:** Increase mental health and wellness resources for families of people at risk

**Tactic B:** Implement stigma reduction campaign

**Tactic C:** Implement strategies in a manner that ensures cultural humility and health equity are a priority
Improve awareness of, and address, the impact of social isolation and loneliness on health

Increase public discourse on social isolation and loneliness, i.e. stigma, prevalence and impact on health

**Tactic A:** Develop strategies which are population-based

**Tactic B:** Create an outreach strategy that de-stigmatizes/normalizes loneliness and sheds light on its impact on health

**Tactic C:** Create awareness of social isolation issues among key stakeholders
Improve awareness of, and address, the impact of social isolation and loneliness on health.

Make widely available actionable steps people can take to address loneliness

Tactic A:
Create resources and potential actions for persons identifying as lonely and for communities to combat loneliness

Tactic B:
Develop & launch public awareness campaign
Create increased sense of community, and belonging, throughout Arizona, in more vulnerable populations

**Tactic A:**
Create community of practices to share information and address disconnects

**Tactic B:**
Design and launch community-based pilots that provide telehealth opportunities for select rural/underserved populations to acquire a sense of community and belonging.

Improve awareness of, and address, the impact of social isolation and loneliness on health
Reduce Suicide-Related Events

Increase number of public facing/front-line staff who receive an approved evidence-based suicide prevention training

**Tactic A:**
Identify organizations (employers/corporations, partners, providers, agencies, etc.) and front line/public facing staff to receive training

**Tactic B:**
Expand statewide training capacity in a manner that ensures cultural humility and health equity are a priority
Reduce Suicide-Related Events

Increase access to mental health management resources, with a particular focus on remote options (telehealth therapy/ psychiatry/ addiction support appointments, virtual support groups, mental health first aid, etc.)

**Tactic A:**
On-going surveillance of suicidal behaviors, risks, and protective factors

**Tactic B:**
Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority
Increase awareness, and utilization, of population-based mental health and wellness resources/outreach where they exist; and develop strategies to close gap

**Tactic A:** Communicate to the public at large (inclusive of higher risk populations)

**Tactic B:** Coordinated communication among state and community stakeholders of prevention

**Tactic C:** Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority
Next Steps: Implementation!

Implementation Team to begin meeting

Considerations of funding opportunities

Contact: azhip@azdhs.gov
Thank you
Child and Adolescent Psychiatry ED Holds

Dr. Sandy Stein, Dr. Gagan Singh and Dr. Sutapa Dube, Bill Southwick

Banner University Health Plans
Child and Adolescent Psychiatry ED Holds

A request for action and collaboration

July 23, 2021
Dr Sandy Stein, Dr Gagan Singh and Dr Sutapa Dube, Bill Southwick
Child and Adolescent ED Holds and Volume Collaborative Group

• We are seeing a significant increase in ED visits for children and adolescents with associated increases in ED hold times. The issue is the most acute for the more difficult to place kids. We are hoping for collaboration on ways to tackle this problem together.

• Robust participation from:
  o Banner Health, BUHP, UHC, MercyCare, DES, DDD, PCH, CPR, AHCCCS

• This is a significant community issue for Arizona

• Reviewing data, common trends and hope to explore solutions
Banner Maricopa County Eds for C&A ED Holds

Behavioral Health ED Holds

Average Hold Time Trend

Year 2020 2021
Jan 14.18 14.43
Feb 18.04 19.32
Mar 15.94 16.14
Apr 11.00 13.32
May 14.16 23.04
Jun 14.46 27.01
Jul 16.25 21.92
Aug 20.40 17.84
Sep 15.88 13.54
Oct 18.00 12.12
Nov 12.14 10.23
Dec 10.19 9.94

Daily Avg Volume Trend

Year 2020 2021
Jan 12.23 12.90
Feb 12.14 12.19
Mar 12.13 11.90
Apr 6.80 7.02
May 17.57 14.04
Jun 7.27 10.00
Jul 7.23 7.23
Aug 12.77 13.40
Sep 11.28 11.19
Oct 11.30 11.39
Nov 8.90 8.90
Dec
Banner Maricopa County Trends Over Last 6 Years
Banner Maricopa Breakdown of Long LOS Patients by Age and Time

<table>
<thead>
<tr>
<th>LOS</th>
<th>Age range</th>
<th>12 and under</th>
<th>13 to 17 years</th>
<th>Total</th>
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<tbody>
<tr>
<td>&lt;12 hour in ED</td>
<td></td>
<td>154 (57%)</td>
<td>600 (49%)</td>
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<tr>
<td>&gt;12 hours in ED</td>
<td></td>
<td>118 (43%)</td>
<td>635 (51%)</td>
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<tr>
<td>Break down of long LOS patients &gt;12 hours</td>
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<td></td>
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<tr>
<td>12-16 hours in ED</td>
<td></td>
<td>21 (18%)</td>
<td>144 (23%)</td>
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<tr>
<td>16-20 hours in ED</td>
<td></td>
<td>22 (19%)</td>
<td>148 (23%)</td>
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<td>20-24 hours in ED</td>
<td></td>
<td>20 (17%)</td>
<td>111 (17%)</td>
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<tr>
<td>&gt;24 hours in ED</td>
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<td>55 (46%)</td>
<td>235 (37%)</td>
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<tr>
<td>Break down of Ultra long LOS patients</td>
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<tr>
<td>48h-72h</td>
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<td>72-100h</td>
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<tr>
<td>&gt;100h</td>
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<td>6</td>
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</table>
BUHP Percentage of Members w/LOS > 24 Hours in ED by Age
(July 2020 – June 2021)
BUHP Data on Average LOS in Emergency Department by Age (July 2020-June 2021)
Factors That Contribute to Long LOS

• Limited availability of specialized services for more complex kids
  o Limited number of facilities that take younger children <13 years
  o Limited number of facilities that will accept aggressive children
  o Limited number of placements for children with a developmental disability/ASD diagnosis
  o Limited services for kids with comorbid substance use

• Limited outpatient/wrap services
  o Covid restrictions/procedures have reduced physical in-home service availability
  o Need for more MST services
  o Need for more services for kids with complex trauma (DBT)

• Limited access to well trained providers
  o Child and Adolescent psychiatry evaluations in ED
  o Outpatient network/full continuum of services
  o Forensic behavioral health evaluations for kids at interface of psych and justice system
  o Therapy services
Factors That Contribute to Long LOS – con’t

• Complexities of our system
  o Complexities with patient placement when no in-state services available
  o Need for thoughtful collaboration amongst various agencies

• Limited BHIF/BHRF and group home options
  o Limited relationships with out-of-state providers for children who have been denied a higher level of care in-state
Solutions

• Increased access for under 13-year-olds
Solutions

• Efforts at building additional DDD/ASD capacity
• Need for increased avenues for collaboration for building network
  o Who are we missing in our collaborative
Thank you!
Hushabye Nursery

Tara Sundem, MS APRN NNP-BC
Co-Founder, Executive Director
Hushabye Nursery
HUSHABYE NURSERY
The Tiniest Victims of the Opioid Crisis
More than 2 babies are born passively dependent in AZ every day.
Neonatal Abstinence Syndrome (NAS)
Neonatal Opioid Withdrawal Syndrome (NOWS)

Condition experienced by an infant after birth due to sudden discontinuation of exposure to certain drugs such as opioids that were used by their mother during pregnancy.

Prabhakar Kocherlakota

Pediatrics Aug 2014, 134 (2) e547–561; DOI: 10.1542/peds.2013-3524
The Future???

Infants with NAS/NOWS have 2 or 3+ ACE’s at birth.
Lifespan Impacts of ACEs

Critical & Sensitive Developmental Periods

Adverse Childhood Experience
MORE CATEGORIES – GREATER IMPACT
Physical Abuse, Sexual Abuse
Emotional Abuse, Neglect
Witnessing Domestic Violence
Depression/Mental Illness in Home
Incarcerated Family Member
Substance Abuse in Home
Loss of a Parent

Genetics
Experience triggers gene expression
(Epigenetics)

Brain Development
Electrical, Chemical, Cellular Mass

Adaptation
Hard-Wired Into Biology

Chronic Disease
Psychiatric Disorders
Impaired Cognition
Work/School Attendance, Behavior, Performance
Obesity
Alcohol, Tobacco, Drugs
Risky Sex
Crime
Poverty

Intergenerational Transmission, Disparity

Source: Family Policy Council, 2012
How can we improve outcomes???
Hushabye Nursery’s Care Model
NAS Center of Excellence

Prenatal Services
- Medical Care
- Addiction Treatment
- Counseling
- DCS Collaboration
- Medication Assisted Tx
- Financial Guidance
- Home Visiting

Nursery Services
- NAS Recovery Services
- NAS Environment
- Specialized Training
- Nonjudgmental Environment
- Family Care Model

Discharge Services
- Newborn Follow-Up
- SENSE
- Pediatric specialists
- Developmental services
- Family Counseling
- Financial Guidance
- Home Visiting

Service Coordination
Access to Care

Hushabye Nursery | hushabyenursery.org | 480-628-7500
Tara Sundem | RN, NNP-BC, MSN | tara.sundem@hushabyenursery.org
HOPPE PROGRAM
Hushabye Opioid Pregnancy Preparation & Empowerment
Outpatient Services

- Peer Supports
- Trauma Specialist
- EMDR
- Counseling
- Transportation, food and housing support
- NAS education-diagnosis treatment and follow-up care
- Infant CPR
- Car Seat Education
- Safe Sleep Education
- Baby Supplies and Resources
- Care Coordination
- Evidence Based Parenting Classes such as Triple P Parenting
- Baby Soothing Education
- Social Connections
- SMART Recovery
Hushabye Nursery is Different.

**NICU Model**
- Treat babies in bright, noisy, intense environment
- Design NICU for premature babies, not NAS babies
- Provide minimal education/limited resources
- Restrict visitation and prohibit overnight stays
- Ensure one caregiver to every three babies (1:3)
- Staff teams with limited NAS training

**Hushabye Model**
- Treat babies in quiet, dark, calm environment
- Private nurseries
- Educate families on how to care for NAS baby
- Encourage moms to stay in-room 24/7
- Ensure one caregiver per baby (1:1)
- Hire specially-trained staff with passion for NAS babies
- Promote bonding and breastfeeding
- Use five Ss, rock up and down, 6th S-squat techniques
- Wean and treat babies with medications as necessary
- Eat Sleep & Console Treatment Model (ESC)
- Validate Finnegan Neonatal Abstinence Scoring System
- Provide outpatient behavioural health treatment onsite
Current NICU Environment
Inpatient Services

- Care for babies as they go through the withdrawal process
- Families may stay with their baby 24/7
- ESC model with Modified Finnegan assessment tool
- Phototherapy
- Gavage Feedings
- Pharmacologic care if needed
- DCS Support
- Family Education
- Counseling
- Family Coaching
- Lactation Support
- Developmental Specialist Consultations
- Trauma Support Specialist (EMDR)
Hushabye NAS infants treated with morphine 18% vs. 98% Industry Standard

Hushabye NAS infants average length of stay in NICU 6 DAYS vs. 22 days Industry Standard

Hushabye NAS infants average cost of hospitalization $5,922 vs. $44,824 days Industry Standard

Percent of Hushabye infants who primarily breastfeed 44% vs. 20% Industry Standard

Percent of Hushabye Infants who were safely discharged to a biological parent 69%

85% if active with Hushabye Nursery prenatally. Industry Standard not reported.
Call/Text 480-628-7500 for referral
HUSHABYЕ BABIES
ADHS Update

Priscilla Lauro & Shane Brady
Questions, Open Discussion & Wrap Up

Next Meeting: August 27th
Thank you!

• See the Behavioral Health Task Force web page for meeting past meeting presentations - https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/BehavioralHealthTaskForce.html

• Send future topics you want to discuss to lauren.prole@azahcccs.gov