COVID-19 Behavioral Health Task Force Agenda

• Welcome: Dr. Sara Salek
• PHE Updates: Dana Flannery
• Request for Proposal for SMI Determinations - SED: Dana Flannery
• Arizona PAX Initiative: Jeanette Puskas
• ADHS Opioid Dashboard: Sheila Sjolander
• ADHS Suicide Prevention Plan: Joshua Stegemeyer
• AHCCCS Update - Efforts to Address Opioid Epidemic: Alisa Randall
• Task Force Discussion: All
• Questions, Open Discussion & Wrap-Up: All
Public Health Emergency

Dana Flannery
AHCCCS Enrollment: March 2020- July 2022

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

### Continuous Enrollment

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/1/22</td>
<td>Expiration of the Maintenance of Effort Requirement/Initiation of Processing Redeterminations</td>
</tr>
</tbody>
</table>

### 6.2% FMAP

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/13/22</td>
<td>PHE Ends</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/22</td>
<td>Expiration of the Enhanced Federal Match</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/16/22</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
</tr>
<tr>
<td>7/16/22</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
</tr>
<tr>
<td>10/16/21</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
</tr>
<tr>
<td>10/18/21</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
</tr>
<tr>
<td>6/20/21</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
</tr>
<tr>
<td>4/21/21</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
</tr>
</tbody>
</table>

**AHCCCS has not yet received indication from CMS on whether the federally declared PHE will extend beyond 10/13/1022.**

**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE (August 14, 2022).**
Unwinding Strategies

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

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

● MCOs will also be helping with outreach to members where we received returned mail
Unwinding Strategies

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

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

• AHCCCS is conducting a new procurement for a statewide vendor to conduct
  o Eligibility determinations for Arizonans who may have a SMI for:
    o Individuals 18 or older who request or consent to a determination
    o Individuals 17.5 who are currently receiving behavioral health services in preparation for behavioral health services as an adult
    o Individuals ordered to undergo a determination by/through a Superior Court in Arizona
    o Clinical decertifications for individuals with an SMI designation
  • The current vendor is Solari Crisis & Human Services, Inc. (previously called Crisis Response Network)
    o Contract January 1, 2019 - September 30, 2023
Purpose

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

• Ensure SMI eligibility criteria obtained through a behavioral health referral is applied consistently
Current Contract Responsibilities
Overview of Current Responsibilities

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

• Collaborating with AHCCCS and a qualifying Health Information Exchange (HIE) Organization to target efforts to specific areas where Health Information Technology (HIT) and HIE can bring significant change and progress as identified
  o The HIE connects the electronic health record (EHR) systems of providers and clinicians allowing them to securely share patient information and better coordinate care
  o In Arizona, Medicaid Health Plans and providers use Health Current, a health information exchange organization (HIO) to securely share patient information
Stakeholder Input
Proposed Addition of SED Eligibility Determinations
Individuals Who May Have a Serious Emotional Disturbance (SED)

- AHCCCS is evaluating the benefits and limitations of incorporating a Serious Emotional Disturbance (SED) eligibility determination for youth up to the age of 18 similar to the SMI determination process into this procurement.
- AHCCCS may expand the responsibility of the vendor to include eligibility determinations for individuals who may have an SED.
Individuals Who May Have a Serious Emotional Disturbance (SED)

Designation definition applies to:

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

• A member's provider is responsible for making the SED determination

• Criteria varies across geographic service areas though is based on AHCCCS definition of SED
  o No standardized criteria established across the different regions of the state, problematic especially for Non-RBHA plans' membership
  o Funding dedicated to SED population can be spent differently
  o Children who may qualify for additional grant funded services could be missed
SED Eligibility Determinations - Current Practice

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

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

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

## SMI Eligibility Determination RFP

<table>
<thead>
<tr>
<th>Phase</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td><strong>ISSUE RFP</strong></td>
<td><strong>October 5, 2022</strong></td>
</tr>
<tr>
<td><strong>RFP VENDOR QUESTIONS DUE</strong></td>
<td><strong>October 14, 2022</strong></td>
</tr>
<tr>
<td>from Prospective Offerors</td>
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<tr>
<td>(by 5:00 p.m. Arizona Time)</td>
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<tr>
<td><strong>VENDOR PROPOSALS DUE</strong></td>
<td><strong>December 6, 2022</strong></td>
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<td>(by 3:00 p.m. Arizona Time)</td>
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<tr>
<td><strong>AWARD</strong></td>
<td><strong>March 7, 2023</strong></td>
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<tr>
<td><strong>IMPLEMENTATION/EFFECTIVE DATE</strong></td>
<td><strong>October 1, 2023</strong></td>
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How to Stay updated on the RFP

• RFP Bidders’ Library
  o Visit to obtain RFP Information: YH23-0001 – SMI Eligibility Determination RFP - BIDDERS’ LIBRARY (azahcccs.gov)

• Email notifications
  o Sign up to receive updates: SMI Eligibility Determination RFP
How to Submit Feedback

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

• Feedback timeframe extended; feedback will be accepted until July 31, 2022, 5:00 p.m. MST
Arizona PAX Initiative

Jeanette Puskas
Welcome to PAX Arizona!
PAX creates a shared approach across systems
2022 Community-based PAX Trainings for Arizona!

Fully-funded by:

AHCCCS
Arizona Health Care Cost Containment System

paxtools
for Human Services

Self-paced Training for Youth Workers

Register!
paxarizona.org

Questions?paxarizona@paxis.org

PAX Summit

© PAXIS Institute 2022. All rights reserved.
PAX Tools utilizes Evidence-based Kernels to teach **self-regulation** and **positive behavior** as a skill set.

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

PAX Tools are …
- Provides research-based, trauma-informed behavioral health strategies for youth-serving professionals.
- Ensures and operationalizes a trauma-informed approach for agencies and individuals who work with youth.
- Includes strategies for professionals to use with youth in their practice or setting, and steps for guiding caregivers in utilizing selected strategies with children at home.
Who can implement PAX Tools for Human Services?

- Behavioral Health Professionals
- Before/After-School Staff
- Case Management
- Childcare Providers
- Child Welfare
- Faith Based Staff / Volunteers
- Juvenile Justice workers
- Out-of-schooltime Staff
- Social Workers
- Youth Workers
- Provides research-based, trauma-informed behavioral health strategies for **youth workers**.

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

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

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

- Camp Counselors
- Part-time Staff
- Recreational Staff
- Seasonal Staff
- Volunteers
- Youth-development Professionals
- Youth Mentors
- and more!
Provides research-based, trauma-informed behavioral health strategies for parents and caregivers.

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

Includes strategies for professionals to use with youth in their practice or setting, and steps for guiding caregivers in utilizing selected strategies with children at home.
Who should become a Certified PAX Tools Community Educator?

- Parent Educators
- Health Educators
- Prevention Educators
- Extension Educators
- Volunteer Coordinators
- Foster Care and Respite Providers
- Faith-Based Youth Workers/Volunteers
Those who attended training reported overwhelmingly positive feedback

- **85% felt confident** implementing PAX the very next day
- **97%** reported PAX **will be helpful** in supporting the children they work with
- **96%** left training **really clear** on the strategies presented
Feedback from Sunshine House Staff

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

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

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

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

“We have started to use sticks as a way to lesson arguments about who will shower first, or set the table, or where to sit in the van. The children seem to like this process as they don’t see it as a staff showing favoritism”
Community-based PAX Trainings for Arizona!

Fully-funded by:

- AHCCCS
- paxtools for Human Services
- paxtools Self-paced Training for Youth Workers
- paxtools for Community Educators

Register!
paxis.org/pax-arizona

Questions?
paxarizona@paxis.org
ADHS Suicide Prevention Plan & Opioid Dashboard

Sheila Sjolander & Joshua Stegemeyer
An ADHS Update on Opioid & Suicide Data Trends

July 22, 2022

Sheila Sjolander, Assistant Director, Prevention Services
More than 5 Arizonans a day died from opioids in 2021

In 2022, 81% of opioid deaths involved multiple drugs; increasing trend
In 2022, 96% of opioid deaths involved Rx/Synthetic drugs; Increasing trend
In 2022, 4% of opioid deaths involved Heroin; Decreasing trend

The total number of opioid overdose deaths may be leveling off

Data Source: Arizona Vital Statistics, Death Certificates
As of Jan 2022:
- 2,010 deaths involving opioids
- 1,298 deaths involving psychostimulants

In prior 12 months:

Total Number of Reported Overdose Deaths in Past 12 Months in Arizona

- Jan 2020: 2,311
- Jan 2021: 3,230
- Jan 2022: 3,521

Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
More than 9 Arizonans a day had a non-fatal opioid overdose in 2021

In 2022, 53% of non-fatal opioid events involved fentanyl; level trend

In 2022, 26% of non-fatal opioid events involved Meth/Amphetamine; increasing trend

In 2022, 5% of non-fatal opioid deaths involved Cocaine; Increasing trend

ADHS Opioid Dashboard: https://www.azdhs.gov/opioid/index.php#dashboards-nonfatal-overdoses
The total number of non-fatal opioid overdose events decreased from 2020 to 2021.

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

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

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


Data Source: Arizona Vital Statistics, Death Certificates
In 2021, two-thirds of opioid deaths were among people aged 25-54.

The highest rate of fatalities occurred among 25-34 year-olds (60 per 100,000 population).
In 2021, White, non-Hispanic individuals accounted for 52% of opioid deaths.

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

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

- 4.2% Current treatment for substance use disorder(s)
- 10.5% Fatal drug use witnessed
- 26.6% Mental health diagnosis
- 62.5% Potential bystander present
- 10.8% Prior overdose
- 11.5% Recent release from institutional setting

77.4% of drug overdose deaths had at least one potential opportunity for intervention.

Circumstance percentages are only among decedents with an available medical examiner or coroner report.

Data Source: SUDORS Dashboard - https://www.cdc.gov/drugoverdose/fatal/dashboard/
During 2020-2021, over 60% of overdose fatalities reviewed had seen a healthcare provider in 90 days leading up to their overdose.

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

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

https://www.azdhs.gov/opioid
The total number and rate of suicides increased from 2010-2018, and leveled off from 2018-2021.

* 2021 suicide count and rate data are preliminary/unpublished

Data Source: Arizona Vital Statistics, Death Certificates
Rate of Suicides by Age Groups (2020)
The highest rates (per 100,000) are among persons 75-85+ years old

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Crude Rate (per 100,000)</th>
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<tbody>
<tr>
<td>&lt;15</td>
<td>17</td>
<td>*</td>
</tr>
<tr>
<td>15-19</td>
<td>69</td>
<td>14.3</td>
</tr>
<tr>
<td>20-24</td>
<td>118</td>
<td>23.4</td>
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<td>25-34</td>
<td>248</td>
<td>24.3</td>
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<td>35-44</td>
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<td>20.6</td>
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<tr>
<td>45-54</td>
<td>197</td>
<td>22.8</td>
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<tr>
<td>55-64</td>
<td>220</td>
<td>24.6</td>
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<tr>
<td>65-74</td>
<td>133</td>
<td>16.9</td>
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<tr>
<td>75-84</td>
<td>114</td>
<td>26.2</td>
</tr>
<tr>
<td>85+</td>
<td>57</td>
<td>37.5</td>
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* Unreliable estimate

Data Source: Arizona Vital Statistics, Death Certificates; CDC Wonder
In 2020, the highest rates of suicides per 100,000 residents was highest in Apache, Navajo, Yavapai, and Mohave Counties.

**Arizona**
2020 rate per 100,000 of population - 18.4

**United States**
Rate per 100,000 of population – 14.0

Data Source: Arizona Vital Statistics, Death Certificates; CDC Wonder
An ADHS Update on Suicide Prevention Action Plan

July 22, 2022

Joshua Stegemeyer, Suicide Prevention Program Manager
Suicide Prevention Action Plan

- **Recommendation 1**: Promote the availability of state crisis resources
- **Recommendation 2**: Disseminate information inside of Arizona to inform communities about current best practices, innovative approaches to address suicide, and available prevention training and resources
- **Recommendation 3**: Increase access to resources and services for individuals and communities that have experienced suicide
- **Recommendation 4**: Increase number of passive suicide sensors in Arizona
Suicide Prevention Action Plan

- **Recommendation 5**: Enhance suicide mortality data collection and expand surveillance systems to identify current community trends
- **Recommendation 6**: Priority Populations
- **Recommendation 7**: Engage stakeholders through event promotion and community-level prevention
- **Recommendation 8**: Improve the resilience of individuals and communities through upstream interventions
Suicide Prevention Action Plan

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

https://www.azdhs.gov/suicide
For More Information

azdhs.gov/suicide
azdhs.gov/opioid
azopioi@azdhs.gov

Sheila Sjolander, MSW
Assistant Director
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Joshua Stegemeyer
Suicide Prevention Program Manager
joshua.stegemeyer@azdhs.gov
AHCCCS Efforts to Address Opioid Epidemic

Alisa Randall
Opioid Efforts:
Naloxone, Harm Reduction, Mobile MAT
Count of Naloxone Doses

<table>
<thead>
<tr>
<th>Year</th>
<th>C &amp; E</th>
<th>Opioid Grants</th>
<th>Block Grant</th>
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<tbody>
<tr>
<td>FFY 2018</td>
<td>23,606</td>
<td>98,534</td>
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<tr>
<td>FFY 2019</td>
<td>25,188</td>
<td>52,312</td>
<td>138,630</td>
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<tr>
<td>FFY 2020</td>
<td>32,837</td>
<td>56,162</td>
<td>144,668</td>
</tr>
<tr>
<td>FFY 2021</td>
<td>45,375</td>
<td>156,354</td>
<td>161,251</td>
</tr>
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</table>

C & E: Claims and Encounters; Opioid Grants: Opioid State Targeted Response (STR), State Opioid Response (SOR), State Opioid Response II (SOR II); Block Grant: Substance Abuse Block Grant
Naloxone Distribution through Block Grant Funding

- CY 2021: 154,265

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

- CY 2022 (Q1): 30,671

Each indicates 3 doses per distribution
Overdose Education and Naloxone Training

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

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

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

Indicates trainings in person and web-based
Harm Reduction Contract

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

- Approval of a Statewide Syringe Service Program (SSP)
Mobile MAT Units

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

• DEA coordination to support those initiative and licensure support

• Providers beginning the process
Opioid Service Locator
Opioid Use Disorder Services Locator

Are you looking for opioid use disorder services in the area?
Enter a zip code to find a program that is right for you or for your loved one.

Zip Code

Service Type(s)
ALL

Accepting Clients

Search

https://opioidservicelocator.azahcccs.gov/
Opioid Use Disorder Services Locator

Community Medical Services - Tucson on Park

- Opioid Treatment Program (OTP)
  - SAMHSA-certified Opioid Treatment Program (OTP)
  - Accepting Clients
    - Client Treatment: 286 / 800 Available

Medical Assisted Treatments (MAT) Services

- Buprenorphine
  - Works similar to methadone and can be prescribed to take at home.
- Methadone
  - Controls withdrawal symptoms and blocks cravings. Often in-person at a clinic, usually every day.
- Naltrexone
  - Blocks the effects of opioids and alcohol completely.

OUD Services

- Peer Support
  - Peer Support Specialists at CMS are individuals with lived experience who have the ability to understand the challenges of substance use and recovery. They bring their unique perspective for overcoming challenges and navigating the treatment system.
- Pregnant Women
  - CMS offers a variety of services to help women who are pregnant. Our goal is to empower you as a leader in your recovery, with benefits to you and your baby. Methadone during pregnancy is considered the gold standard of care. For most women with OUD, experts agree that the benefits of medications for OUD outweigh the potential risks. MAT is not harmful to the developing baby, and mothers are encouraged to continue with MAT throughout their pregnancy.
- Psychosocial
  - At CMS, we provide both individual and group counseling services to our patients. Through the use of evidence-based practices, counselors help clients to develop healthy coping strategies, individualized to their needs. Together, clients and counselors work on problem solving skills to address substance use.
- 34,664 views between October 1, 2021 - June 30, 2022
- Average 4,000+ hits per month
Opioid Use Disorder Services Locator

See the [How To Guides](#) posted on the Grants Administration [web page](#) under the Opioid Services Locator section.

Please contact [opioidservicelocator-support@azahcccs.gov](mailto:opioidservicelocator-support@azahcccs.gov) with any questions.
Questions, Discussion & Wrap Up
Thank you!

- See the Behavioral Health Task Force web page for meeting past meeting presentations
- Send future topics you want to discuss to lauren.prole@azahcccs.gov
Follow & Support AHCCCS on Social Media

Handle: @AHCCCSSgov
Handle: @AHCCCSSgov
Handle: @AHCCCSSGov
Handle: @AHCCCS
Channel: AHCCCSSgov