

Section A: Population of Focus and Statement of Need (1 page)

1. This funding will be used to reduce suicides, suicide attempts, and domestic violence among uninsured/underinsured adults age 25 and older, residing in Pima County, Arizona.

The most recent data from the Arizona Department of Health Services finds 1,429 individuals died by suicide in Arizona in 2019. Of these, 1,118 were men, the vast majority were White (1,042), and the majority were 65 and older (335). Suicides were more prevalent in rural counties. These statistics reflect national trends in suicide deaths. It is estimated 70% of Arizona's population lives within two counties: Maricopa—the Phoenix metro area, and Pima—the Tucson metro area. By comparison, Maricopa County's age-adjusted mortality rate of suicide was 16.5, while Pima County's was 19.3.

According to the US Census, the population of Pima County as of July 2019 was 1,047,279. Some 19.8% are 65 or older, and 84.9% are White. **Impact of the COVID-19 pandemic on the behavioral health of the population:** Since March 15, 2020, (COVID-19) officials at Pima County Public Health have reported a significant increase in point-in-time suicide data. From February 2-March 7, 2020, there were 13 suicides county-wide. By contrast, from March 8-April 11, 2020, there were 34. The majority of these were among those aged 40-59 (11). Of those who died by suicide during this same time period, 79% had a confirmed mental illness or co-occurring medical condition.

There are an estimated 15,000 calls for domestic violence related services in Pima County annually. There has been a marked increase of domestic violence internationally during the COVID-19 pandemic. Additionally, there may be more domestic violence occurring than calls received at domestic violence organizations and hotlines. This may be due to victims residing in the same home/residence as the abuser/perpetrator and the inability of the victim/s to access cell phones and technology to report given the proximity to the abuser/perpetrator.

B: Proposed Implementation Approach

1: The Arizona Health Care Cost Containment System (AHCCCS) is the state Medicaid agency and provides services statewide to more than 1.9 million Arizonans. Services are provided through a managed care system. For the behavioral and substance abuse needs of adults, this system includes Regional Behavioral Health Authorities (RBHA/s) and Managed Care Organizations (MCOs). AHCCCS contracts with Arizona Complete Health- Complete Care Plan (AzCH-CCP) as the RBHA in southern Arizona, which includes Pima County. With this funding, AHCCCS will add to our existing prevention contract with AzCH-CCP to reduce suicide attempts, suicides, and domestic violence among those age 25 and older in Pima County. This would provide behavioral health access related to suicidal ideation and domestic violence to underinsured/uninsured adults. Such behavioral health services may include treatment of anxiety, depression, or other general mental health issues.

The AHCCCS Project Director will ensure AzCH-CCP contracts with CODAC, an established behavioral health provider in Pima County, to **implement a plan for rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after discharge from emergency departments and inpatient psychiatric facilities.** CODAC has existing memorandums of understanding with Pima County hospitals, including inpatient psychiatric facilities, to conduct

substance use disorder outreach and to work with individuals with a serious mental illness. These agreements will be modified to also include working with individuals identified as having suicidal ideation, or those who have made a suicide attempt. This will **ensure care transition and coordination of services from the inpatient facilities and into community based and outpatient services, including treatment for general mental health if necessary. Care transition and coordination of care will include assessments of need/s and referral/s for outpatient services.** Currently, there is no funding available for uninsured/underinsured individuals who are experiencing suicidal ideation and would benefit from a referral into care. The COVID-19 Emergency has added to the stress of individuals and crisis lines are reporting an increase in calls related to anxiety, depression, fear of the unknown, financial stressors and a general overall feeling of struggles related to living in uncertain times.

The AHCCCS Project Director, in collaboration with Prevention Specialists from AzCH-CCP and Emerge (a domestic violence service provider in Pima County), will communicate strategically with contracted providers from about this new funding and will include criteria for eligibility and how to access the domestic violence referral pathway.

CODAC Behavioral Health Technicians (BHTs) will screen individuals in emergency departments and inpatient psychiatric facilities for suicidal ideation and identify/screen those persons who may have been or are at risk of domestic violence. Using the Evidenced Based Practice (EBP) tool kit “Best Practices in Care Transitions for Individuals with Suicide Risk,” BHTs will **establish follow-up and care transition protocols. The protocols will address individual safety, especially among high risk adults in health or behavioral health care settings, who have attempted suicide or experienced a suicidal crisis. The protocols will include discharge plans and the coordination of care into the community to include assessment and referral. This will include those persons diagnosed with a serious mental illness and/or those challenged by a substance use disorder(s) and those with general mental health challenges.** The BHTs will also provide community recovery supports/resources/referrals to **assist individuals who have attempted or are at risk for attempting suicide and includes supports for impacted household members.** This will include providing information on accessing ongoing behavioral health services in person, via telehealth, telephonically and virtual settings. In response to the COVID-19 Emergency Pandemic, AHCCCS expanded services codes available via telehealth and through virtual means. Behavioral health counseling, both group and individual and including recovery supports, are included and being utilized throughout the state of Arizona. AzCH-CCP and their network of behavioral health providers are using telehealth/audio-visual-virtual service provision where possible to reach individuals with suicidal ideation and individuals suffering from domestic violence.

Research indicates an increase in suicidal ideation among women suffering from domestic violence. To address the increase in Pima County, AzCH-CCP contracted with behavioral health providers and is utilizing the Columbia Suicide Severity Rating Scale (C-SSRS). The C-SSRS is an evidence based practice screening that includes questions addressing domestic violence in the “other factors” section. Providers will **screen for suicide and domestic violence risk and provide appropriate clinical treatment services and referrals as a result of the assessment. Referrals and coordination of care will be conducted with outpatient providers,**

intensive outpatient providers, residential facilities (when indicated), referrals for individual and group counseling and family service settings. Those who screen positive will be referred for services including outpatient therapy, emergency housing for domestic violence and other services as indicated. AzCH-CCP's network of providers and services available will be offered to those who screen positive for suicidal ideation. Should services related to domestic violence be required, a referral to Emerge will be made. Further, the evidence-based practice Motivational Interviewing will be employed by behavioral health technicians to improve the breadth of information gathered and ability to improve the quality and appropriateness of behavioral health and domestic violence referrals.

AzCH-CCP will also expand current suicide prevention training efforts by contracting with Community Bridges Inc (CBI). CBI will offer the evidence-based practices related to suicide and suicide prevention; safeTalk and ASIST. CBI will offer and train community and clinical service providers and systems serving adults at risk.

These trainings will measure the change in the the provider's competence/confidence in each of the clinical training areas:

- Assessment of suicide risk and protective factors
- Use of best practice interventions to ensure safety (including lethal means safety)
- Treatment of suicide risk
- Follow-up to ensure continuity of care

These trainings will be offered county-wide with an emphasis on individuals working with those in substance use treatment, those diagnosed with a serious mental illness, domestic violence victims, veterans and those in a justice environment (both in custody and afterward.) CBI has expertise and is the largest integrated behavioral health provider in Arizona.

This work to reduce suicides in Pima County by AHCCCS and AzCH-CCP is in coordination with the Pima County Health Department where an epidemiologist brought attention to the increased rate of suicides with a health alert in early April 2020. The AHCCCS Project Director and AzCH-CCP will stay in regular communication with the Pima County Health Department and the Arizona Department of Health Services where the states' vital records are stored. Further, AzCH-CCP will work with justice and corrections staff, housing providers, veteran service organizations, labor departments and the National Guard to provide aforementioned suicide prevention trainings. These efforts will provide further outreach to at-risk adults. The AHCCCS Project Director will communicate regularly with the Governor's Office of Youth, Faith and Family and the Arizona Department of Health Services; both in support of this application. The AHCCCS Project Director will serve as the communication liaison between all partners involved, bringing together behavioral health service providers and the Emerge (the Domestic Violence Provider).

Emerge Center Against Domestic Abuse is the largest domestic violence organization in Pima County. The organization was established in 2008 and provides several prevention and intervention programs to Pima County residents. Between July 2018 and June 2019, their hotline answered 5,374 calls which included 3,862 unduplicated calls. During this year, the organization spent approximately \$2.4M on housing including; emergency shelter, transitional housing and permanent housing.

Emerge provided emergency shelter to 644 unique individuals spending about \$3,100 per person or \$78.00 per person a night. Pre-pandemic, the organization received approximately 21 calls a day and now the organization is receiving an average of 18 calls a day. It is not uncommon for domestic violence calls to decrease during emergencies; abusers and victims are often living within the same space. Emerge officials anticipate an increase of calls and services needed once daily activities are resumed post-COVID-19. AHCCCS is partnering with Emerge to support the organization’s existing services as the nation navigates the pandemic. With this funding, it is anticipated that an additional 300-400 individuals will be in need and receive emergency shelter and 1,500 unduplicated crisis hotline calls will be received and require information and referral.

Behavioral health technicians providing the aforementioned screenings for suicidal ideation and domestic violence will make referrals for services as needed. Those who need behavioral health services related to treating suicidal ideation will be referred within the AzCH-CCP network. Additionally, technicians will work to complete Medicaid eligibility screenings to assist with ongoing service delivery needs should that be needed. BHTs will provide follow up care, including long term coordination of services and outreach to immediate family. For those who are in need of services related to domestic violence, including emergency housing, referrals will be made to Emerge.

This work will include identifying individuals managing domestic violence in ER and psychiatric hospital settings and referring them to Emerge upon discharge. Emerge will **provide enhanced services for victims of domestic violence and their dependents including a safe place to stay. It is predicted that emergency shelter service needs will increase as many individuals will not be able to remain safely in their home setting. This may include the victim, children and in many cases accommodations for animals. It is also predicted that incidents of child abuse may be on the rise as well due to the COVID-19 Emergency Pandemic.**

It is likely that individuals will need both types of services: behavioral health related to suicidal ideation, and those related to domestic violence. Coordination of the individual’s privacy will be a priority to ensure safety. The AHCCCS Project Director will work with both behavioral health providers and Emerge to establish referral pathways and to make sure individuals are receiving services they need. This cross-collaboration between behavioral health providers and Emerge will be new for Pima County.

2. Provide a chart or graph depicting a realistic timeline for the entire 16-month proposed project showing dates, key activities, and responsible staff.

Implementation Timeline

| Months post grant award 6/30/2020 | Key Activities/Milestones | Responsible Staff |
|--|---|---|
| 7/7/2020 | AHCCCS will finalize and provide funding allocation notification to AzCH-CCP and Emerge | AHCCCS suicide prevention team |
| | AHCCCS to begin emergency procurement of DV provider | AHCCCS suicide prevention team, procurement |
| | AHCCCS to begin streamlined procurement contract for evaluator | AHCCCS suicide prevention team, procurement |

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| 7/7/2020 | Finalize job posting for Project Director | AHCCCS suicide prevention team |
| 7/30/2020 | Meet with Emerge team | AHCCCS, AzCH-CCP |
| | Meet with AzCH-CCP team | AHCCCS, AzCH-CCP |
| | Meet with Evaluator, review GPRA | AHCCCS, AzCH-CCP, Emerge, External evaluator |
| 8/30/2020 | Interview, hire project director | AHCCCS |
| | Finalize GPRA Evaluation Plan and data collection methodology | External evaluator, AHCCCS suicide prevention team |
| 9/1/2020 | Services will begin, including coordination between BH network, Emerge | AzCH-CCP, Provider Network, Emerge |
| 9/30/2020 | Quarterly CARES Act report due | Project Director |
| 11/30/2020 | Project Performance Assessment Implementation report due | Project Director |
| 12/30/2020 | Project Performance Assessment Quarterly CARES Act report due | Project Director |
| 3/30/2021 | Project Performance Assessment Quarterly CARES Act report due | Project Director |
| 4/30/2021 | Progress report due | Project Director |
| 6/30/2021 | Project Performance Assessment Quarterly CARES Act report due | Project Director |
| 8/30/2021 | Project Performance Assessment Final progress report due | Project Director |
| Monthly | Conduct trainings, education and outreach activities | AHCCCS suicide prevention team, Be Connected |
| | Project oversight phone call (occurring at minimum monthly for the first 6 months) | AHCCCS, AzCH-CCP, partners |
| | Collect performance and evaluation measures | External Evaluator, AHCCCS suicide prevention team |
| | Receive, analyze, and respond to monthly summary report | Project Director, AHCCCS suicide prevention team |

Section C: Proposed evidence-based service/practice

The National Action Alliance for Suicide Prevention (Action Alliance) Care Transitions Advisory Group authored “Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care.” These evidence-based practices help health care systems and providers improve patient engagement and safety during the transition from inpatient to outpatient care. These tools are appropriate for our target population of individuals 25 and older who live in Pima County and may be suicidal. With implementation, the desired outcome is to reduce the number of individuals who are again hospitalized for suicidal ideation within the next year and to reduce those who die by suicide. No modifications would be required. Prevention and saving lives is the intent of the funding dollars. A multi-system approach will be utilized and cross collaboration between AHCCCS, ADHS, AzCH-CCP, Emerge and Pima County will take place.

safeTALK is a half-day evidence-based suicide prevention training that prepares anyone 15 or older regardless of prior experience or training to become a suicide-alert helper. This training is

appropriate for individuals working with those in substance use treatment, those diagnosed with a serious mental illness, victims of domestic violence, veterans and those in a justice environment (both in custody and afterward.) The desired outcome is to reduce suicides in Pima County. No modifications would be required.

Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive evidence-based suicide prevention training. ASIST teaches participants to recognize when someone may have thoughts of suicide and works with the individual to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop; anyone 16 or older can learn and use the ASIST model. Since its development in 1983, ASIST has regularly updated their curriculum to reflect improvements in knowledge about suicide and the practice of addressing suicidal thought, behavior and ideation. To date, over 1,000,000 people have taken the workshop. This training is appropriate for individuals working with those in substance use treatment, those diagnosed with a serious mental illness, victims of domestic violence, veterans, and those in a justice environment (both in custody and afterward.) The desired outcome is to reduce suicides in Pima County. No modifications would be required.

The Columbia suicide severity rating scale (C-SSRS) supports suicide risk assessment through simple questions that can be asked by non-clinicians. Answers help identify those who are at risk for suicide. This tool is considered a best practice and has been implemented and studied thoroughly. It is appropriate for those age 25 and older living in Pima County. The desired outcome is to reduce suicides in Pima County. One modification of the scale would be implemented. The scale would be adding domestic violence specific questions to the "other risks" open-ended section of the standardized tool.

Motivational interviewing is an established evidence-based practice used by behavioral health practitioners to interact with participants and ultimately elicit positive behavioral change. This counseling technique is one used to strengthen the relationship between the behavioral health practitioner and the participant. The method is formed on the idea that one can exercise free choice to reach self-actualization. It is appropriate for those age 25 and older living in Pima County. The desired outcome is to reduce suicides in Pima County. No modification of the tool would be required.

Section D: Staff and Organizational Experience (1 page)

AHCCCS is responsible for the provision of services related to behavioral health, substance use, general mental health and the overall delivery of health services to the Medicaid population across the state of Arizona. AHCCCS provides oversight, coordination, planning, administration, implementation of policies and procedures and the monitoring of all facets of the public behavioral health system in Arizona. This includes suicide prevention.

AHCCCS authors and implements the annual state plan for suicide prevention, in coordination with colleagues from the Arizona Department of Health Services. With the integration of physical and behavioral health services within one state agency, AHCCCS is the best positioned agency to address suicide as a public health crisis. This will result in an increase in access to services and lead a statewide conversation about prevention. Further, AHCCCS staff manage several large SAMHSA grants, including the Substance Abuse Block Grant and the Mental

Health Block Grant. AHCCCS staff is familiar with the reporting requirements of SAMHSA grant funding.

AHCCCS has strong ties to grassroots and community-based organizations in Pima County. Several AHCCCS staff members have strong relationships with suicide prevention coalitions, substance use treatment organizations, local advocacy groups, veteran service organizations and the interfaith community. AHCCCS was established as a state Medicaid agency in 1981 and supersedes the grant requirement for experience.

Arizona Complete Health (AzCH-CCP) serves as the Regional Behavioral Health Authority (RBHA) in southern Arizona. AHCCCS holds the contract with AzCH-CCP to provide integrated behavioral health services to Medicaid members including Pima County. AzCH-CCP was started by Health Net of Arizona in 1981. This organization's focus is improving access to community-based behavioral health services. AzCH-CCP is currently a recipient of SAMHSA prevention funding including the Substance Abuse Block Grant and the Mental Health Block Grant. Staff is familiar and experienced with the reporting requirements. The organization has a long history of working with individuals with suicidal ideation and behavioral health needs. AzCH-CCP will be responsible for:

- Contracting with behavioral health providers (CODAC) to implement the aforementioned suicidal ideation and domestic violence screenings
- Ensuring appropriate referrals to Emerge are made,
- Communicating with the external evaluator and the AHCCCS Project Director
- Contracting with Community Bridges to ensure and monitor that evidence based suicide prevention trainings are offered to the priority populations outlined in the funding opportunity
- Other tasks as necessary

Emerge was created in 2008 when two long standing domestic violence organizations combined creating the largest provider of prevention services and programs in southern Arizona. This includes 24-hour hotline and emergency services, community-based services, children's services, housing stability programs, community education and prevention. The organization has a long history of working with individuals in Pima County with domestic violence service needs. Emerge's experience supersedes the grant requirement

Emerge will be responsible for:

- Ensuring appropriate services are provided to those referred to include housing, crisis calls, prevention, etc.
- Communicating with the external evaluator and the AHCCCS Project Director
- Other tasks as necessary

CODAC was founded more than 45 years ago and is an established accredited and licensed behavioral health providers. CODAC serves more than 15,000 individuals annually, providing integrated behavioral health services. CODAC has a long history of working with individuals in Pima County, including those experiencing suicidal ideation. AzCH-CCP currently contracts with CODAC, and will expand the agreement to achieve the following:

- Implementing a plan for rapid follow-up of adults who have attempted suicide or experienced a suicidal crisis after discharge from emergency departments and inpatient psychiatric facilities
- Ensuring care transition and coordination of services from the inpatient facilities and into community based and outpatient services, including treatment for general mental health if necessary. Care transition and coordination of care will include assessments of need/s and referral/s for outpatient services
- Establishing follow-up and care transition protocols. The protocols will address individual safety, especially among high risk adults in health or behavioral health care settings, who have attempted suicide or experienced a suicidal crisis. The protocols will include discharge plans and the coordination of care into the community to include assessment and referral. This will include those persons diagnosed with a serious mental illness and/or those challenged by a substance use disorder(s) and those with general mental health challenges. The BHTs will also provide community recovery supports/resources/referrals to assist individuals who have attempted or are at risk for attempting suicide and includes supports for impacted household members.
- Screen for suicide and domestic violence risk and provide appropriate clinical treatment services and referrals as a result of the assessment. Referrals and coordination of care will be conducted with outpatient providers, intensive outpatient providers, residential facilities (when indicated), referrals for individual and group counseling and family service settings
- Communicating with the external evaluator and the AHCCCS Project Director
- Medicaid eligibility screening
- Other tasks as necessary

Community Bridges, Inc (CBI) was created in 1982 and is the largest integrated behavioral health provider in Arizona. CBI offers substance use and behavioral health services and is a licensed and accredited provider. CBI staff work with individuals daily who are experiencing suicidal ideation and other behavioral health crises. They have a staff of evidence-based suicide prevention trainers and are respected in the field.

CBI will be responsible for:

- Communicating with the AHCCCS Project Director and AzCH-CCP
- Providing and ensuring that evidence-based suicide prevention trainings are offered to the priority populations outlined in the funding opportunity
- Medicaid eligibility screening
- Other tasks as necessary

Project Director: To be hired. This person will be responsible for the oversight, strategic planning and implementation of the project. The Project Director will dedicate 100% of his/her time to this project and will be responsible for overseeing all deliverables, performance measures, and implementation strategies to ensure the success of the grant. This person will have experience working in behavioral health, suicide prevention and will possess an understanding of domestic violence services. Further, this person will have a familiarity of culture and appropriate language when working with vulnerable populations. The Project Director will require excellent communication and conflict resolution skills and will be

responsible to serve as the AHCCCS liaison in the community. The ideal candidate will have a graduate degree in public health or social work.

The Project Director will be supervised by the state suicide Prevention Director and will join the state suicide prevention team. This will include a suicide prevention epidemiologist and a Project AWARE specialist.

Other AHCCCS FTE Efforts: The additional FTE efforts will be utilized for administrative and programmatic staff not specifically allocated to the grant and providing support to the Project Director in carrying out the responsibilities of the grant at AHCCCS. This could include, but is not limited to: the Division of Grants Administration staff assisting in the federal grants management and administration of the grant. AHCCCS has a positive time tracking module within its Human Resource Information System (HRIS) that allows personnel to charge a grant for activities during each pay cycle, as part of its Employee Time Entry (ETE). It will include a new pay code specifically for COVID-19 Emergency Response Suicide Prevention activities. This will be utilized for any additional efforts charged to the grant up to the maximum allowable within the grant.

Lead Evaluator: A lead evaluator will be contracted through State of Arizona procurement. The evaluator will be selected for previous experience working on performance measures and submissions. The evaluator's roles and responsibilities will be to analyze all data related to the grant, submit data meeting deadlines, communicate regularly with the project director and navigators, and help with reporting requirements.

Section E: Data collection and performance measures

Project data collection will include the required GPRA performance measures, as well as process, impact and outcome measures tied to the indicated goals and objectives to increase prevention activities. The external evaluator will be responsible for entering data into SPARS and following SPARS-CMHS guidelines to comply with GPRA including the three point-in-time data collections required. The evaluator will analyze GPRA data on a monthly basis providing AHCCCS with a summary report including the GPRA performance measures.

The evaluator will also assist with the compilation of required reports.

For localized evaluation on prevention and treatment activities, a formal process, impact, and evaluation model will be developed by the Project Director and AHCCCS Suicide Prevention Team to align with SAMSHA performance measures. Contracted providers will submit monthly reports to the Project Director. Impact and outcome measures will be identified and reviewed.

In order to identify progress towards meeting target numbers and objectives in the implementation plan, the Project Director and AHCCCS Suicide Prevention Team will conduct monthly and quarterly reviews of performance measures and available impact measures. The quarterly results will be summarized by the Project Director into a progress report and highlight any disparities in access or training utilization. The Project Director will work with partners to develop plans to correct any disparities identified. Progress reports will also be reviewed by a project workgroup. This data will be used to guide any alterations, amplifications or redirections needed in the corresponding state-wide strategic plan and prevention activities.