State Opioid Response II Grant - Narrative

Section A: Population of Focus and Statement of Need

A1: Population of Focus, Geographic Catchment Area and Coordinated Funding.

The primary populations of focus for the Arizona State Opioid Response (SOR) grant are as follows: individuals with active opioid use; individuals with Opioid Use Disorder (OUD); individuals at risk for opioid overdose; individuals with stimulant use disorder; individuals in recovery; and youth, parents, community members and health consumers unaware of the potential risks of opioid/stimulant misuse and abuse. Based on data from the statewide strategic planning efforts to combat the opioid epidemic in Arizona the following sub-populations have also been identified for targeted activities in SOR: individuals re-entering the community from correctional settings; individuals in rural and isolated areas; individuals experiencing homelessness; tribal populations; veterans, military service members and military families; pregnant women and parents with OUD; individuals with physical disabilities and individuals who have experienced trauma, toxic stress or adverse childhood experiences (ACEs).

To ensure all SOR activities are supplemental to existing funding streams, coordination of funds will be as follows: Year 1 of SOR FY2020 will sustain current SOR activities identified as high impact activities starting 09/30/2020. New and expansion projects on SOR will begin 09/1/2020. All SOR activities will supplement existing grants, including the Substance Abuse Block Grant (SABG) and SOR grants. Additionally, all SOR prevention projects have been strategically chosen as new activities or those that supplement current Centers for Disease Control and Prevention (CDC) funded activities, current SABG prevention activities and those funded by Drug Free Communities.

A2: The Problem, Service Gaps and Needs. According to the 2018 Opioid Deaths & Hospitalizations report issued by the Arizona Department of Health Services (ADHS), there were 1,167 opioid-related deaths in 2018 - a 21.7% increase from 2017. Approximately 67% of these deaths involved prescription and synthetic opioids, while approximately 33% involved heroin. The 2018 suspected opioid overdose related events without fatality (ADHS Bureau of Vital Records) indicate "hotspots" throughout the metro Phoenix and metro Tucson areas and the rural Mohave, Yavapai, Pinal, Gila, Navajo, Yuma and Coconino Counties. The Opioid Update & Surveillance Data Summary (ADHS) show in 2019, there were 4,267 verified non-fatal opioid overdoses with an average of 355 events per month, a 13% increase from 2018. The most common drug combination in non-fatal overdoses was heroin and methamphetamine.

Access to Medication Assisted Treatment (MAT), though dramatically improving in Arizona, still remains an issue for the underserved rural areas of the state and for the hardest hit areas of the Phoenix and Tucson metro areas. Data reveals that MAT utilization is below 20% in Apache, Gila, Greenlee, and La Paz Counties, and falls below 25% in Graham (24.3%), Navajo (22.3%), Pinal (22.4%) and Yavapai (22.8%) counties. Yuma, Coconino, and Cochise counties utilization are 26.9%, 27.3% and 28.3%. Utilization is at 35% in Mohave and Santa Cruz Counties. For Maricopa and Pima Counties, Arizona's most populated counties, MAT utilization is at 41.8% and 48.2%, respectively. According to the most current Provider Repository List monitored by AHCCCS, there are 57 Opioid Treatment Programs (OTPs) and 2 Medication Units contracted with AHCCCS

in Arizona. The majority of the OTPs (54%) are located in Maricopa County, with 12 located in Pima County; including Arizona's four 24/7 OTPs.

Options in rural Arizona have increased through the STR and SOR grants; however, there still remains an urgent need to provide and sustain access to those living in the most isolated rural areas of the state, areas where new OTPs and Medication Units are not cost justifiable. Arizona has focused on enlisting new Buprenorphine-waivered providers to cover these gaps. There are now currently 460 waivered providers in Arizona and 23% of them are located in rural counties. However, the majority of the new providers are not actively prescribing buprenorphine, indicating a need to expand training, technical assistance, practice consultation and mentoring options to encourage and support these prescribers in reaching the OUD population.

Section B: Proposed Implementation Approach

B1: Goals and Objectives. The overarching goal of the project is to increase access to OUD treatment, coordinated and integrated care, recovery support services and prevention activities to reduce the prevalence of OUDs, stimulant use disorders, and opioid-related overdose deaths. The project approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices to comprehensively address the full continuum of care related to stimulant and opioid misuse, abuse and dependency.

Prevention

Goal 1: Increase prevention activities to reduce OUDs, stimulant use disorder, and opioid-related deaths.

- **Objective:** Decrease opioid-related overdose deaths by purchasing and distributing naloxone kits for law enforcement, community agencies, and tribal communities.
- **Objective:** Increase local community knowledge, awareness and preventative action on opioid misuse and abuse by implementing a suite of multi-systemic strategies from the Arizona Opioid toolkit. Targeted implementation for tribal populations, veterans and military families, individuals with physical disabilities and individuals who have experienced trauma and toxic stress.
- **Objective:** The development and implementation of a robust primary prevention model to address psychostimulants in local communities throughout Arizona.
- **Objective:** Increase the number of providers trained and implementing Triple P, the Healthy Families home visiting programs and other supportive parenting programs to mitigate the number of individuals and families at high-risk for opioid/stimulant misuse and abuse.
- **Objective:** Increase the resiliency and coping skill development of young children to decrease the number of youth initiating and engaged in stimulant/opioid use through implementation of the PAX Good Behavior Game.
- **Objective:** Increase training, practice consultation and mentoring of prescribers on complex case management, MAT referrals, Arizona Opioid Prescribing Guidelines, new rules for licensed health care facilities, and new resources available.

Treatment

Goal 3: Improve access and retention in comprehensive Medication Assisted Treatment (MAT) services to treat OUD.

- **Objective:** Increase providers, consultation and resources for MAT providers through practice consultation platforms and material dissemination.
- **Objective:** Sustain and enhance services in regional 24/7 OTPs, rural Medication Units and extended hours in existing OTPs to ensure timely access to intake, assessment, inductions and ongoing medication and psychosocial services for MAT.
- **Objective:** Sustain and enhance services to conduct outreach and navigation of individuals with OUD and opioid-related events into treatment and ancillary resources.

Recovery

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

- **Objective:** Increase access to recovery support services by sustaining and expanding the OUD peer support network and providing community-based recovery support that includes family support services, work placement and employment assistance, life-skills training and supportive programming for recovery success.
- **Objective**: Increase access to recovery and supportive housing by standing up additional units in underserved areas and increasing options for rental assistance for individuals entering OUD treatment and for those in recovery.
- **Objective:** Increase recovery supports for pregnant women and parents receiving OUD treatment, through nurse home visiting programs for parents involved with the Department of Child Safety (DCS).

Activities that Transverse Prevention, Treatment and Recovery

Goal 5: Increase trauma-informed prevention, treatment and recovery activities

- **Objective:** Increase knowledge, build skills and create trauma-informed action among Arizona providers, stakeholders and local communities by conducting trainings and disseminating trauma-informed action materials about the role of trauma, toxic stress and ACEs in the opioid epidemic.

Goal 6: Increase capacity to provide timely prevention, treatment and recovery resources to the public

- **Objective:** Develop, disseminate and market statewide resources, coinciding call-lines, and websites to the public to create a "no wrong" door approach for accessing timely resources.

Unduplicated Number of Individuals Served

Prevention: The Arizona SOR project will reach 100,000 unduplicated individuals with prevention activities in year one and an additional 150,000 unduplicated individuals in year two, for a total project reach of 250,000 unduplicated individuals. These numbers include those reached by public information and marketing materials.

Treatment and Recovery: The Arizona SOR II project will serve 4,767 unduplicated individuals with treatment and recovery services in year one and an additional 7,150 unduplicated individuals in year two, for a total of 11,917 unduplicated individuals served.

Retention will be supported due to the strong emphasis on comprehensive strategies to ensure a full continuum of care for this population through SOR activities. The objectives and strategies will be geared towards addressing prevention, treatment and recovery supports for individuals and focusing greater attention to integration efforts and working to deliver services that are clinically indicated as best practices. Specific programming that will better bolster retention efforts include

implementing programming to procure safe and stable housing to better support individuals entering into treatment as well as those in recovery.

B2: Implementation of Required Activities

Naloxone: The ADHS will purchase and distribute naloxone to law enforcement, corrections and faith-based and health agencies across Arizona to assist in community efforts to reduce opioid overdose. Through CDC and STR/SOR funded projects, ADHS has established a system for conducting these activities, and will use SOR funds to sustain and enhance efforts to distribute naloxone throughout Arizona. Naloxone distribution will also occur through Phoenix Police Department, tribal partners and treatment providers.

Trauma Informed and Youth and Community Based Prevention Strategies: The Governor's Office of Youth, Faith, and Family (GOYFF) sustain funding for community-based substance abuse prevention coalitions that have the capacity to continue the implementation of the Arizona Opioid Toolkit in their communities. Coalition funding will also support trauma informed substance abuse prevention messaging. These efforts will be expanded to include stimulants and tobacco/nicotine cessation programming.

GOYFF will also oversee implementation of activities to expand the evidence-based Triple P parenting program as an OUD prevention strategy in Arizona. The primary goal is to offer parents the necessary tools and strategies to help mitigate their own trauma as a strategy to prevent substance use. To boost this strategy, SOR funds will be used to enhance the presence of the evidence-based Healthy Families home visiting program to provide critical supports to families during their recovery process, by helping parents build a safe environment for their child and reducing parenting stress through various techniques.

Primary prevention efforts for youth will be enhanced through the statewide expansion of the PAX Good Behavior Game evidence-based program – demonstrated efficacy for reducing early initiation and lifetime use of opioids among youth via mechanisms that boost young children's early prosocial skills, emotion regulation, and inhibitory control functioning. Primary prevention efforts will be further enhanced through the Substance Abuse Coalition Leaders of Arizona (SACLAZ) to ensure that all local substance use prevention coalitions in the entire state of Arizona have a unified approach to addressing psychostimulant and emerging opioid prevention issues.

Access to MAT: AHCCCS will continue to work with the Regional Behavioral Health Authorities (RBHA), Tribal Regional Behavioral Health Authorities (TRBHA) and their contracted providers to sustain and enhance activities to provide access to all three forms of the FDA approved medications for MAT on the AHCCCS formulary. These activities will include sustaining and enhancing service delivery in the regional 24/7 OTPs, rural Medication Units, extended hours in existing OTPs to ensure timely access to inductions and ongoing medication and psychosocial services. At these enhanced delivery points, HIV/viral hepatitis testing and vaccination for hepatitis A and B will be provided or referral will be made as clinically indicated. Funding will also allow for development and implementation of contingency management strategies to engage patients in care.

Outreach and navigation to MAT treatment will also be sustained and enhanced through projects

that include street-based outreach to active heroin and stimulant users; pre-and post-booking diversion and incarceration alternatives partnerships with law enforcement; “reach in” and “reach out” coordination for individuals re-entering the community from correctional settings; coordinated hospital and ED discharge processes. SOR funding will continue enhancing these efforts by expanding the number of and supporting local re-entry coalitions who provide case management, resource navigation, recovery supports and ancillary supports to individuals releasing from county jails and state correctional facilities within their respective communities.

The collective work between AHCCCS, ADHS, Arizona State University and the University of Arizona will work towards increasing consultation platforms and resource material to mentor and support the work of these providers. Activities will include a Project ECHO for MAT providers hosted by Health Choice and a similar consultation platform hosted by the University of Arizona for providers treating pregnant and lactating women with OUD. ADHS via the AZMAT Mentors Program will connect experienced and new Drug Addiction Treatment Act DATA-waived providers to increase their capacity for providing MAT services in Arizona.

Access to Recovery Supports: AHCCCS will work with the RBHAs, TRBHAs and contracted providers to sustain and enhance activities to provide recovery support services. This will be achieved by adding several new peer support staff, and enhancing family support, life-skills training services and employment assistance. Special projects will include enhancing home-visiting recovery supports for pregnant women and parents receiving OUD treatment that are involved with DCS and peer support to parents who have recently been reunified with their children.Arizona legislation passed in 2018 (Laws 2018, Ch. 194), requiring the adoption of rules to establish minimum standards and requirements for the licensure of sober living homes in order to ensure the health and safety of Arizonans; the rules were final and effective as of July 1st, 2019.

As part of the continuum of care needed for recovery success, AHCCCS will also contract with vendors to increase access to recovery, transitional, and supportive housing. These efforts will include standing up additional recovery housing units specifically for pregnant women and parents with dependent children. As well as an additional men’s translational housing unit. Efforts will also include a rapid re-housing model to provide rental assistance to individuals entering OUD or stimulant use disorder treatment who have limited income for safe and secure housing or who have not yet met the criteria for a traditional “sober living” environment.

Public Access to Prevention, Treatment and Recovery Resources:
AHCCCS will work with vendor to expand provider locator, formerly referred to as the Real Time Capacity Repository, that houses a daily census and capacity for available OUD treatment options. The intent of this project is to eliminate “wrong doors” for individuals seeking OUD treatment, recovery and ancillary services. The contractor will be responsible for building an electronic system for treatment providers to update their available capacity in real-time (e.g., number of available slots in local OTPs, number of available residential beds, first available appointments for psychosocial services).

Three data analytic projects will work synergistically with this project to comprehensively help the state identify resource use, resource gaps and the impacts relative to emerging trends: (1) the Opioid Monitoring Initiative through the Arizona HIDTA that couples public health and public

safety data together to identify emerging patterns and "hotspot" events for drug seizures or opioid overdose; (2) the development and use of Agent-Based Models and dynamical modeling by Arizona State University to identify scenario-based outcomes and needs relative to current parameters; and (3) the Overdose Fatality Review projects led by ADHS to examine and improve systems that caused, contributed to or failed to prevent prescription and illicit opioid deaths.

Arizona also has a nationally recognized model and platform to connect veterans, service members and military families to a host of resources called, "Be Connected." AHCCCS contracted with Arizona Department of Veteran Services to help enhance the content and dissemination of this resource to include opioid specific prevention, treatment and recovery services and resources for veterans, service members and military families in Arizona.

Likewise, SOR funding will sustain and expand a suite of strategies to address the unique needs of individuals within the physical disabilities' community. This population has a demonstrated disparity for OUD, yet there remains considerable need to fully address the continuum of care across prevention, treatment and recovery. Activities will include community-based prevention efforts for individuals and family members and provider trainings interfacing with this population, including injury specialists, skilled-nursing facilities and treatment providers. A concentrated effort will be made to improve care coordination between physical health and OUD treatment providers.

Sustainability: The majority of the Arizona SOR activities proposed are projects that will inherently live past the life of the grant. This includes the wealth of training and material development on the prevention side, as well as the MAT access points, and the new recovery men and women transitional housing units. The STR and SOR grants are devised to sustain activities and critical treatment and recovery access points through the grant period, and become self-sustaining through TXIX Medicaid direct service, NTXIX SABG and State dollars for direct treatment service by SOR grant end. In addition, Arizona will continue to actively pursue additional grant funding to grow and expand activities to combat the opioid epidemic across prevention, treatment and recovery activities, with a calculated eye on pursuing those activities that transverse all SUDs and those that address common root causes and ever-evolving trends of substance use in Arizona.

B3: Implementation Timeline

Time	Key Activities/Milestones	Responsible Staff
1 mo. post award	1. AHCCCS will finalize and provide funding allocation notification to RBHAs, TRBHAs and state agencies	Hazel Alvarenga, Coordinators
	2. Initiate contracts for sub-recipients and contractors	AHCCCS, All contractors
2 mo. post award	3. Finalize contracts with sub-recipients and contractors	AHCCCS, All contractors
	4. RBHAs and TRBHAs will finalize contracts with identified providers	RBHAs and TRBHAs
	5. Orientation for sub-recipients/contracted providers	AHCCCS, All contractors
	6. Hire and train additional positions related to project	All Contractors

3 mo. post award	7. Initiate tribal needs assessment	External Evaluator, Hazel Alvarenga, SOR Coordinators
	8. Naloxone distribution to law enforcement, corrections and health agencies	ADHS; Phoenix PD, AHCCCS
	9. Implement various service delivery models: 24/7 OTPs, expanded hours in OTPs, Medication Units in rural Arizona, hospital discharge and ED-BNI + programs	TRBHAs, RHBAs; Contracted providers
	10. Implement community recovery support services: peer support integration, street-based outreach, recovery housing; rapid rehousing, statewide employment specialist; SENSE program recovery support for PPW, Healthy Families program	TRBHAs, RHBAs; Contracted providers; DCS
	11. Implement prevention and education services: training of healthcare professionals, peers, first responders	ADHS, TRBHAs, RHBAs; Contracted providers
	12. Implement trauma informed and community-based prevention strategies	GOYFF
	13. Community Coalition prevention implementation; Parenting/family support services	GOYFF; Health Choice - SACLAz
	14. MAT education, outreach and training for newly trained Buprenorphine waivered providers in office-based settings.	ASU, ADHS
	15. Expand training for OB/GYN and other providers treating PPW with OUD	UofA
	16. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings	RBHAs
	17. Provide Substance Abuse Education for inmates releasing from corrections	ADCRR
	18. Implement evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders. Clinical	TRBHAs, RHBAs; Contracted providers
	19. Implement contingency management strategies to engage patients in care.	TRBHAs, RHBAs; Contracted providers; UA
	20. Implement innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery.	TRBHAs, RHBAs; Contracted providers; UA
4 mo. post award	21. Tribal needs assessment complete with strategies to address these needs	External Evaluator, Hazel Alvarenga
Six mo. post award	22. Progress Report	Hazel Alvarenga, External Evaluator, Coordinators
Monthly	23. Project oversight phone call (occurring at minimum monthly for the first 6 months)	AHCCCS, all contractors

	24. Collect performance and evaluation measures	External Evaluator, Hazel Alvarenga, Coordinators
	25. Receive, analyze, and respond to monthly summary report	Hazel Alvarenga, Coordinators
Quarterly	26. Assess project impact	Hazel Alvarenga, Coordinators
Yearly	27. Progress Report	Hazel Alvarenga, Coordinators
	28. Strategic planning session to examine successes, barriers, any need for adaptation to projects and areas of expansion needed to enhance return on investment	Hazel Alvarenga, Coordinators, External Evaluator; all contractors
Ongoing through 08/31/22	29. Make use of SAMHSA-funded Opioid TA/T grantee resources to provide TA/T on evidence-based practices to healthcare providers	Hazel Alvarenga, Coordinators; TRBHAs, RHBAs; Contracted providers
	30. Ensure that all applicable practitioners (physicians, NPs, PAs) associated with the program obtain a DATA waiver.	Hazel Alvarenga, Coordinators; TRBHAs, RHBAs; Contracted providers
	31. Ensure HIV and viral hepatitis testing is performed as clinically indicated and referral to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B should be provided or referral made for same as clinically indicated.	Hazel Alvarenga, Coordinators; TRBHAs, RHBAs; Contracted providers

Section C: Proposed Evidence-Based Service/Practice

C1: EBPs to be Used No modifications will be made to the EBPs indicated below

Medication Assisted Treatment: Numerous years of research have shown that medication in combination with psychosocial engagement (the MAT model), are the most effective intervention to treat individuals with OUD and are more effective than stand-alone interventions[1]. Further findings display that the MAT model significantly reduces illicit opioid use compared with non-medication approaches and indicates that increased access to MAT services can also reduce overdose fatalities[2].

Motivational Interviewing (MI): This EBP's client-centered approach to counseling aids clients in resolving ambivalence to treatment and has proven to be an effective tool in the development of trusting relationships with staff and peers. Past research has supported that a brief motivational intervention delivered in a walk-in healthcare clinic by peer counselors was associated with improved abstinence rates and reductions in opioid and cocaine use[3]. The use of MI will be critical for engaging MAT eligible individuals into treatment.

Cognitive Behavioral Therapy (CBT): has been identified by the National Institutes of health as

[1] ASAM Criteria http://www.asam.org/quality-practice /guidelines-and-consensus-documents/the-asam-criteria

[2] Schwartz et al., (2013) "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995-2009," American Journal of Public Health 103, no. 5 (2013): 917–22, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670653.

[3] Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson,S.,& Hingson,R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. Drug and Alcohol Dependence, 77, 49-59.

being the highest rated form of psychosocial therapy for efficacious OUD treatment and for increasing the effectiveness and adherence to opioid replacement therapy.[4] CBT helps individuals recognize and challenge dysfunctional thoughts and behaviors that can lead to relapse, including coping with cravings and cure exposures, relaxation training and social skill and problem-solving skills training. Reduce illicit opioid use and improve abstinence rates.

ED-BNI + Buprenorphine for Opioid Dependence: This model is designed for adults who present with moderate-to-severe OUD in the Emergency Department or other healthcare settings. The model has been shown to be effective for decreasing opioid use and OUDs.[5] The model has also demonstrated ability to increase retention in MAT treatment compared to referral only or brief intervention models[6]. To ensure fidelity to the model, selected Emergency Departments in Arizona, will be trained to use the model, including training or technical assistance needed for the following components: conducting the Mini-International Neuropsychiatric Interview (MINI), motivational engagement for post-discharge treatment, identifying obstacles to treatment, induction of the medication and facilitated follow up appointment with a community based MAT provider within 72 hours.

Triple P: has demonstrated the ability to lower parental stress, anxiety, and depression. In learning healthy ways to manage these symptoms, parents will be less likely to turn to substances to cope. Triple P will be expanded to incorporate OUD prevention. Decrease parental stress and anxiety; improve child behaviors and enhance prosocial behaviors. The primary goal is to offer parents the necessary tools and strategies to help mitigate their own trauma as a strategy to prevent opioid use.

American Society of Addiction Medicine Criteria (ASAM): The ASAM Criteria requires clinicians to effectively assess at individual's admission, service planning, treatment and discharge or transfer to higher or lower levels of care. Through utilizing the ASAM Criteria, provider staff will recognize the dimensional interaction and holistic treatment approach that is essential to effective integrated treatment. Under the ASAM Criteria, an individual's care is delivered along a flexible continuum, tailored to the needs of the individual, and guided by a collaboratively developed treatment plan[7]. Utilizing The ASAM Criteria will allow individuals to feel engaged and that they have a voice in their treatment planning.

Good Behavior Game (GBG): [8,9,10]: This powerful evidence-based primary program consists of proven instructional and behavioral health strategies used daily by teachers and students in the classroom. The universal prevention approach improves classroom behavior, academic outcomes and improves self-regulation and co-regulation with peers and has demonstrated efficacy of reducing youth lifetime opioid use by 64%.

Healthy Families: Healthy Families is a nationally accredited home visitation program that provides families with young children intensive in-home services with a focus on child development, child and maternal health, substance abuse education, and support to reduce risk

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[4] NIH: Evidence Based Psychosocial Interventions in Substance Use https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4031575/

[5] SAMHSA's National Registry of Evidence-based Programs and Practices, ED-BNI + Buprenorphine for Opioid Dependence http://nrepp.samhsa.gov/ProgramProfile.aspx?id=132#hide1

[6] Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. https://www.ncbi.nlm.nih.gov/pubmed/25919527

[7] ASAM Criteria http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria

[8] Ialongo, N., et al. (In press). "A randomized controlled trial of the combination of two school-based universal preventive interventions." Developmental Psychology.

[9] Embry, D. D. (2002). "The Good Behavior Game: a best practice candidate as a universal behavioral vaccine."Clinical Child & Family Psychology Review **5**(4): 273-297.

[10] Kellam, S. G., et al. (2011). "The good behavior game and the future of prevention and treatment." Addict Sci Clin Pract **6**(1): 73-84.

factors that are prevalent in the target population of families served throughout Arizona. The program provides parents with critical on-going support as they maintain sobriety and build strong bonds with their children; helping parents build a safe environment for their child, develop positive parent-child relationships, increase their understanding of their child's development, and reducing parenting stress through various techniques.

Neurosequential Methods of Therapeutics (NMT):[11] NMT is a developmentally-informed, biologically-respectful approach to working with at-risk children; it is a way to organize the child's history and current functioning to optimally inform the therapeutic process. Cottonwood-Oak Creek School District will use to identify the developmental challenges related to childhood trauma and brain development.

Section D: Staff and Organizational Experience

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

AHCCCS has a long history of implementing innovative initiatives that are focused on the integration and care coordination of physical and behavioral health services. In addition to overseeing the managed care organizations that provide Medicaid-funded physical health care services, AHCCCS serves as the Single State Authority responsible for matters related to behavioral health and substance abuse and provides oversight, coordination, planning, administration, regulation, and monitoring of all facets of the public behavioral health system in Arizona. AHCCCS staff has built strong relationships with local substance abuse prevention coalitions, substance abuse treatment organizations, re-entry programs and recovery programs operating at the community level. For the purpose of this grant, AHCCCS' role will be that of grantor, coordinator and overall grant oversight.

ADHS has taken the state lead on developing and marketing safe opioid prescribing guidelines, prescriber education and critical enhancements to the state Controlled Substance Prescription Monitoring Program (CSPMP). ADHS is the leader in the state on coordinating efforts around chronic pain management and naloxone training for law enforcement. GOYFF has also played a critical role in streamlining efforts across opioid-related prevention and treatment activities in the state by coordinating tasks among the Arizona Substance Abuse Partnership and the Arizona Rx Drug Misuse and Abuse Initiative's Rx Core Group. GOYFF is also the implementation agency for the SABG prevention funding and have expanded primary prevention activities targeting youth and parents across the state.

D2: Staff and Key Personnel

Project Director: Hazel Alvarenga MPH in the Division of Grants Administration (DGA)will serve as the State Opioid grant Project Director (1.0 Level of Effort). Ms. Alvarenga has a master's degree in public health and is a trained epidemiologist. She has expansive knowledge of Arizona's substance use treatment delivery system and has worked diligently to develop strong relationships with system stakeholders, providers and the community. Ms. Alvarenga is bi-lingual, with demonstrated proficiency in the Spanish language. She served as the Opioid Coordinator for both the State Targeted Response grant and the State Opioid Response grant until her recent, at which time she became the State Opioid Project Director for both grants. Ms. Alvarenga is well informed

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[11] Hambrick, T., et.al. (2018) "Restraint and Critical Incident Reduction Following Introduction of the Neurosequential Model of Therapeutics (NMT)", Residential Treatment for Children & Youth. 35:1, 2-23.

in diverse substance use related challenges and needs faced by Arizonans around the state.
Project Coordinator: Bianca Arriaga, A.S., B.A, in DGA will serve as a Project Coordinator (1 FTE). Mrs. Arriaga has an associate's degree in biology and a bachelor's of arts degree in clinical psychology. She has seven years of experience in government-based regulation and compliance. Mrs. Arriaga is bi-lingual, with demonstrated proficiency in the Spanish language. As the State Opioid Response grant coordinator, she is well informed on the impact substance use has had on Arizona's communities.
Project Coordinator: The second TBD Project Coordinator (1 FTE) in DGA will assist the Project Director and Project Coordinator to oversee the implementation and monitoring of the project, ensuring the key activities and milestones are met in the identified communities.
Opioid Grant Accountant: Parsha Paden and Joshua Dawson will serve as the Opioid Grant Accountants positions in DGA and dedicate 100% of their time to perform grant-related post-award functions, including financial analysis and reporting, contract review and contractor expenditure reports.
Opioid Grant Manager: Vicki Watkins in DGA will serve as the Opioid Grants Manager and dedicate 75% of her time to supervision and to perform grant-related post-award functions, including financial analysis and reporting, contract review and contractor expenditure reports.
Other AHCCCS DGA FTE efforts: The additional FTE efforts will be utilized for DGA staff not specifically allocated to the grant, but providing overhead support to carry out the responsibilities of the grant at AHCCCS. This could include, but is not limited to the following staff – Finance Administer, Grants Administrator, Grants Manager(s), and Grant Coordinator(s) assisting in the federal grants' management and administration of the SOR II grant. In addition, these positions will be responsible for collaboration, coordination and communication with various business partners internally and externally in order to meet the expectations of the grant.
AHCCCS utilizes Employee Time Entry (ETE) system to positively track efforts by employee and funding sources. AHCCCS will ensure labor charges to the SOR II grant will be tracked and charged appropriately. The total level of effort between all funding sources does not exceed 100% level of effort for any listed personnel.

Section E: Data Collection and Performance Measurement
E1: Method of data collection and data utilization. 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, MAT treatment and recovery support services. An external evaluator will be responsible for GPRA data collection, analysis and reporting. Data will be collected through a web-based log for providers to use in order to track administration of intake GPRA, 3 and 6-month follow-up and discharge. The log will be monitored by the evaluator to ensure an 80% rate. The Evaluator will analyze the GPRA data on a monthly basis providing AHCCCS with a summary report including the following GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness. Frequency analysis and descriptive statistics will be utilized to confirm patterns associated with certain risk and protective factors. Frequency analysis will be used to provide demographic information. The monthly reports will be sent to AHCCCS and shared with the providers during the regularly scheduled monthly meetings. The follow-up rates will be calculated at the appropriate time periods, and a summary of GPRA findings will be generated on a quarterly basis. Content analysis of monthly process narratives completed by the provider will be utilized to identify characteristics of recruitment/retention plans, factors that facilitate/hinder implementation and resolutions. This

report will also be used to identify effective recruitment and retention and program implementation. The evaluator will also assist with the compilation of the biannual reports.

For localized evaluation on prevention and treatment activities, a formal process, impact and evaluation model will be developed by the Project Director to align with SAMHSA performance measures for SOR. Standardized matrix report forms will be used to tabulate number of individuals reached by mode, type of service, and type of provider across geographic and demographic groups. Contracted providers will submit monthly reports to the State Opioid Coordinator. Impact and outcome measures will consist of MAT utilization and retention; rates of opioid prescribing; rates of individuals in prescribed doses in excess of 50 MEDDs; rates of new opioid prescriptions in excess of five day supplies; community knowledge and prevention behavior; ED utilization; and rates of fatal and non-fatal overdose.

In order to identify progress towards meeting target numbers and objectives in the implementation plan, the Project Director and Project Coordinators will conduct monthly and quarterly reviews of performance measures and available impact measures. The quarterly results will be summarized by the Project Coordinators into a progress report and highlight any sub-population disparities in access, retention or service utilization. The Project Coordinators will work with contractors to develop plans to correct any disparities identified. These data will be used to guide any alterations, amplifications or redirections needed in the corresponding statewide strategic plan and implementation activities.