April 16, 2021

This plan is in response to the SAMHSA Letter, Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], received March 11, 2011 for both the SABG and MHBG to assist in response to the COVID-19 pandemic.

SAMHSA requests that the following information is included when submitting the SABG COVID-19 supplemental funding plan proposal:

1. Identify the needs and gaps of your state's SUD prevention, treatment, and recovery services systems in the context of COVID-19.

Utilizing an outside vendor, Arizona Health Care Cost Containment System (AHCCCS) completed a comprehensive substance abuse prevention needs assessment in 2018. The data collected as part of that needs assessment contributed to the following ten (10) major findings related to substance use and mental health needs:

- An increasing number of Arizonans of all ages and in all regions are suffering from untreated mental health issues that are leading to substance use and/or misuse.
- LGBTQ identified individuals in all regions are experiencing significantly more risk factors for, consequences of, and issues with substance use and/or misuse as compared to non-LGBTQ identified individuals.
- Vaping (e-cigarettes, etc.) is increasing in Arizona for youth in middle and high schools and is significantly higher than national averages.
- The Counties that are experiencing the most severe consequences of substance use in Arizona are: (1) Gila County, (2) Navajo County, (3) Mohave County, and (4) Pima County.
- A lack of social support and/or someone to turn to/talk to is a protective factor for substance use and/or misuse to which many Arizonans do not have access.
- The normalization of marijuana and other substances may be leading to increased substance use.
- Reductions in funding and resources for schools prohibit effective prevention programs from being delivered to high needs communities.
- Recent efforts to combat the prescription drug opioid crisis in Arizona are leading to increased street drug use.
- Prevention programs that are culturally competent, engaging, and up to date are more effective and should be prioritized.
- If basic needs are not being met (e.g. shelter, food, safety, physical health, mental health, social support) then prevention programs and efforts often fail.

While this particular assessment was completed prior to the onset of COVID-19, AZ has noted an increase in these, and related substance abuse and mental health needs among Arizonans through both administrative and anecdotal data sources. Statewide data sources and survey implementations have been impacted and/or delayed by COVID-19, but preliminary data indicates an increased need for additional services within the state due to the pandemic.

The 2020 Arizona Youth Survey (AYS) administered by the Arizona Criminal Justice Commission (ACJC) shows that alcohol, E-cigarettes, and marjuana use are the top three substances used by AZ youth in grades eight through twelve for more than 30 days (ACJC 2020). When asked for the reasons for using substances, the youth cited the following reasons, in order of prevalence:

1. To have fun
2. To get high or feel good
3. To deal with the stress from my school
4. To deal with the stress from my parents and family
5. I was feeling sad or down

It should be noted that each of these reasons for use have increased by approximately 4-5% points from the previous survey administration in 2018. The reason for use with the largest increase in 2020 was "I was feeling sad or down". This preliminary data corroborates anecdotal data AHCCCS has received from stakeholders and contractors stating that Arizona's youth are experiencing increased mental health needs that lead to increased substance misuse, especially in the wake of isolation resulting from COVID-19. The closure of schools, after school activities, youth groups, sports, and faith based activities has contributed to the feelings of isolation and the reduction of protective factors for substance abuse and mental health needs, among AZ youth. Efforts have been made statewide to continue services virtually using teleconferencing, social media, and various online platforms, yet access to reliable internet connections and the necessary technological infrastructure continue to be an issue, especially in rural and remote areas within the state.

According to the 2020 Youth Experiences survey, 50.6 percent of young adults (ages 18-25) experiencing homelessness reported using substances with 14.8 percent indicating an addiction. Marijuana, methamphetamines, and heroin were reported as the top three substances used. Almost half of the survey respondents reported having multiple mental health diagnoses (ASU, 2020).

It should be noted that some of Arizona's Native American reservations and communities have experienced some of the most devastating consequences related to COVID-19. Navajo Nation, which spans a large portion of northeastern Arizona, as well as a portion southeastern Utah, and northwestern New Mexico, has seen high rates of COVID-19 infections, and COVID-related deaths. The Navajo Nation saw 2,304.41 cases of Covid-19 per 100,000 people at the virus' peak in May 2019, which made Navajo Nation the community with the highest rate of COVID infections in the United States (Johns Hopkins University, 2019). Through technical assistance sessions with current tribal partners, AHCCCS received anecdotal data describing the impact of COVID-19 and an increase in the need for substance abuse and mental health services, as well as an increase in related consequences such as Domestic Violence (DV) and Intimate Partner Violence (IPV). Significant housing and resource disparities exist among Arizona's tribal populations. AHCCCS' tribal partners have also described the negative effects of isolation within their tribal population, including the disruption to tribal and cultural teaching, ceremonies, and the impact of not being able to mourn tribal members and elders who have died due to COVID-19. A lack of, or loss of, cultural practices is a risk factor for substance use and mental health issues. Arizona

anticipates a marked increase of substance use and mental health needs with tribal populations, especially when COVID restrictions are relaxed and vaccinations increase among the state population.

The Arizona Department of Health Services (ADHS) recently released Opioid related death data, and 2020 numbers show that the state has seen an increase in Opioid deaths since 2019 (confirmed through death certificate data reported to ADHS Vital Records). Figure 1 shows the increase based on current numbers:

Figure 1. Arizona Opioid Deaths 2019 & 2020 (ADHS, 2021)

Month	2019	2020*
January	105	142
February	81	118
March	105	159
April	103	144
May	110	181
June	89	212
July	133	224
August	128	196
September	129	136
October	128	159
November	118	165
December	130	124
TOTAL Year to Date	**1359**	**1960**

Preliminary reported to ADHS as of 3/22/2021.

The counties that have seen the highest increased rates of opioid deaths per 100,000 citizens are Maricopa (30.59), Pima (30.25), and Yavapai (27.54) (ADHS, 2021). The age group experiencing the highest rates of opioid deaths continues to be Arizonans aged 25-34, with this age group reporting 603 deaths in 2020, and 362 deaths in 2019 (ADHS, 2021). Arizona's youth have shown an uptick in opioid-related deaths, with 14 deaths in the under 15 years age group (data suppressed in 2019 due to less than 10 occurrences), and 361 deaths in the 15-24 age groups (reported 227 deaths in 2019) (ADHS, 2021). In terms of substances involved within verified opioid overdoses, fentanyl was the outlier reported in 42.4% of overdoses. Oxycodone was the

second highest substance reported at 15.2%. Heroin and benzodiazepines each reported at 10.7% of Arizona's overdoses (ADHS, 2021).

Using the data mentioned above and based on the impacts COVID-19 has had on the state overall, Arizona is planning for an increased need to address substance abuse and mental health issues. As a state, the increased rate of vaccinations and the relaxation of COVID-19 isolation protocols (including resuming in person learning within schools, allowance of small gatherings including youth groups, faith based activities, etc.), will likely bring an influx of individuals in need of continued or enhanced services that were not available to them during COVID-19 related isolations and/or lockdowns. This may be especially true of those who resume using substances after a period of abstinence due to COVID-19 related closures, which could increase the potential for overdoses, Emergency Department (ED) visits, impaired driving, etc. AHCCCS will continue to monitor these needs as the current COVID-19 situation evolves, and will make service adjustments as needed.

2. Describe how your state's spending plan proposal addresses the needs and gaps, including gaps in equity.

Equity

1. AHCCCS' health equity goal is to work toward the highest standard of health for all people by reducing health disparities through the promotion of activities that address social risk factors. In Arizona's largest urban area, 86% of service recipients identified as Caucasian or Unknown ethnicity, indicating a disparity in services for non-Caucasian members. There is a need to strengthen, improve, and expand culturally responsive services. A few of the solutions could be to:
    a. Encourage the hiring of American Indian, refugee, and other specialists to provide crisis aftercare, warmline and other key targeted programs to specific underserved populations.
    b. Launch programs, initiatives and innovations to ensure the workforce of SUD service providers reflects the racial and ethnic diversity of the populations they serve.
    c. Tailor outreach and engagement efforts to organizations with a demonstrated record of offering culturally-specific services through community health workers (Promotoras) and/or peer navigation.

2. Youth in Arizona's juvenile justice systems are disproportionate when compared to the general population. In 2020, 15 percent of the youth committed to the Arizona Department of Juvenile Corrections (ADJC) were African American and 13.5 percent were of bi-racial, yet U.S. Census data indicates only 5 percent of the general population were African American and 2.9 percent were of mixed race. Adjudicated youth display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services to address substance use and mental health needs. Eighty five percent reported challenges with substance abuse, and almost half were identified as having serious emotional disturbances. Adolescents being discharged from secure detention do not have community follow-up or supervision; therefore, behavioral health needs remain unaddressed.

AHCCCS will fund block grant allowable activities planned and proposed by contractors to tailor individual service plans to juveniles in detention that will be sustainable and supportive upon their release (ADJC, 2020).

3. The COVID 19 pandemic has illustrated a significant health disparity among Arizonans. Immediate COVID testing and vaccination assistance are needed. Some activities to assist with the need include:
    a. Equipping counties with mobile units to dispatch to targeted, underserved, and remote areas. Disseminate personal protective equipment/supplies through the mobile units.
    b. Increasing outreach and educational materials, particularly to underserved zip codes.
    c. Purchasing Personal Protective Equipment (PPE) for service providers, particularly for organizations offering street-based outreach and engagement.
    d. Providing transportation services and affiliated care coordination to and from COVID vaccination sites for eligible individuals and their families.

Workforce Development and Infrastructure

1. In order to advance health equity, there is a continued need to educate behavioral health staff on the dynamic and evolving behavioral health needs related to the pandemic. Additional training and workforce development opportunities improve the quality of services being provided to members and help ensure services are sustainable. Educational opportunities for contractors and treatment service providers could be offered on the following topics:
    a. Adolescents with substance use disorders (expanding ACRA model, etc.)
    b. Evidence-based therapeutic modalities (such as Acceptance and Commitment Therapy)
    c. Office-Based Opioid Treatment training related to integration at health homes
    d. Addressing sexually maladaptive behaviors through identification and referral
    e. Arizona's Peer Family Career Academy
    f. Culturally-responsive programming
    g. Early Childhood Services Intensity Instrument (ECSII)
2. There is a need to enhance infrastructure. Provider capacity is a barrier to implementing health equity through new programs and services, particularly in rural Arizona. Through partnerships, AHCCCS will increase activities focused on building capacity in rural areas, to include workforce development, training and strategies to recruit clinicians, peers and behavioral health professionals to rural areas who reflect the diversity of the populations served.
3. The COVID-19 pandemic exacerbated problems related to stable housing, including rising rates of homelessness. Arizonans experiencing homelessness have difficulty producing physical documents, creating barriers to addressing their substance abuse treatment and mental health needs. Without proper documentation often required for intakes and assessment, individuals encounter barriers to treatment services, as well as basic health care services. Even a service as critical as a vaccine requires insurance

and proof of identification. One solution is to establish a statewide digital locker for eligible block grant recipients experiencing housing instability, and homelessness. This will allow for electronic storage of documents such as insurance cards, vaccination records, birth certificates, social security cards, transit passes, 504 plans, proof of guardianship, and Power of Attorney. Coordinating all of these documents in one centralized, secure location and allowing access across the clinical continuum will expedite access to treatment and mental health services as needs are identified.

4. The pandemic has exemplified the need to provide the infrastructure to effectively implement telehealth services throughout the state. Some ideas to assist with expanding accessibility of telehealth services are to: :
    a. Resolve infrastructure barriers, particularly in the American Indian communities.
    b. Reimburse subsidies and stipends for WIFI access to support access to telehealth services and health information.
5. School-aged Arizonans would benefit from additional training related to behavioral health for educators, administrators and school-based staff. Training opportunities to public education partners and/or direct funding to the schools for training could be offered for the following areas:
    - Trauma-informed practices
    - Information and referral practices for behavioral health treatment services
    - Self-care practices for educators
    - Coping with depression and anxiety
    - Mental Health First Aid (MHFA), addressing mental health needs
    - Applied Suicide Intervention Skills Training (ASIST), reducing suicide deaths
6. Community-based organizations, law enforcement, and other governmental entities would benefit from additional training related to behavioral health. Identified solutions are to:
    a. Provide Mental Health First Aid (MHFA) training for first responders and other community-based organizations to help them address the mental health needs in their communities.

Behavioral Health Treatment Services within Recovery Settings

1. Arizona's epidemiological profile suggests a lack of affordable recovery housing throughout the state. Arizona could:
    a. Expand the number of recovery homes within all counties in the state. This may include additional funding for staff and house start-up costs to support the evidence-based model similar to Oxford House, Inc.
    b. Add recovery homes specifically designed to support the unique needs of Pregnant and Parenting Women in recovery. Design programs with gender-specific treatment in mind.
    c. Launch a statewide recovery housing initiative to bridge individuals and families from SUD BHRFs, SUD SILs, corrections, hospitals and other very short-term housing programs to tenant-based rental assistance in affordable housing units paired with ongoing community-based SUD recovery support. Allowing

Arizonans to exit highly structured programs more quickly and continue their recovery within the community will free up space within the BHRFs and SILS and reduce or eliminate wait lists. It will also allow Arizonans to practice their recovery in a less restrictive environment with continued support and services. See responses in question 8 for a more detailed plan.

2. Statewide detox treatment capacity has been identified as being insufficient to meet statewide needs, especially for special populations. The identified solutions could be to:
    a. Increase network capacity for existing detox facilities and CDRs to serve specialty populations (specifically adolescents, transgender, and PPW) in all three GSAs.
    b. Support the expansion of existing detox facilities and/or the start-up costs for new facilities as needed. Fund personnel, equipment, and training.
3. Arizona has seen an increase in overdose deaths related to fentanyl and must implement additional overdose prevention strategies. The rise of synthetic opioids has also presented new challenges for preventing overdoses. Arizona currently has legislation pending (SB1546) to legalize fentanyl testing strips as a critical harm reduction technique in reducing overdoses. If SB1546 passes AHCCCS would:
    a. Allow contractors to subcontract with non-network providers, such as the County Health Departments, to purchase fentanyl testing strips.
    b. Allow contractors to subcontract community-based providers to purchase Naloxone and other materials to create and disseminate overdose kits.

Outreach

1. There is a need to further develop infrastructure where members experiencing homelessness congregate so that disenfranchised Arizonans with behavioral health needs are quickly identified and connected to their clinical team and/or SUD provider. To overcome the gap the funds could be used to:
    a. Add Behavioral Health Coordinator positions and co-locate them on the Human Services Campus (HSC) and/or similar locations throughout the state. Coordinators will facilitate progressive engagement, promote member transition to community-based services, match members to appropriate levels of housing, and address the Social Determinants of Health.
    b. Add SOAR Benefits Specialist positions to connect individuals to Social Security benefits.
2. There is a need to expand public education, training, and materials to include alcohol, marijuana, vaping, MAT, and OUD. A few activities to overcome gaps areto:
    a. Develop MAT and OUD materials which increase awareness and reduce stigma.
    b. Develop materials with biological explanations of OUD addiction and treatment.
    c. Fund marketing budgets for contractors to increase public awareness of SUD program and service availability.

3. There is a need to develop and maintain outreach support services for those that meet the grant definition post crisis contact. Coordination of care efforts to assist members post crisis to appropriate support services would:
    a. Allow for ongoing assessment to support decreased crisis need.
    b. Provide coordination to providers that are currently contracted to support block grant recipients.
    c. Assist with continuing care needs to ensure full crisis stabilization through warm hand offs to appropriate service providers.

3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.

Upon publication of SAMHSA's National Guidelines for Crisis Care in 2020, AHCCCS conducted a fidelity crosswalk review for each of the core elements and essential crisis care principles and practices: someone to talk to (crisis phones), someone to respond (crisis mobile teams), and a place to go (crisis receiving and stabilization facilities). While Arizona meets the minimum expectations and "program sustainment' category detailed by SAMHSA, key areas for enhancements and amelioration of Arizona's system are priorities. The graphs below depict the results of this crosswalk:

Crisis Calls: AZ vs National Standards

Minimum Expectations:	Arizona:
Operates 24/7/365	✓
Staffed with clinicians overseeing triage and team members	✓
Answers every call. Meets minimum crisis call center expectations	✓
Assess risk of suicide/ danger per NSPL	✓
Coordinates connections to crisis mobile teams	✓
Connect to facility-based care through warm-hand offs / transportation coordination	✓

Best Practices:	Arizona:
Incorporate caller ID functioning	✓
GPS enabled mobile crisis dispatch	✓
Real-time crisis bed registry	× (Southern AZ only)
24/7 outpatient scheduling	× (Southern AZ only)
Real-Time performance outcomes dashboard	✓
Air Traffic Control Model	×
Crisis texting/chat capability	×

Current AHCCCS call center initiatives include transitioning from separate Regional Behavioral Health Authorities (RBHAs) regionally contracted call centers to a single statewide call vendor jointly contracted by AHCCCS Complete Care (ACC) - RBHAs on October 1, 2022. The statewide crisis phone vendor will be responsible for implementing a single, easy-to-use, statewide telephone number to coordinate mobile team dispatch and provide support and ongoing connections to care. Additionally, AHCCCS was recently awarded as a recipient of the 988 Implementation Planning Grant by Vibrant Emotional Health, operator of the National Suicide

Prevention Lifeline (NSPL). AHCCCS is utilizing the 988 planning grant to explore and plan for a potential consolidation of current in-state crisis call center services into a singular statewide network, leveraging the existing AHCCCS/RBHA funded crisis call lines and NSPL/9-8-8 into a single statewide provider.

AHCCCS' fidelity crosswalk review (see above chart) indicates a need to enhance the capabilities of Arizona crisis call centers to ensure full alignment with SAMHSAs National Guidelines for Crisis Care, to facilitate their expansion to serve as a true hub for a whole, integrated crisis system for Arizonans of all ages. Specific needs include the expansion to fully integrated crisis call centers utilizing an air traffic control (ATC) coordination model, in real-time, which includes:

- Incorporation of Caller ID functioning;
- GPS-enabled technology in collaboration with mobile crisis teams;
- Text and chat options to better engage entire communities in care, particularly youth and young adults who prefer communication via text messaging;
- Use of real-time regional bed registry technology to support efficient connections to needed resources; and
- Scheduling of outpatient follow-up appointments and technological support and integration within the existing care continuum.

While aspects of the ATC model have been implemented to varying degrees, there is a need for consolidation and expansion in key areas. For example, texting/chat capabilities are not a current feature of Arizona's crisis system and will become imperative as AHCCCS seeks to expand its existing crisis infrastructure to include the National Suicide Prevention Lifeline (NSPL) / 988 project implementation through July 2022. Additionally, data from other states, such as Georgia and Colorado who have implemented crisis text/chat have demonstrated popularity with teenagers and young adults indicating that these individuals are new users of behavioral crisis services. Expansion to provide support through new technologies and communication methods is imperative to meeting the behavioral health needs of individuals of all ages and ensuring that there is someone to talk to in the manner most comfortable to the individual experiencing a crisis. Arizona will utilize the supplemental funds to address these needs, and to build capacity at the state and local provider levels to address these system enhancements.

AHCCCS' fidelity crosswalk review for crisis mobile teams and crisis stabilization facilities is included below for reference:

Mobile Crisis Teams: AZ vs National Standards

Minimum Expectations:	Arizona:
Licensed clinicians to assess individual needs	✓
Respond where the person is located (i.e. community / home / facility etc.)	✓
Connect to facility-based care through warm-hand offs / transportation coordination	✓

Best Practices:	Arizona:
Incorporate peers	✓
Respond without Law Enforcement unless warranted	✓
GPS Enabled technology with crisis call hub	✓
Outpatient scheduling/ coordination warm hand offs	✗ (Southern AZ only)
Crisis Planning and Follow-Up	✓ (Enhancements planned)

Crisis Stabilization: AZ vs National Standards

Minimum Expectations:	Arizona:
Accepts all referrals / services designed to address mental health and substance use	✓
Ability to assess physical health needs and deliver care for minor health challenges	✓
24/7/365 staffing multidisciplinary team (with peers)	✓
Walk-in and first-responder drop-offs with no refusals for law enforcement	✓
Suicide and violence risk assessment	✓

Best Practices:	Arizona:
Function as a 24hr (or less) crisis receiving and stabilization facility	✓
Offer dedicated first-responder drop-off area	✓
Incorporate intensive support beds into a partner program to support flow of individuals who need further support	✓
Include beds within the real-time bed registry system	✗ (Southern AZ only)
Coordinate connection to ongoing care	✓

4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.

AHCCCS contracts with Managed Care Organizations (MCOs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to provide behavioral health services. These contractors are required to maintain a comprehensive network of behavioral health providers to deliver prevention, intervention, treatment, and rehabilitation services to members enrolled in the AHCCCS program. This structure allows communities to provide services in a manner appropriate to meet the unique needs of members and families residing within their local areas. AHCCCS has regular meetings to discuss needs/gaps and innovative recommendations for barriers.

AHCCCS requires the contractors to implement interventions that are Evidence Based Practices (EBPs), Research Based (RBPs), or Promising Practices (PPs) according to peer reviewed journals and best practice lists. Also, contracts require providers of treatment services to include clinical care to those with a SUD. Such providers are required to have the capacity and staff expertise to utilize Food and Drug Administration (FDA)-approved medications for the treatment of SUD/OUD and/or have collaborative relationships with other providers for service provision. Some of the practices that are utilized include:

1. American Society of Addiction Medicine (ASAM)
2. Medication Assisted Treatment (MAT)
3. Offer access to all three forms of OUD Medications: methadone, buprenorphine, naltrexone
4. Offer access to FDA approved AUD Medications: Acamprosate, Disulfiram (Antabuse), Naltrexone
5. Offer access to FDA approved TUD Medications: (Smoking Deterrents) Bupropion, Nicotine Inhaler, Nicotine Polacrilex Gum, Nicotine Polacrilex Lozenge, Nicotine Patch, Nicotine Solution, and Varenicline Tartrate
6. Peer Support
7. Tobacco Free Arizona: The goal of Tobacco Free Arizona is to use local and statewide resources, groundbreaking methods, and model national best practices to create a tobacco free future for Arizonans.
8. Psychotherapies
9. Motivational Interviewing

5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.

AHCCCS released a Request for Information (RFI) for the Substance Abuse and Mental Health Block Grants 2021 Supplemental Funding on February 26, 2021. The purpose was to solicit input from providers and contractors to inform the strategic use of supplemental (one time) block grant funding.

The MCOs and Tribal Regional Behavioral Health Authorities (TRBHAs) are required to maintain a comprehensive network of behavioral health providers to deliver prevention, intervention, treatment, and rehabilitation services to members enrolled in the AHCCCS. This structure allows communities to provide services in a manner appropriate to meet the unique needs of members and families residing within their local areas. AHCCCS has regular meetings to discuss needs/gaps and innovative recommendations for barriers.

In addition to the MCOs, AHCCCS has direct contracting with other state agencies and providers to treat substance use disorder. Some of the contracts include:

- Arizona Department of Health Services: Early Intervention Services (i.e HIV, TB, SYNAR), Naloxone Distribution to First Responders, and County Programming

- Arizona Department of Veterans Services: Pregnant and Parenting Women home visiting programs and outreach services to veterans, service members, their families, and all other individuals impacted by the COVID-19 pandemic throughout the State of Arizona
- Arizona Department of Child Safety: home visiting programs for pregnant and parenting women
- Governor's Office of Youth Faith and Family: Primary Prevention and community-based prevention

Managed Care Organizations:

Service Category	Description
1. Inpatient Services	Inpatient detoxification and treatment services delivered in hospitals and sub-acute facilities, including Level I residential treatment centers that provide 24-hour supervision, an intensive treatment program, and on-site medical services.
2. Support Services	Case management, self-help/peer support services and transportation.
3. Medical and Pharmacy	Medications and medical procedures which relieve symptoms of addiction and/or promote or enhance recovery from addiction.
4. Residential Services	Residential treatment with 24-hour supervision
5. Behavioral Health Day Programs	Skills training and ongoing support to improve the individual's ability to function within the community. Specialized outpatient substance abuse programs provided to a person, group of persons and/or families in a variety of settings.
6. Treatment Services	Individual and group counseling, therapy, assessment, evaluation, screening, and other professional services.
7. Crisis Intervention	Stabilization services provided in the community, hospitals and residential treatment facilities.
8. Rehabilitation Services	Living skills training, cognitive rehabilitation, health promotion, and ongoing support to maintain employment.

Additional cross-sector collaboration needs and have been identified such as:

1. The implementation of criminal justice and re-entry partnerships has demonstrated impact and a need for expansion. AHCCCS is interested in facilitating partnership expansion by:
    a. Supporting re-entry/justice partnerships similar to Pima County's STEPs housing and support program.
    b. Piloting a warm hand off from county jail to community-based services for women. Provide services such as substance abuse education, MAT, and parenting classes, etc. while they are in county jail to improve outcomes related to reunification with their children.
    c. Funding outreach workers/care coordinators to provide re-entry services to individuals with an SUD who are being released from jail or being discharged from an inpatient setting.
    d. Implementing and expanding treatment services (including MAT) for eligible adult members who are in jail.
    e. Funding care coordination to provide re-entry services, including education on COVID vaccine/testing availability, to individuals who are being released from jail.
    f. Funding 24-hour, peer-facilitated shuttle (transit) units to connect individuals screened for OUD/SUD to intake providers, regardless of the time of release from prison or jail.
2. There are opportunities to expand collaboration with law enforcement throughout the state, such as expanding existing partnerships and creating new ones to offer full 24/7 dispatch co-location and crisis mobile team services.

6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.

Housing

Refer to the answer to question #8, "If states plan to use COVID-19 Relief funds for targeted housing costs".

Fentanyl Testing Strips

The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced April 7, 2021, that federal funding may now be used to purchase rapid fentanyl test strips (FTS) in an effort to help curb the dramatic spike in drug overdose deaths largely driven by the use of strong synthetic opioids, including illicitly manufactured fentanyl.

FTS can be used to determine if drugs have been mixed or cut with fentanyl, providing people who use drugs and communities with important information about fentanyl in the illicit drug

supply so they can take steps to reduce their risk of overdose. Arizona currently has legislation pending (SB1546) to legalize fentanyl testing strips as a critical harm reduction technique in reducing overdoses. If SB1546 passes, then AHCCCS will pursue this initiative.

7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following:

a. The period that the payments will be made available i.e., start date and end date.

Payments would be made beginning July 1, 2021 through March 14, 2023.

b. The total proposed amount of COVID-19 Relief funds for this purpose.

AHCCCS anticipates approximately 10 to 15% of the total allocation.

c. The methodology for determining support/stabilization payments.

Targeted discussions will occur with the MCOs to evaluate the need for payments to providers on a year over year basis.

d. Provider eligibility criteria (e.g., need based).

AHCCCS will utilize a data-driven approach to determine a loss threshold and/or utilization decrease threshold to identify providers qualifying for stabilization payments.

e. Provider request approach/procedure.

In order to qualify for stabilization payments, providers must submit a stabilization payment qualification/attestation template to AHCCCS' health plans for each AHCCCS Provider ID for which it is requesting payment. AHCCCS will provide health plans with the attestations for distribution. Health plans will provide AHCCCS with all completed stabilization payment qualification/attestation requests by a specified deadline, or deadlines if there is more than one opportunity.

AHCCCS will compute stabilization payments which shall be distributed to providers as lump sum payments made by health plans in the amounts reported by AHCCCS in the time periods and manner specified by AHCCCS..

8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:

Concept: Project Health & Home (PHH)

SAMHSA defines recovery as a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. AHCCCS recognizes that independent housing integrated with coordinated, wrap-around, behavioral health services, is critical to achieving and sustaining such recovery.

AHCCCS seeks to leverage behavioral health treatment services within independent recovery settings. Supplemental funding will be used to implement Project Health & Home (PHH), a tenant-based rental assistance program to bridge Arizonans in recovery from a structured substance use disorder (SUD) treatment program to independent living in their community with continued recovery support. Transitioning from a residential program, congregate living facility, hospital, recovery residence, or corrections facility to a home in the community is both a critical and empowering time in a person's recovery. Making that transition while enrolled in PHH will allow

Arizonans to focus on and practice their recovery in independent living with continued support from the behavioral health system. Financial assistance from SABG block grant supplemental funding will be paired with existing behavioral health programmatic components to simultaneously support SAMHSA's four dimensions of recovery.

- Health—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- Home—having a stable and safe place to live.
- Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society.
- Community—having relationships and social networks that provide support, friendship, love, and hope.

With Project Health & Home, AHCCCS seeks to:

- Increase positive health and well-being outcomes for SAPT target populations including establishing long-term networks of support that sustain recovery.
- Reduce the cost of care for individuals successfully housed through decreased utilization of crisis services, emergency department utilization, and inpatient hospitalization.
- Limit and reduce periods of relapse by supporting the complete recovery process.
- Cease the cycle of addiction within family systems.

The proposed amount of award for this purpose.

5 million dollars will allow approximately 400 Arizonans in recovery to remain stably housed or transition to stable housing.

Methodology for determining rental and security deposit payments.

PHH will include tenant-based rental assistance (TBRA), a rental subsidy to help individual households afford housing costs such as rent and security deposits. TBRA is unique from other types of housing subsidy programs in that:

- TBRA programs help individual households rather than subsidizing properties.
- TBRA assistance moves with the tenant, and the tenant is self-directed in identifying the unit.
- TBRA allows the tenant to integrate into the community and "transition in place" from subsidized housing to independent living.
- The level of the subsidy varies based upon the income of the household and the particular unit the household selects.

<u>Housing selection</u>

Participants will identify housing units within their local community of their choice, based on proximity to natural supports, public schools, employment opportunities, medical clinics, safety, etc.

Housing units to be subsidized must meet "rent reasonableness" requirements based on market standards. Using HUD's annual Fair Market Rent determinations as a guideline, rents must be considered affordable both for the program participant to pay when the subsidy ends and when compared to comparable-sized units in the geographic area.

All subsidized rental units must meet minimum standards of health and safety, as determined by Federal Housing Quality Standards (HQS).

Rental payments (up to 15 months)

PHH will assist with deposits, move in costs and rental subsidies so that participants remain focused on sustaining their recovery in less structured environments. Similar to HUD's rapid rehousing programs, PHH will pay the initial rental costs while participants stabilize, access community-based recovery supports according to their treatment plan, cultivate natural supports, and acquire income. Participants will be expected to pay a portion of the rent when they are able. An example of a potential rental subsidy schedule, assuming income is secured within 3 months:

- Months 1-3: PPH pays rent at 100%; Participant pays 0%
- Months 4-5: PHH pays rent at 75%; Participant pays 25%
- Months 6-7: PHH pays rent at 50%; Participant pays 50%
- Months 8-9: PHH pays rent at 25%; Participant pays 75%
- Months 10+: PHH pays rent at 0%; Participant pays 100%

Deposits

For participants moving into housing, PHH will assist with housing initiation costs such as application fees, non-refundable deposits/fees, utility deposits, move-in kits, and utility assistance payments. Arizona's Residential Landlord and Tenant Act limits security deposits to no more than one and half months rent.

For participants who have already secured housing, assistance will be available for rental or utility arrears, eviction-related costs, and damage claims.

Eligibility criteria for payment of rent or security deposit.

PHH participants must meet the following eligibility requirements in order to qualify:

- Self-reported the use of substances within the past 12 months
- Have a diagnosis of Substance Use Disorder (SUD)
- Enrollment in a SUD treatment/recovery program contracted through an AHCCCS MCOHave a SUD treatment/recovery plan and assessment which recommends the participant is appropriate for an independent supportive housing program
- Have an established SUD treatment/recovery plan of which housing is a component
- Agree to adhere to the SUD treatment/recovery plan while living independently

- Agree to maintain the housing as secure, safe, and alcohol and drug free
- Have an income level at or below 80% of the Area Median (upon request for assistance)

For participants seeking financial assistance to maintain existing housing, the following additional eligibility criteria will apply:

- Have a current lease in his/her name
- Provide evidence that he/she is unable to pay rent due to a SUD

Proposed approach/procedures for individuals to request rental assistance.

AHCCCS intends to leverage Arizona's centralized housing administrator to administer financial rental assistance in partnership with the Managed Care Organizations (MCOs), Regional Behavioral Health Authorities (RBHAs) and behavioral health service providers. The administrator has designed and implemented person-centered processes that support participant engagement in locating, accessing, and maintaining housing.

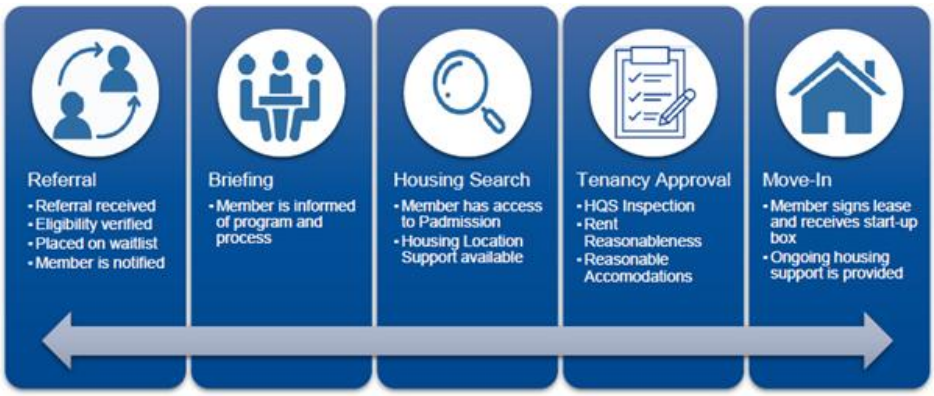
Referral

Participants will learn of the PHH program through their SUD treatment provider, who will refer them to the housing administrator through a closed-loop referral system. Once eligibility has been determined, the participant will be added to a wait list, which will be prioritized based as follows:

1. Pregnant women/teenagers who use drugs by injection,
2. Pregnant women/teenagers who use substances,
3. Other persons who use drugs by injection,
4. Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
5. All other individuals with a substance use disorder, regardless of gender or route of use, (as funding is available).

Recovery Housing Process

The housing administrator will manage all of the logistics from the point of referral to moving day, as they are doing for members utilizing the 28 million in the AHCCCS Housing portfolio.



Graphic courtesy of ABC AHP Proposal 2021

Wrap Around Supports

All participants will be required to have an ongoing treatment plan. Aftercare will be provided by existing behavioral health providers, ideally including at least monthly home visits. The array of aftercare supports include counseling, support groups, case management, peer support, systems navigation, and assistance overcoming barriers.

Ideally, the behavioral health provider that created the treatment plan will provide the initial support. Continuity of relationship, rapport and familiarity from the structured SUD treatment program to the home would be most beneficial. Over time, support services must be transitioned to community-based programs, as participants need to access them beyond their participation in PHH. Participants will live as independently as possible while sustaining both recovery and housing.

Substance use disorder is chronic and recurrent and includes relapse. AHCCCS will establish policies and procedures to ensure stability in housing through all aspects of recovery.

Critical Time Intervention is one time-limited evidence-based practice that could be utilized as part of PHH. It utilizes a phased approach to service delivery, focusing and strengthening participant support during a critical time in their lives, in this case, during early recovery. Participants are integrated into the community and supported in developing resiliency and building effective natural support networks necessary for sustainable independent living.

SAMHSA requests that the following information is included when submitting the MHBG COVID-19 supplemental funding plan proposal:

1. Identify the needs and gaps of your state's mental health services in the context of COVID-19.

Utilizing an outside vendor, AHCCCS completed a comprehensive substance abuse prevention needs assessment in 2018. While the overall premise of the assessment was to show substance abuse needs, the data collection and assessment generated a handful of mental health related findings and needs within Arizona. These findings are as follows:

- An increasing number of Arizonans of all ages and in all regions are suffering from untreated mental health issues that are leading to substance use and/or misuse.
- A lack of social support and/or someone to turn to/talk to is a protective factor for substance use and/or misuse to which many Arizonans do not have access.
- If basic needs are not being met (e.g. shelter, food, safety, physical health, mental health, social support) then prevention programs and efforts often fail (AHCCCS 2018).

While this particular assessment was completed prior to the onset of COVID-19, AZ has seen an increase in these, and related, mental health needs amongst Arizonans through both

administrative and anecdotal data sources. Statewide data sources and survey implementations have been impacted and/or delayed by COVID-19, but preliminary data shows an increased need for additional services within the state.

Related to crisis needs, Arizona has seen an exponential increase in crisis services utilization during COVID-19. On June 3, 2020, the Federal Emergency Management Agency (FEMA) awarded a Crisis Counseling Immediate Services Program (ISP) grant to AHCCCS. The grant funds provide crisis counseling services to the general public who have been affected by the COVID-19 emergency with specific focus on healthcare workers, youth, families, those 65 and older and tribal communities. Individual and group counseling services are available and public service announcements have been generated to educate the public on how to access services. Organizations funded by this initiative may use the crisis counseling funding for individual and group counseling, telehealth services, assessments and referrals to resources to meet the needs of the citizens of Arizona.

Arizona currently utilizes a "2-1-1" phone number to connect individuals to services under this funding, and since the start of COVID, operators have experienced an 200 percent increase in call volume. Recently collected project data shows the impacts that pandemic is currently having amongst Arizonans. Individuals served have self-reported significant increases in the following behaviors, emotions, and cognitive effects:

- Anxious, fearful (36.95%)
- Increased isolation/withdrawal (36.6%)
- Sadness, tearful (25.1%)
- On guard/hypervigilant (19.3%)
- Agitated/jittery/shaky (16.6%)
- Despair, hopeless (15.7%)
- Irritable, angry (11.8%) (AHCCCS, 2021)

Individuals served also reported challenges with concentration, difficulty making decisions, and intrusive thoughts. Additional project data indicates that 93 percent of individuals in individual counseling receive referrals for other resources, such as additional mental health services, community resources, SUD treatment or access, and functional needs resources. The most prevalent risk factors cited by individuals served include: financial loss, unemployment, prolonged separation from family, substance use disorder or relapse, past trauma, and loss of a family member or friend (AHCCCS, 2021).

AHCCCS recently finalized a "mini" needs assessment that focused on the Serious Emotional Disturbance (SED) populations, focusing on the mental health service needs within the juvenile justice system for youth with a diagnosed SED. Overall findings, which included key informant interviews and focus groups with youth currently in detention facilities, show that there is a greater need for the state to provide mental health services to this population within detention centers. Additionally, there are opportunities for the state to: reduce duplication in service delivery, identify opportunities for cross systems collaboration, reduce or eliminate information and service silos, and incentivize community based providers to go into facilities to provide

services (AHCCCS, 2021). There is also a need to better address trauma when focusing on mental health issues within this population, with almost every youth focus group participant stating that they have "had something bad or scary happen to them" and "have seen someone severely injured or killed." Additional data from these youth focus groups show a need for increased capacity and workforce development/training to better address the needs of youth in detention, with the youth stating that they do not feel heard by service providers, they do not/have a low level of trust for case managers, behavioral health treatment providers, and medical professionals, and that the youth have experienced a high degree of inconsistency in case managers, social workers, behavioral health treatment providers and medical professionals (AHCCCS, 2021). In addition to this data, AHCCCS is currently working through the entire report's findings and recommendations for enhanced mental health services within the SED population.

2. Describe how your state's spending plan proposal addresses the needs and gaps.

AHCCCS plans to leverage its current delivery system through the Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to address the needs, and the gaps, identified within the state. In preparation for this funding, AHCCCS utilized various methods of communication to gather feedback from RBHAs, TRBHAs, state stakeholders, and other contractors to identify additional needs within the current delivery system. AHCCCS utilized a Request For Information (RFI) process, as well as meetings with all of the RBHAs and TRBHAs to discuss these funds, allowable activities, and state needs these partners have identified. The information from the RFI, along with meetings with AHCCCS executive leadership, contractors, and stakeholders, the following needs and responses were developed.

<u>Equity</u>

1. AHCCCS' health equity goal is to work toward the highest standard of health for all people by reducing health disparities through the promotion of activities that address social risk factors. In Arizona's largest urban area, 86 percent of service recipients identified as Caucasian or Unknown ethnicity, indicating a disparity in services for non-Caucasian members. There is a need to strengthen, improve, and expand culturally responsive services. A few of the proposed solutions are to:
    a. Encourage the hiring of American Indian, refugee, and other specialists to provide crisis aftercare, warmline and other key targeted programs to specific underserved populations.
    b. Launch programs, initiatives and innovations to ensure the workforce of SUD service providers reflects the racial and ethnic diversity of the populations they serve.
    c. Tailor outreach and engagement efforts to organizations with a demonstrated record of offering culturally-specific services through community health workers (Promotoras) and/or peer navigation.
2. Youth in Arizona's juvenile justice systems are disproportionate when compared to the general population. In 2020, 15 percent of the youth committed to the Arizona Department of Juvenile Corrections (ADJC) were African American and 13.5 percent were of bi-racial, yet U.S. Census data indicates only 5 percent of the general population were African

American and 2.9 percent were of mixed race. Adjudicated youth display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services to address substance use and mental health needs. Almost half were identified as having serious emotional disturbances. Adolescents being discharged from secure detention do not have community follow-up or supervision, therefore, behavioral health needs remain unaddressed.

AHCCCS will fund block grant allowable activities planned and proposed by contractors to tailor individual service plans to juveniles in detention that will be sustainable and supportive upon their release (ADJC, 2020).

3. The COVID 19 pandemic has illustrated a significant health disparity. Immediate COVID testing and vaccination assistance are needed. Some activities to assist with the need include:
    a. Equipping counties with mobile units to dispatch to targeted, underserved, and remote areas and disseminating personal protective equipment/supplies through the mobile units.
    b. Increasing outreach and educational materials.
    c. Purchasing Personal Protective Equipment (PPE) for service providers, particularly for organizations offering street-based outreach and engagement.
    d. Providing transportation services to and from COVID vaccination sites to eligible individuals and their families, including affiliated care coordination.

Workforce Development and Infrastructure

1. In order to advance health equity, there is a continued need to educate behavioral health staff on the dynamic and evolving needs related to the pandemic and behavioral health. Additional training and workforce development opportunities improve the quality of services being provided to members and help ensure services are sustainable. Educational opportunities for contractors and treatment service providers could be offered on the following topics:
    a. Cognitive Behavioral Therapy (CBT) for Psychosis (directly related to FEP and other SMI programming)
    b. Illness and Management and Recovery
    c. Early Childhood Services Intensity Instrument (ECSII)
    d. Infant and Early Childhood Mental Health Certificate Program
    e. Addressing sexually maladaptive behaviors
    f. Children birth to five (particularly infant and toddler care certification)
    g. Evidence-based therapeutic modalities (such as Acceptance and Commitment Therapy)
2. There is a need to enhance infrastructure. Provider capacity is a barrier to implementing health equity through new programs and services, particularly in rural Arizona. Through partnerships, AHCCCS will increase activities focused on building capacity in rural areas, to include workforce development, training and strategies to recruit clinicians, peers and behavioral health professionals to rural areas who reflect the diversity of the population served.
3. The COVID-19 pandemic exacerbated problems related to stable housing, including rising rates of homelessness. Arizonans experiencing homelessness have difficulty producing physical documents, creating barriers to addressing their substance abuse treatment and mental health needs. Without proper documentation often required for

intakes and assessment, individuals encounter barriers to treatment services, as well as basic health care services. Even a service as critical as a vaccine requires insurance and proof of identification. One solution is to establish a statewide digital locker for eligible block grant recipients experiencing housing instability, and homelessness. This will allow for electronic storage of documents such as insurance cards, vaccination records, birth certificates, social security cards, transit passes, 504 plans, proof of guardianship, and Power of Attorney. Coordinating all of these documents in one centralized, secure location and allowing access across the clinical continuum will expedite access to treatment and mental health services as needs are identified.

4. The pandemic has exemplified the need to provide the infrastructure to effectively implement telehealth services throughout the state. Solutions could include:
    a. Resolving infrastructure barriers, particularly in the American Indian communities.
    b. Reimbursing subsidies and stipends for WIFI access to support access to telehealth services and health information.
5. Educators and school-based staff would benefit from additional training related to behavioral health. Proposed solutions include:
    a. Offering the following training opportunities to public education partners and/or direct funding to the schools for training:
        - Trauma-informed practices
        - Information and referral practices for behavioral health treatment services
        - Self-care practices for educators
        - Coping with depression and anxiety
        - Mental Health First Aid (MHFA) trainings, addressing mental health needs
        - Applied Suicide Intervention Skills Training (ASIST), reducing suicide deaths
6. Community-based organizations, law enforcement, and other governmental entities would benefit from additional training related to behavioral health. Proposed solutions include:
    a. Making Mental Health First Aid (MHFA) training available to first responders and other community-based organizations to help them address the mental health needs in their communities.

Outreach

1. There is a need to further develop infrastructure where members experiencing homelessness congregate so that disenfranchised Arizonans with behavioral health needs are quickly identified and connected to their clinical team or mental health services provider. Solutions could include:
    a. Adding Behavioral Health Coordinator positions and co-located them on the Human Services Campus (HSC) and/or similar locations throughout the state. Coordinators will facilitate progressive engagement, promote member transition to community-based services, match members to appropriate levels of housing, and address the Social Determinants of Health.
    b. Adding SOAR Benefits Specialist positions to connect individuals to Social Security benefits.
2. There is a need to develop and maintain outreach support services for those that meet the grant definition post crisis contact. Coordination of care efforts to assist members post crisis to appropriate support services would:
    a. Allow for ongoing assessment to support decreased crisis need.
    b. Provide coordination to providers that are currently contracted to support block grant recipients.

c. Assist with continuing care needs to ensure full crisis stabilization through warm hand offs to appropriate service providers.

Provision of First Episode Psychosis (FEP) Services

1. AHCCCS policy and policies do not currently determine an age range for FEP programs. Feedback from RBHAs included the request to allow services for individuals ages 12-30. Research has identified psychosis-related impairments in children occur as young as 11, with some children self-reporting symptoms much earlier (Polanczyk, et al., 2010). Additionally, research by National Alliance On Mental Illness (NAMI) indicates schizophrenia tends to develop later in women than men, with women more commonly developing symptoms between late 20's to early 30's (Thara & Kamath, 2015). AHCCCS will review current data and make adjustments to include additional age groups within FEP MHBG services as appropriate.

Mental Health Services within Incarcerated Populations

1. On February 11, 2020, SAMHSA issued a clarification to states receiving Mental Health Block Grant (MHBG) funding that a widely held belief was inaccurate. Until this clarification, states believed that MHBG funding could not be used to provide services to individuals incarcerated in a detention or correctional facility. SAMHSA's memo clarified that providing treatment during incarceration is an allowable use of MHBG funding if the services are provided by community based providers. Utilizing data from the "Mini-Needs Assessment" described in question #1, and through planning with the current RBHAs and TRBHAs, AHCCCS will begin service provision planning to incorporate MHBG services to eligible individuals incarcerated in detention or correctional facilities using community based providers. AHCCCS will continue to develop the statewide plan to address this need, including steps to implementation, and will provide this plan to SAMHSA upon completion.

3. Describe how the state will advance the development of crisis services based on the National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit. The five percent crisis services set-aside applies to these funds.

Upon publication of SAMHSA's National Guidelines for Crisis Care in 2020, AHCCCS conducted a fidelity crosswalk review for each of the core elements and essential crisis care principles and practices: Someone to talk to (crisis phones), Someone to respond (crisis mobile teams), and a place to go (crisis receiving and stabilization facilities). While Arizona meets the minimum expectations and "program sustainment' category detailed by SAMHSA, there are key areas where enhancements to and amelioration of Arizona's system is a priority. The graphs below depict the results of this crosswalk:

Crisis Calls: AZ vs National Standards

Minimum Expectations:	Arizona:
Operates 24/7/365	✓
Staffed with clinicians overseeing triage and team members	✓
Answers every call. Meets minimum crisis call center expectations	✓
Assess risk of suicide/ danger per NSPL	✓
Coordinates connections to crisis mobile teams	✓
Connect to facility-based care through warm-hand offs / transportation coordination	✓

Best Practices:	Arizona:
Incorporate caller ID functioning	✓
GPS enabled mobile crisis dispatch	✓
Real-time crisis bed registry	× (Southern AZ only)
24/7 outpatient scheduling	× (Southern AZ only)
Real-Time performance outcomes dashboard	✓
Air Traffic Control Model	×
Crisis texting/chat capability	×

Current AHCCCS call center initiatives include transitioning from separate RBHA regionally contracted call centers, to a single statewide call vendor who will be jointly contracted by AHCCCS MCOss on October 1, 2022. The statewide crisis phone vendor will be responsible for implementing a single, easy-to-use, statewide telephone number to coordinate mobile team dispatch and provide support and ongoing connections to care. Additionally, AHCCCS was recently awarded as a recipient of the 988 Implementation Planning Grant by Vibrant Emotional Health, operator of the National Suicide Prevention Lifeline (NSPL). AHCCCS is utilizing the 988 planning grant to explore and plan for a potential consolidation of current in-state crisis call center services into a singular statewide network, leveraging the existing AHCCCS/RBHA funded crisis call lines and NSPL/9-8-8 into a single statewide provider.

AHCCCS' fidelity crosswalk review (see above chart) indicates a need to enhance the capabilities of Arizona crisis call centers to ensure full alignment with SAMHSAs National Guidelines for Crisis Care, to facilitate their expansion to serve as a true hub for a whole, integrated crisis system for Arizonans of all ages. Specific needs include the expansion to fully integrated crisis call centers utilizing an air traffic control (ATC) coordination model, in real-time, which includes;

- Incorporation of Caller ID functioning;
- GPS-enabled technology in collaboration with mobile crisis teams;
- Text and chat options to better engage entire communities in care, particularly youth and young adults who prefer communication via text messaging;
- Use of real-time regional bed registry technology to support efficient connections to needed resources; and
- Scheduling of outpatient follow-up appointments and technological support and integration within the existing care continuum.

While aspects of the ATC model have been implemented to varying degrees, there is a need for consolidation and expansion in key areas. For example, texting/chat capabilities are not a current feature of Arizona's crisis system and will become imperative as AHCCCS seeks to expand its existing crisis infrastructure to include the National Suicide Prevention Lifeline (NSPL)/988 project

implementation through July 2022 Additionally, data from other states, such as Georgia and Colorado who have implemented crisis text/chat have demonstrated popularity with teenagers and young adults indicating that these individuals are new users of behavioral crisis services. Expansion to providing support through new technologies and communication methods is imperative to meeting the needs of individuals of all ages and ensuring that there is someone to talk to in the manner most comfortable to the individual experiencing a crisis. Arizona will utilize the supplemental funds to address these needs, and to build capacity at the state and local provider levels to address these system enhancements.

AHCCCS' fidelity crosswalk review for crisis mobile teams and crisis stabilization facilities is included below for reference:

Mobile Crisis Teams: AZ vs National Standards

Minimum Expectations:	Arizona:
Licensed clinicians to assess individual needs	✓
Respond where the person is located (i.e. community / home / facility etc.)	✓
Connect to facility-based care through warm-hand offs / transportation coordination	✓

Best Practices:	Arizona:
Incorporate peers	✓
Respond without Law Enforcement unless warranted	✓
GPS Enabled technology with crisis call hub	✓
Outpatient scheduling/ coordination warm hand offs	✗ (Southern AZ only)
Crisis Planning and Follow-Up	✓ (Enhancements planned)

Crisis Stabilization: AZ vs National Standards

Minimum Expectations:	Arizona:
Accepts all referrals / services designed to address mental health and substance use	✓
Ability to assess physical health needs and deliver care for minor health challenges	✓
24/7/365 staffing multidisciplinary team (with peers)	✓
Walk-in and first-responder drop-offs with no refusals for law enforcement	✓
Suicide and violence risk assessment	✓

Best Practices:	Arizona:
Function as a 24hr (or less) crisis receiving and stabilization facility	✓
Offer dedicated first-responder drop-off area	✓
Incorporate intensive support beds into a partner program to support flow of individuals who need further support	✓
Include beds within the real-time bed registry system	✗ (Southern AZ only)
Coordinate connection to ongoing care	✓

4. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.

AHCCCS/Division of Grants Administration (DGA) leadership meets with other division leadership and executive leadership regularly, which includes DGA providing updates on current projects

and initiatives. AHCCCS will continue to plan, implement, and evaluate all block grant activities and services in tandem with other divisions within AHCCCS, to ensure that gaps/barriers to services are being addressed, and to ensure that there are no duplication of efforts.

Arizona has an active Behavioral Health Planning Council (BHPC) that meets monthly. As per federal guidance, this council ensures collaboration among key state agencies and facilitates member input into the state's mental health services and activities. The majority (51 percent or more) of Arizona's council is composed of members and family members. The council is required to:

- Include representatives from state education, mental health, rehabilitation, criminal justice, housing, and social services agencies.
- Include adult members who receive mental health services.
- Include family members of children with emotional disturbances.

Additionally, the council is charged with the following duties:

- To review plans provided to the council by the State of Arizona and to submit to the State any recommendations of the council for modifications to the plans;·
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems;
- To monitor, review and evaluate not less than once each year the allocation and adequacy of mental health services within the state.

Arizona will continue to utilize the expertise and membership of the BHPC throughout the life of the supplemental MHBG and SABG funds, which will include presenting data on program implementation, process and/or outcome evaluation, and adherence to/fidelity to the plan, as often as needed.

5. If your state plans to utilize any of the waiver provisions or the recommendations listed in this guidance, please explain how your state will implement them with these funds. (These waivers are only applicable to these COVID-19 Relief supplemental funds and not to the regular or FY 2021 MHBG funds. States will be required to provide documentation ensuring these funds are tracked separately.)

Upon plan approval from SAMHSA, AHCCCS will begin implementing the waiver process for approved activities, as needed. AHCCCS will leverage existing accounting and fiscal systems and infrastructures to separately track FY 2021 MHBG and COVID-19 Relief Supplemental MHBG funds, and will submit documentation as required by SAMHSA.

Resources

- Arizona Criminal Justice Commission (ACJC) 2020 Arizona Youth Survey (AYS) Results: https://www.azcjc.gov/Programs/Statistical-Analysis-Center/Arizona-Youth-Survey
  https://azdrugsummit.org/speaker-powerpoint-presentations/
- Arizona Department of Juvenile Corrections (ADJC) Annual Commitments: Demographic Data, Fiscal Year 2020 Report:
  https://adjc.az.gov/sites/default/files/media/Annual_Commitments_FY20.pdf
- Arizona Department of Health Services (ADHS) Arizona Opioid Deaths 2019 & 2020:
  https://azdrugsummit.org/speaker-powerpoint-presentations/
- Arizona Health Care Cost Containment System (AHCCCS) Behavioral Health Planning Council (BHPC):
  https://www.azahcccs.gov/Resources/Grants/CMHS/
- Arizona Health Care Cost Containment System (AHCCCS) 2021 Substance Abuse Block Grant Annual Report:
  https://www.azahcccs.gov/Resources/Downloads/Grants/SABG/2021SubstanceAbuseBlockGrantReport.pdf
- Arizona Health Care Cost Containment System (AHCCCS) 2021 Mental Health Block Grant Annual Report:
  https://www.azahcccs.gov/shared/Downloads/Reporting/2021/FY2020BHAnnualReport.pdf
- Arizona Health Care Cost Containment System (AHCCCS) 2021 Annual Substance Use Treatment Programs Report:
  https://www.azahcccs.gov/shared/Downloads/Reporting/2021/FY2020AnnualSAReport.pdf
- Arizona Health Care Cost Containment System (AHCCCS) 2020 Mental Health Block Grant (MHBG) Serious Emotional Disturbance (SED) Mini Needs Assessment:
  https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/AZ_MHBG_NeedsAssessment2020.pdf
- Arizona State University 2020 Youth Experiences Survey
  https://trustaz.org/wp-content/uploads/2020/10/rr-youth-experiences-survey-stir-2020-yes-report.pdf