AHCCCS Statewide Substance Abuse Prevention Strategic Plan

December 2020

LeCroy & Milligan
ASSOCIATES, INC.

AHCCCS Statewide Substance Abuse Prevention Strategic Plan - December 2020

About LeCroy & Milligan Associates, Inc.:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LMA has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs. LeCroy & Milligan Associates team members on this project included Darcy McNaughton, Tracey Thomas, Katie Haverly, Kerry Milligan, and Skyler LeCroy.

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Acknowledgements

The Substance Abuse Block Grant (hereafter referenced as SABG) Program was authorized by US Congress to provide funds to States, Territories, and American Indian Tribes for the purpose of planning, implementing, and evaluating activities to prevent and treat substance use and/or misuse and is the largest Federal program dedicated to improving publicly funded substance use prevention and treatment systems. On July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) the former designated State agency to administer the SABG Block Grant, merged with AHCCCS. This merger was passed by the legislature at the recommendation of the Governor and consolidated the administration of physical and behavioral health services under one agency. As a result, AHCCCS became the Single State Authority (SSA) in the administration for the SABG Blog Grant. This report represents the first AHCCCS Statewide Substance Abuse Strategic Plan after this merging.

AHCCCS contracted with LeCroy & Milligan Associates (LMA) to facilitate a statewide substance abuse prevention strategic planning process to create a three-year plan to guide the agency's priorities and efforts. The LMA strategic planning team included Darcy McNaughton, MBA, who served as the Project Lead, with facilitation and plan development support from Tracey Thomas, DrPH, Katie Haverly, MA, Kerry Milligan, MSSW, and Skyler LeCroy. Notetaking and data analysis assistance was provided by LMA interns Minerva Garcia and Andrew DiCenso.

The strategic planning process was successfully completed with the assistance and coordination of a Statewide Substance Abuse Prevention Strategic Planning Steering Committee. AHCCCS and LMA would like to give a special thanks to Steering Committee members for their guidance and dedication throughout the planning process. A complete list of organizations represented on the Steering Committee is included in Exhibit 4.

In addition, AHCCCS and LMA would like to thank the many individuals who participated in information gathering opportunities through planning meetings and discussions. These individuals provided important input and insight into the needs of our state and the opportunities to address those needs. Individuals represented a diverse group of organizations, which are included in Appendix A.

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Plan Overview

The Arizona Health Care Cost Containment System (AHCCCS) contracted with LeCroy & Milligan Associates (LMA) to facilitate a statewide substance abuse prevention strategic planning process to create a three-year plan to guide the agency's priorities and efforts. The planning process was guided by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF), which offers a comprehensive approach to understand and address substance use and related health problems unique to states and communities. Informed by this framework and aligned with the AHCCCS Statewide Substance Abuse Prevention Logic Model, this plan outlines strategies to tackle Arizona's most pressing substance-use related behavioral health problems.

SPF Graphic from SAMHSA, 2019

Creating the Statewide Strategic Plan

Step 1: Assessment

AHCCCS contracted with LMA to conduct a needs assessment and resource assessment to document substance use issues statewide and existing efforts and resources to address them.

Step 2: Capacity Building

To build capacity and readiness to address prevention needs and develop a statewide plan, a Statewide Substance Abuse Prevention Strategic Planning Steering Committee was formed.

Step 3: Planning

The Strategic Planning Group brought together representatives of **43** organizations across Arizona engaged in substance use prevention work to develop the plan. Planning committee members participated in four planning meetings to prioritize behavioral health problems, contributing risk and protective factors, and strategies.

Step 4: Implementation

Implementation steps were identified to address priority behavioral health problems based on assessment data and input from the Strategic Planning Group and Steering Committee. Implementation efforts reflect the six Center for Substance Abuse Prevention (CSAP) strategies.

Step 5: Evaluation

Preliminary evaluation activities were identified and will be further refined as strategies are further developed and realized.

Cultural Competence & Sustainability

Throughout the five-step planning process, cultural competence and sustainability were prioritized, and there is commitment among stakeholders to continue prioritizing cultural competence and sustainability throughout the plan's implementation and evaluation.

Strategic Plan Framework

Priority Behavioral Health Problems

Opioids	Alcohol	Meth	Marijuana	Vaping
Reduce percentage of adults, young adults (18–25), and youth (12–17) misusing opioids.	Reduce percentage of adults, young adults (18–25), and youth (12–17) using and binge drinking alcohol.	Reduce percentage of adults and young adults (18–25), using meth.	Reduce percentage of young adults (18–25) and youth (12–17) using marijuana.	Reduce percentage of youth (12–17) using vapor products.

Vision

Individuals, families, and communities across Arizona are informed, connected, engaged, and healthy.

Values

Culturally responsive, equity focused & inclusive, collaborative, community-based, solution-focused, innovative, bold, compassionate, and transparent.

Key Strategies

Environmental

Policies restricting sale/marketing of vapor products.

Targeted risk/protective factors: Accessibility of substances, substance-use related social norms.

Prevention Education

Family & school programs, education on protective factors, & innovative delivery.

Targeted risk/protective factors: Risk perception, substance-use related social norms, family dysfunction

Information Dissemination

Social media to reach parents & youth and campaigns on risks & telehealth options.

Targeted risk/protective factors: Risk perception, substance-use related social norms, mental health.

Positive Alternatives

Culturally relevant community events & family recreational programs.

Targeted risk/protective factors: Mental health, family & community connection, social isolation

Identification of Programs & Referral to Services

Mechanism for knowing referral options & making referrals.

Targeted risk/protective factors: Mental health, trauma

Community-Based Processes

Alignment of coalition work statewide, integrated approach to address root causes, & trauma-informed communities.

Targeted risk/protective factors: Trauma, mental health

Introduction

According to the National Survey on Drug Use and Health, 2017, substance use is highly prevalent in Arizona. For example, data from 2017-2018 prevalence estimates by state suggest that over 3% of Arizonans over the age of 12 had engaged in illicit drug use (other than marijuana) in the past month with nearly 11% indicating marijuana use within that time period. Nearly 50% of Arizonans had alcohol use during the past month with almost half of those, 23% of the population, engaging in binge alcohol use. Over 1% had used methamphetamines in the past year while 4% indicated pain reliever misuse during that time period (SAMHSA, 2018).

There is a great deal of data available from these and other sources that indicate the severity of the problems faced in Arizona. In order to address substance use, it is critical to think about priorities at the state and community levels, so that efforts may be aligned to have the greatest impact. This is the purpose of the SAMHSA Strategic Prevention Framework, which provides a comprehensive and consistent approach to consideration of substance misuse and related behavioral health problems (SAMHSA, 2019). Using this framework, this statewide strategic planning process and resulting document, takes a comprehensive approach to prevention, focusing on risk and protective factors that can be supported through effective programs, policies, and strategies.

There are several other key models and definitions that are utilized in the development of this plan, which are described below.

Risk and Protective Factors

Risk and Protective factors are the core framework which informs much of prevention research and practice. Risk and protective factors are a broad framework that help explain positive program impacts, where the greater number of protective factors is an associated with better outcomes while lower numbers of risk factors being associated with reduced the chance of problem behaviors (SAMHSA, 2019).

Risk Factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes

Protective Factor: A characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.

While multiple definitions exist, the definition provided by the National Research Council and Institute of Medicine (2009) proved helpful to this planning process (shown at right).
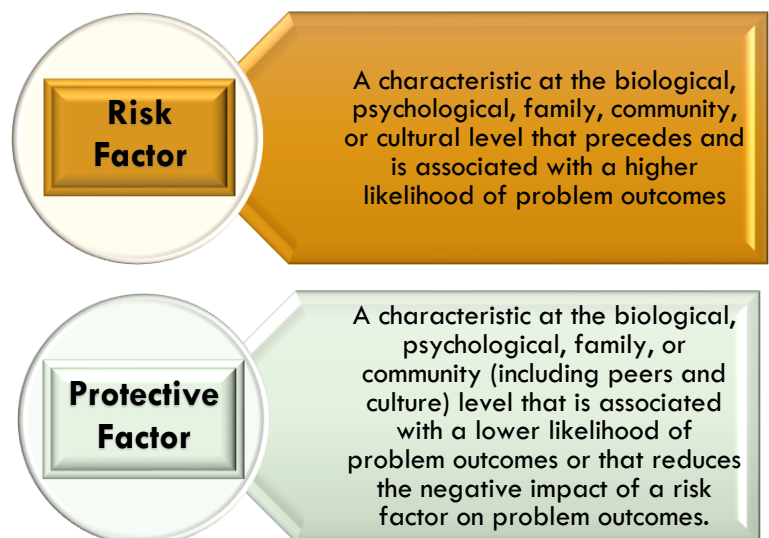
Socioecological Model

The socioecological model is a multi-level framework used to consider the context for risk and protective factors (e.g., individual, family, peer, and community levels) (SAMHSA 2019). Important principles of this model are as follows:

- Risk and protective factors are correlated and cumulative.
- Individual factors can be associated with multiple problems.
- Risk and protective factors are influential over time.
- Levels operate within and are also influenced by the next level.

This model, and examples of some common risk and protective factors considered within each level, are shown in Exhibit 1 below.

Exhibit 1. Socioecological Model with Risk and Protective Factor Examples

Substance abuse laws, drug regulations, normalization of marijuana, promotion of substances

Socioeconomic status, substance availability, community-level well-being, prevention programming in schools, community cohesion

Society

Communities

Relationships

Individuals

Family history of substance use, parental attitudes toward substance use, exposure to violence, family well-being, social support, parental involvement, social groups

Attitudes toward substance use, perceived risk of use, mental health, age of substance use, academic performance, risky behaviors, antisocial behavior

Primary Prevention and Risk Level

Primary prevention includes strategies intended for individuals not identified to be in need of treatment. According to SAMHSA information available on the Substance Abuse Prevention and Treatment Block Grant (2020), it may still be helpful consider these strategies for individuals of different levels of risk as shown in Exhibit 2 below.

Exhibit 2. Primary Prevention Risk Strategy Levels

Individual Level Interventions

Indicated

Selective

Universal

Population Level Interventions

Indicated- Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.

Selective- Individuals or a subgroup of the population whose risk of development a disorder is significantly higher than average.

Universal-The general public or a whole population that has not been identified on the basis of individual risk.

SAMHSA Prevention Categories

SAMHSA has identified six categories of strategies, sometimes referred to as the six Center for Substance Abuse Prevention (CSAP) strategies. These are the recommended categories under which all primary prevention work may be organized.

Community-based processes strengthen resources such as coalitions and increase community's ability to deliver prevention and treatment services.

Information dissemination increases knowledge and changes attitudes through one-way communication.

Environmental strategies are aimed at the settings and conditions in which people live, work, and socialize and include policy change.

Prevention education is an interactive approach to teaching skills.

Positive alternatives provide fun, structured activities so people have constructive, healthy ways to enjoy free time and learn skills.

Identification of problems and referral to services
include assessments and referrals for individuals who are at high risk.
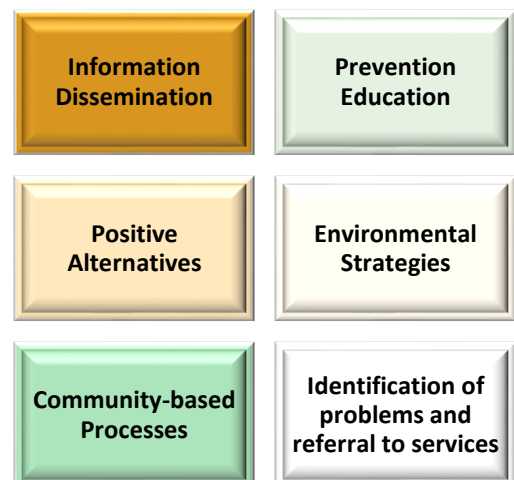
Strategic Prevention Framework Planning Process

In December 2019, the Arizona Health Care Cost Containment System (AHCCCS) contracted with LeCroy & Milligan Associates (LMA) to facilitate a statewide substance abuse prevention strategic planning process to create a three-year plan to guide the agency's priorities and efforts. This planning process was designed to follow the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) which consists of five major steps: Assessment, Capacity Building, Planning, Implementation, and Evaluation (SAMHSA, 2019). The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps above and these include cultural competency and sustainability. The Strategic Prevention

Graphics from SAMHSA, 2019

Framework offers prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities to better prioritize resource distribution, improve strategy selections, and have a stronger impact on the communities served (SAMHSA, 2019).

Assessment

Graphics from SAMHSA, 2019

According to the SPF, it is important in the assessment phase to evaluate problems and related behaviors, risk, and protective factors and then prioritize problems based on different criteria including severity and magnitude. This assessment process was initiated back in 2018, when LMA was also contracted by AHCCCS to facilitate a Statewide Substance Abuse Prevention Needs Assessment (LeCroy & Milligan Associates, 2018). This comprehensive assessment provided a detailed overview of substance abuse issues statewide and for various sub-populations, as well as an in depth look at risk and protective factors by region and subpopulation.

In addition to this effort, data was collected from prevention providers and other stakeholders via an online survey in February 2020 and again in August 2020, with the focus of the second sample being on the impact of the Coronavirus Disease of 2019 (COVID-19) on substance abuse treatment and prevention efforts statewide. Because of COVID-19, additional data collection and data were incorporated to provide a preliminary overview of the evolving impact of the pandemic on lives and services in Arizona. Also, treatment providers were interviewed to gain their input on substance abuse trends from the field. In addition, LeCroy & Milligan Associates conducted an analysis of AHCCCS service utilization data for the timeframes of January-June 2019 and January-June 2020 and reviewed data from the Crisis Counseling Assistance and Training Program (CCP), a crisis program funded through FEMA that provides free and confidential support, education, and resource connection to individuals in the state experiencing negative impacts of the COVID-19 pandemic.

Exhibit 3. Resource Assessment Participation Overview

Method	Sample 1	Sample 2
Stakeholder survey	Conducted February 2020	Conducted August 2020
	123 participants from 34 cities and representing 11 AZ counties	**83** participants from 26 cities and representing 9 AZ counties
	21% from the North Region	18% from the North Region
	56% from the Central Region	27% from the Central Region
	15% from the South region	53% from the South Region
	8% Missing Region	2% Missing Region
	Sector Representation*	Sector Representation*
	54% nonprofit	54% nonprofit
	32% government	18% government
	20% coalition.	30% coalition
Treatment Provider Interviews	Not applicable	Conducted August/September 2020 15 participants Collectively participants organizations' serve all 15 AZ counties (few from North Region).
AHCCCS Utilization Data	January-June 2019 AHCCCS members with substance abuse utilization/service codes (64,161 members)**	January-June 2020 AHCCCS members with substance abuse utilization/service codes (76,475 members)**
Crisis Counseling Assistance and Training Program	Not applicable	Analyzed data on 540 individuals receiving services from June 22-September 30, 2020

*Participants could indicate more than one sector, so percentage does not total to 100%. Faith-based, school and business were also represented.
** Data was pulled as of August 1, 2020.

While none of these data can conclusively point to the impact of COVID-19, as other factors cannot be ruled out, it provided a snapshot of Arizona as of August 2020 and offered areas for exploration in the strategic planning process. Summary of key findings from this Resource Assessment are included in Appendix A. Findings from this report were used, along with the 2018 Needs Assessment and other secondary data, to facilitate consideration of behavioral health problems, local conditions and contributing factors, and prevention strategies during the strategic planning process.

Preparatory meetings were held with AHCCCS staff to review the assessment findings and to discuss and outline the strategic planning approach based on the findings as well as the changing prevention landscape due to COVID 19.

Capacity Building

Graphics from SAMHSA, 2019

Capacity building relates to building local resources and readiness to address prevention needs.

A number of activities were completed to address the capacity building Step 2 of the SPF model. The first initiative was to build a Steering Committee to help guide the strategic planning process that included individuals a wide range of agencies and sectors. The agencies included State agencies, Tribal agencies, Coalitions, Universities and Regional Behavioral Health Authority agencies.

Exhibit 4. Organizations Represented on Statewide Substance Abuse Prevention Strategic Planning Steering Committee

Arizona Complete Health	Governor's Office of Youth, Faith and Family
Arizona Health Care Cost Containment System	Mercy Maricopa
Arizona National Guard Counterdrug Task Force	Pascua Yaqui Tribe
Arizona Substance Abuse Epidemiological Work Group (Epi Work Group)	Health Choice Arizona
Arizona Substance Abuse Partnership (ASAP)	Substance Abuse Coalition Leaders in Arizona (SACLAz)
Behavioral Health Planning Council	The Inter-Tribal Council of Arizona (ITCA)
Gila River Health Care	

The first Steering Committee meeting was held on February 13, 2020. The focus of this first meeting was to share the proposed strategic planning process and timeline with the group, to discuss potential challenges and proposed solutions to the process, to discuss how to ensure diverse stakeholder representation in the planning process, and to review the needs assessment findings. Feedback received from the Steering Committee helped to inform the first meeting with the larger Strategic Planning Group. Three other Steering Committee meetings were held virtually throughout the planning period to continue to receive feedback on the planning process and approach as it moved forward.

Next was the important task of outreaching to individuals to participate in the actual planning process alongside Steering Committee members. AHCCCS reached out to a wide range of providers, advocates, coalition leaders, State agencies, Tribal agencies, Regional and Tribal Behavioral Health Authority Agencies, and Universities via several emails to encourage participation. A total of 49 organizations were ultimately represented through participation in the Strategic Planning Group. See complete list in Appendix B.

Planning

Graphics from SAMHSA, 2019

Step 3 of the SPF model embodied a large amount of the activity that occurred as part of the strategic planning process over the sequential meetings held with the Strategic Planning Group.

The first Strategic Planning Group meeting was held on February 28, 2020, in person before COVID 19 struck Arizona. A total of 7 Steering Committee members and 32 other Strategic Planning Group members attended the daylong session. The focus of the first meeting was to establish together the vision, mission/purpose and values that should guide the group forward in developing the strategic plan. Three questions helped to guide that process:

Visioning	• Where do we dream this plan will ultimately lead?
Mission/Purpose	• What will we do together to get there?
Values	• What will unite us along the way?
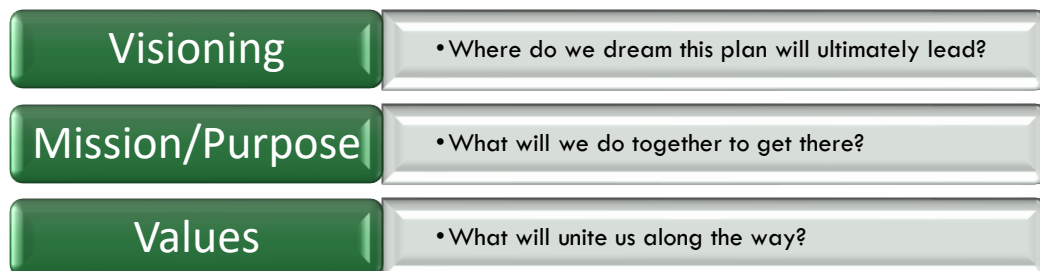
A number of activities were conducted with the Strategic Planning Group to help answer these questions which culminated in an overarching foundation to draw from throughout the rest of the strategic planning process. This framework is included in Exhibit 6 (page 19 of this report) as part of the strategic plan.

The second Strategic Planning Group meeting was held virtually due to COVID-19 on October 7, 2020, and 31 individuals participated. The focus of this meeting was to explore and address the long-term consequences and behavioral health problems that Arizona is currently facing regarding substance use. Data from the 2018 Arizona Statewide needs assessment, the resource assessment mentioned earlier, and AHCCCS substance use treatment utilization data were shared with the group to help provide some context for discussions that would occur in breakout sessions.

Exhibit 5. Strategic Planning Session Summary

Planning Meeting 1: Laying the Foundation (vision, mission/purpose, values)		
February 28, 2020	In-person	39 participants

Planning Meeting 2: Long-term consequences & behavioral health problems		
October 7, 2020	Virtual	31 participants

Planning Meeting 3: Intervening variables, local conditions & contributing factors		
October 21, 2020	Virtual	24 participants

Planning Meeting 4: Strategies		
November 2, 2020	Virtual	22 participants

Planning Meeting 5: Review of Draft Strategic Plan *(To be held spring 2021)*

The third Strategic Planning Group meeting was held virtually on October 21, 2020 and 24 individuals participated. The focus of this meeting was to address intervening variables (risk and protective factors) and local conditions & contributing factors to continue to develop a deeper understanding of the needs and priorities, as well as potential areas for intervention, regarding substance use prevention in Arizona. A core task of this meeting was to identify those risk and protective factors that were both of high importance and changeability.

The fourth Strategic Planning Group meeting was held virtually on November 2, 2020 and 22 individuals participated. The focus of this final meeting was the culmination of the preparatory work completed in the last three Strategic Planning Group meetings to help identify those strategies that should be targeted and prioritized in the final strategic plan and potential options for implementation.

All information and data collected from the breakout sessions for all four meetings were then utilized to help inform this strategic plan. A final session will likely be held in spring 2020 to share the plan for final consideration by stakeholders.

Implementation

Graphics from SAMHSA, 2019

Step 4 in the SAMHSA SPF model is implementation which moves the process from planning to action. Preliminary implementation steps are included in the strategic plan, and detail some of the next steps needed to move toward specific programs and priorities. Over time, those strategies that are identified will now begin to be delivered and existing services aligned better under this agreed upon statewide framework. It will be important during this period to establish supports for implementation including leadership and administrative support, provider training and support, and implementation monitoring.

Reporting and Evaluation

Graphics from SAMHSA, 2019

Step 5 of the SPF model is key and involves ongoing evaluation of the efforts that are being implemented as part of the Strategic Plan. Within the Strategic Plan, there are suggestions for ongoing ways to monitor and evaluate the effectiveness of the plan and the accuracy or fidelity with which it is implemented. As strategies are refined, these evaluation activities can be further specified.

In addition, AHCCCS has contracted with an external evaluator to assist with the development of the comprehensive evaluation plan for substance abuse prevention work in Arizona, that will ultimately need to align with the Strategic Plan. It is important to monitor the process/implementation of the plan in addition to the outcomes. If issues are discovered, or intended outcomes are not being realized, this ongoing evaluation allows for course corrections. In addition, it is important to be able to share the results of the evaluation with key stakeholders, providers, and communities.

Other SPF Considerations

Two other important SPF considerations that crosscut through the five-step process include cultural competence and sustainability.

Cultural Competence

To overcome systemic barriers that may contribute to disparities, it is important to consider cultural competence with the design of any strategic plan for substance abuse prevention. It is important that prevention programs and practices are developed and delivered in ways that ensure members of diverse cultural groups benefit from their efforts and that cultural traditions and beliefs are recognized and valued. SAMHSA identifies the following cultural competence principles for prevention planners (SAMHSA, 2019):

- Include the target population in all aspects of prevention planning.
- Use a population-based definition of community (i.e., let the community define itself).
- Stress the importance of relevant, culturally appropriate prevention approaches.
- Employ culturally competent evaluators.

- Promote cultural competence among program staff, reflecting the communities they serve.

These principles guided or were folded into the entire strategic planning process from the selection of Steering Committee and Strategic Planning Group members to the activities implemented in planning meetings. Arizona is a very diverse state with wide ranging needs across many different populations and communities, highlighting the critical importance of prioritizing the cultural competence principles as the plan is implemented and evaluated.

Sustainability

In prevention, sustainability relates not only to the capacity of communities to maintain positive prevention programs and outcomes over time but also to lasting effective strategic planning processes as well. This can include identifying those programs and/or practices that are proven effective that should continue to be supported. The challenge identifying and then supporting these efforts is that often prevention can take time, and outcomes may not always be dramatic or easily measured. Also, prevention priorities can change, and this was seen clearly this year with COVID 19. Adaptability is part of enhancing sustainability, thus, having a well-established strategic planning process can contribute to that ability when priorities shift and change. This requires commitment from a diverse group of collaborative stakeholders and agencies to recognize and respond quickly to changes over time.

Arizona Statewide Substance Abuse Prevention Strategic Plan

The following plan is an overarching blueprint the state may follow in order to align substance use prevention efforts across local and state levels. This plan was developed with significant data and stakeholder input, as detailed in the previous sections. For simplicity of use, not all data elements and findings are restated herein. Please reference Appendix A, along with the 2018 Needs Assessment, national secondary data sources, and the full Resource Assessment for more information about the data that led to the development of this plan. Included on the following pages are: 1) Strategic Plan Foundation (the overall vision, values, and purpose statements), 2) the completed SAMHSA Logic Model, and 3) charts of the selected strategies for each of the six SAMSHA prevention approaches.

Exhibit 6. Strategic Plan Foundation

Strategic Plan Foundation

Vision

Individuals, Families, and communities across Arizona are informed, connected, engaged and healthy.

Values

- Culturally Responsive
- Equity-focused & Inclusive
- Collaborative
- Community-based
- Solution-focused
- Innovative
- Bold
- Compassionate
- Transparent

Purpose

- Engage stakeholders to minimize duplication, ensure efficiency, and build capacity
- Assess strengths/needs to address root problems and ensure all communities are served
- Respect and engage different cultures and perspectives to ensure an inclusive process and equitable outcomes
- Educate and inform stakeholders to increase understanding and buy-in
- Create diverse strategies and interventions as part of sustainable plan
- Collect and Monitor data on implementation and outcomes to guide continuous quality improvement and ensure program effectiveness

Exhibit 7: Strategic Planning Prevention Logic Model

LONG-TERM CONSEQUENCES	BEHAVIORAL HEALTH PROBLEMS* (Consumption)	INTERVENING VARIABLES (Risk/Protective Factors)	LOCAL CONDITIONS & CONTRIBUTING FACTORS	STRATEGIES & LOCAL IMPLEMENTATION	EVALUATION PLAN
10 - 15 Years	5 - 10 Years	2 - 5 Years	6 Months - 2 Years		

OUTCOMES ———————————————————————— ACTION

LONG-TERM CONSEQUENCES	BEHAVIORAL HEALTH PROBLEMS	INTERVENING VARIABLES	LOCAL CONDITIONS & CONTRIBUTING FACTORS	STRATEGIES & LOCAL IMPLEMENTATION	EVALUATION PLAN
Criminal Involvement	**Adults (26+)**	Accessibility of Substances	Substance-Use Related Policies & Restrictions	***Environmental*** • Policies restricting sale/marketing of vapor products to youth	***Environmental*** • Document capacity building • Document policy change at local & state level
Poor Socioeconomic Outcomes	***Opioids**** (5% misused pain relievers within past year) ***Alcohol*** (7% alcohol use disorder; 24% binge use in past month) ***Meth*** (1% used in past year)	Risk Perception	Varying Prevention Capacity, Particularly in Rural Areas	***Prevention Education*** • Family programs on trauma informed care, building resiliency, & increasing protective factors • Substance-specific programs • Education in school • Programs utilizing technology	***Prevention Education*** • Document information sharing on EBPs • Assess knowledge gain & attitude changes
Overdose Fatalities		Substance-Use Related Social Norms			
	Youth & Young Adults (12-25)	Family Dysfunction	Increased Use of Technology for Prevention	***Information Dissemination*** • Utilize social media to reach parents & youth • Campaigns on risk factors & consequences of use • Campaigns to increase awareness of telehealth	***Information Dissemination*** • Campaigns conducted • Community survey to assess impact of messaging
Child Abuse & Family Violence	***Opioids*** (3% ages 12-17 & 7% ages 18-25 misused pain relievers in past year) ***Underage alcohol*** (17% ages 12-17 alcohol use & 10% binge use in past month) ***Meth*** (2% ages 18-25 use in past year) ***Marijuana*** (12% ages 12-17 & 32% age 18-25 use in past year) ***Vaping*** (YRBS 2019 17.9% high schoolers current use of vapor product)	Trauma	Limited Family Resources & Supports		
Poor Mental Health Outcomes & Suicide		Poor Mental Health		***Positive Alternatives*** • Culturally-relevant well-being focused community activities • Family recreational programs	***Positive Alternatives*** • Track communication regarding positive alternatives • Survey participants
Health Inequities		Family Connection	Increased Telehealth & Service Access Options	***Identification of Programs & Referral to Services*** • Mechanism for knowing referral options & making referral	***Identification of Programs & Referral to Services*** • Resources produced • Documentation of revised processes/systems
		Social Isolation			
		Relationships	Limited Opportunities for Community Building & Engagement	***Community-Based Process*** • Communication & alignment of coalition work across state • Build trauma-informed communities • Address root causes of use through integrated approaches	***Community-Based Process*** • Demographics/# of planning & working group members • Documentation of meetings • Document information sharing mechanism/frequency • Partnerships in place • Annual collaborative survey
		Community Cohesion & Belonging			
		Academic Engagement	Increased Isolation		

*Data from the 2017–2018 NSDUH estimates unless otherwise noted. Data is rounded to the nearest percentage. **Opioids includes fentanyl and misuse of prescription pain relievers.

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Overview of Logic Model

The development of the AHCCCS Statewide Substance Abuse Prevention Logic Model was informed by data collected throughout the planning process. The first step was to identify the highest priority long-term consequences of substance use in the state and the behavioral health problems that most closely lead to those outcomes. Six long-term consequences were identified as priority areas to address through statewide prevention efforts: 1) criminal involvement, 2) poor socioeconomic outcomes for individuals and families, 3) overdose fatalities; 4) child abuse and family violence, 5) poor mental health outcomes and suicide, and 6) health inequities.

The behavioral health problems that were viewed as most significantly contributing to these long-term consequences are those included in the logic model, with key substances of concern including opioids, alcohol, and methamphetamines for both adults and youth/young adults. According to 2017 and 2018 data from the National Survey on Drug Use and Health (NSDUH), 5% of adults, 3% of youth, and 7% of young adults in Arizona have misused opioids in the past year. Stakeholders viewed opioids as contributing particularly to overdose fatalities in the state, a priority long-term consequence included in the logic model.

As the most widespread substance of concern, alcohol was also identified by stakeholders as a priority substance, with 7% of adults in Arizona identified as having an alcohol use disorder (NSDUH, 2019). Further, 24% of adults in Arizona engage in binge drinking, defined as a man drinking five or more drinks or a woman drinking four or more drinks on the same occasion on at least one day in the past 30 days (NSDUH, 2019). Although NSDUH data suggests methamphetamines are used less frequently among adults and youth/young adults, as 1% of adults and 2% of young adults in Arizona used this substance, it was regarded as a priority substance due to its negative long-term health and socioeconomic consequences.

Two additional behavioral health problems, marijuana use and vaping, were identified as behaviors of concern among youth and young adults specifically. Twelve percent of youth and 32% of young adults in Arizona used marijuana in the past year (NSDUH, 2019). With the November 2020 passage of recreational marijuana in Arizona (Prop 207), stakeholders were adamant that the statewide strategic plan prioritize marijuana as a key behavioral health problem, particularly among youth. Vaping was also identified as a key behavioral health problem among youth and young adults. In 2019, 17.9% of high school students reported currently using a vapor product according to the Arizona Youth Risk Behavior Survey (YRBS). It is important to recognize the connection between marijuana use and vaping since vaping devises are used to not only consume nicotine but also marijuana products.

Although stakeholders often discussed behavioral health problems affecting adults and youth/young adults separately, most of the risk factors, local conditions, and contributing factors relating to these problems were the same. Namely, poor mental health, low risk

perception, and accessibility of substances were commonly identified as factors contributing to substance use in general.

Stakeholders also commonly recognized weak interpersonal ties and relationships, particularly with family, as key contributors to substance use regardless of an individual's age. These factors were often discussed in connection to COVID-19, which seems to have expedited the deterioration of interpersonal relationships and community connectedness due to safety measures related to physical distancing. Exhibit 8 illustrates how offering positive alternatives, one of the six CSAP strategies, can impact local conditions by providing youth and adults with opportunities to engage with each other, increasing their sense of belonging to their community and connection with others, reducing social isolation, and improving mental health. This is one strategy that the state will use to reduce opioid misuse in Arizona to reduce overdose fatalities, a key long-term consequence associated with opioid use.

Exhibit 8. Logic Model Highlight on Reducing Substance Use Through Social Engagement
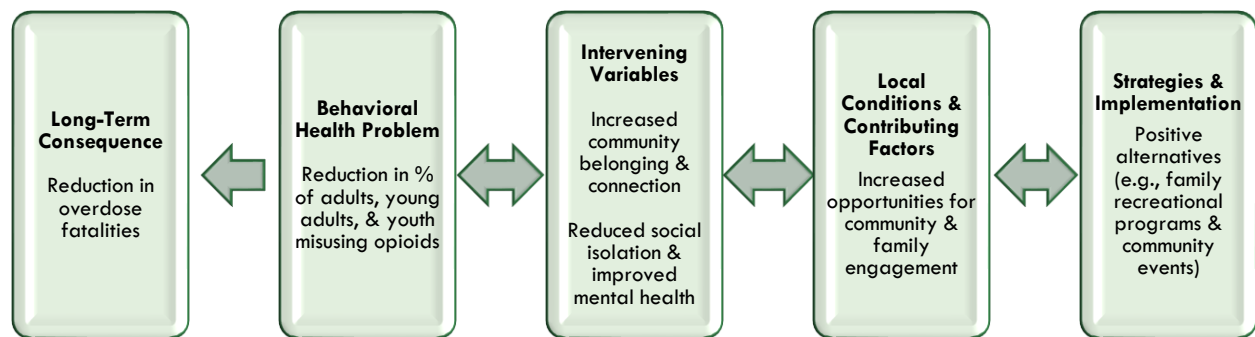
To reduce the statewide prevalence of priority behavioral health problems more generally, stakeholders recognized the importance of using multiple prevention strategies, many of which focus on increasing awareness of risks associated with using specific substances to influence individual behavior and eventually shift social norms. For example, stakeholders recommended using social media campaigns to increase youth's awareness of risks associated with marijuana use that run counter to beliefs that marijuana must be "safe" since it is legal. This shift in risk perception may ultimately lead to a reduction in marijuana use among youth.

Technology is recognized as an essential tool in the implementation of various prevention strategies, as it can be used to inform, educate, and connect people. There is tremendous opportunity around telehealth, as COVID-19 has increased telehealth and other online service options available to support mental health, and it is unlikely these options will go away once the pandemic ends. Exhibit 9 illustrates how information dissemination strategies that embrace technology can improve mental health in the short term, resulting in a reduction in substance use among adults and youth that can prevent chronic mental health conditions in the long term.

Long-Term Consequence		Behavioral Health Problem		Intervening Variables		Local Conditions & Contributing Factors		Strategies & Implementation
Improved mental health, reduced suicide	⬅	Reduction in % of adults, young adults, & youth using target substances	⬌	Improved mental health and ability to cope with trauma	⬌	Increased utlization of mental health telehealth options	⬌	Information dissemination: Social media campaign to increase awareness of telelhealth

Complementing these strategies are those focused on improving mental health by increasing protective factors such as social support and community connection through family- and community-based prevention programming. In some cases, the social benefits of a strategy are not the primary intention, as in the case with a family-based education program focused on building resiliency, but nonetheless, it is an important secondary outcome that relates to other factors associated with substance use.

While stakeholders frequently discussed the importance of addressing social factors associated with substance use, they recognized that environmental strategies, such as policies restricting the sale and marketing of certain substances, are needed to reduce the accessibility of substances. Such environmental strategies also have the potential to impact social factors, such as social norms associated with specific substance-use behaviors, and thus, they are an important strategy because they have the power to change both the social and the physical environment.

Although all six CSAP strategy areas are critical to address the behavioral health problems of interest, as the strategies are complementary in nature and enhance each other's impact, community-based process strategies emphasize the importance of working together to address the root causes of substances use through integrated, multi-sectoral approaches. Community-based process strategies are needed to ensure that all six strategy areas are working together and in alignment to address the risk factors, local conditions, and contributing factors that drive substance in communities throughout Arizona. In the logic model, community-based processes serve as a framework for addressing all factors and conditions contributing to the behavioral health problems of interest.

SAMHSA Framework-Based Strategies

Community-based Process Strategies

SAMHSA Strategy Definition: Strengthen resources such as community coalitions to prevent substance use/misuse. Organizing, planning, and networking are included in this strategy to increase the community's ability to deliver effective prevention and treatment services (SAMHSA 2019).

What is the strategy?

It was clear from participants throughout this planning process, that community-based work is central to effective prevention efforts in Arizona. The very premise for a statewide strategic plan, developed with a diverse body of stakeholders, is that community prevention work requires a shared and multi-faceted approach. No state or local entity alone, can fully complete the work that is required. Doing it together, with alignment of prioritized strategies, has the best likelihood of making an impact on the harmful long-term consequences of substance abuse/misuse.

> "There are a lot of different groups doing lots of different pieces of prevention, but not a lot of coordination. Work [is needed] that can support the community coalition being the nexus of how prevention services get presented in a community, could activate the whole community and get them involved in the conversation."

The specific components to this strategy include:

1) Increase communication and alignment of coalition work at the state and local levels.
2) Share information on evidence-based practices.
3) Address root causes of substance use through integrated approaches with other sectors.
   a) Encourage trauma-informed and resiliency-focused communities.
   b) Build improved pathways to refer individuals in need of services/supports.
   c) Collaborate with entities that support the whole person and address the social determinants of health, including in other fields such as healthcare, social services, education etc. at both the state and local levels.
4) Increase use of shared data for prioritization of prevention efforts and assessment of progress on shared strategies.
5) Increase the cultural and geographic diversity of stakeholders participating at the state level.

Why this strategy?

As indicated in the AHCCCS Statewide Substance Abuse Prevention Logic Model, community-based process is the mechanism by which all sorts of local conditions may be addressed. Specifically, the collaboration and coordination between state and local organization and coalitions will help ensure strategies are strategic, effective, and targeted to local needs and populations. This framework for community-based collaborative work overlays the entirety of this plan.

Population or cultural considerations

During initial planning meetings and throughout the strategic planning process, it was apparent that stakeholders saw the importance of engaging a spectrum of representatives from across Arizona. While certainly this was attempted in this process, continued work in this area may be needed to ensure that those groups and organizations participating, particularly at the state level, reflect the diverse opinions and perspectives of Native American, African American and Hispanic populations; rural and urban communities; counties statewide; and specific groups such as LGBTQ+ and other community and faith-based organizations. Specific engagement strategies may be needed to invite and involve other groups to join the conversation and collaboration work that is proposed.

Proposed implementation priorities
1) Initiate an ongoing statewide substance abuse prevention planning group.
2) Identify and implement specific steps to increase the diversity and representation of this planning group. Ensure that one representative from each coalition in this state working in this area is invited and encouraged to join. This will help to ensure collaboration and integration of efforts at the state and local level.
3) As part of the work of the planning group, identify other entities to collaborate with to focus on supporting integrated supports for families that help address the root causes of substance abuse/misuse.
4) As part of this group, provide a platform/mechanism for sharing evidence-based practices, data and other communications.
5) Encourage this group to continue to utilize this strategic plan and ensure evaluation of the strategies are in place and executed.

Suggested ways to measure progress
✓ Number and demographics of planning group representatives
✓ Number of collaborative meetings held/year; documented meeting agendas/notes
✓ Number and type of partnerships in place
✓ Documentation of information and data sharing mechanisms and types/frequency of information shared
✓ Annual online survey of all stakeholders in this collaborative planning group to assess the degree of integration and collaboration; document results and achievements

Information Dissemination Strategies

SAMHSA Strategy Definition:

Increase knowledge and change attitudes through communications. This method of learning is mainly one-way, such as through classroom speakers or media campaigns (SAMHSA 2019).

What is the strategy?

Prevention providers in the state expressed broad support for information dissemination strategies, and many providers indicated that they are

> "Messaging to children is needed about setting goals, instilling hope, and countering fear messages aimed at adults."

already doing this work. Because information dissemination strategies do not require face-to-face interaction, as these strategies typically use mass media, social media, and other communication channels to distribute information, their potential reach is expansive. Another key benefit of this strategy area is it offers tremendous variability, as campaigns can vary by audience (e.g., youth, parents, prescribers, specific high-risk populations), method of delivery (e.g., pamphlet, billboard, advertisement, public speaker, social media platforms), objective (e.g., behavioral change, cultural change, advocacy for policy support), and scope (e.g., schoolwide prevention campaign, community-wide, and statewide prevention campaigns). To be most effective, prevention messaging must be tailored to the target population and communication channel being used.

The specific components to this strategy include:

1) Embrace social media, particularly to reach youth.
2) Focus on positive messaging to build resiliency and support positive behaviors or behavior change.
3) Design campaigns to reduce, rather than reinforce, stigma surrounding substance use.
4) Complement other prevention strategies with information dissemination to develop a comprehensive, coordinated prevention plan.
5) Pilot test messaging to ensure it is linguistically and culturally relevant to target populations.

Why this strategy?

This particular strategy aligns well with interests expressed by participants throughout the planning process in shifting social norms and risk perceptions of substance use since these strategies can be implemented on a large scale—at the school, community, or state level—potentially reaching a large mass of people as well as priority populations. Information dissemination strategies occurring through online platforms are particularly positioned to reach large populations and address some, but not all, geographic challenges associated with

other prevention strategies that have traditionally occurred through face-to-face interaction. Additionally, information dissemination strategies are often used to increase awareness of substance-use related problems, which can help garner support for policies designed to address problems and influence decisions related to substance use and cessation. Thus, these strategies work well in conjunction with other prevention strategies, such as coupling an information campaign with support for an environmental strategy such as a policy change or to reinforce content delivered through prevention education. Given the potential reach of information dissemination strategies, they also tend to be cost effective.

Population or cultural considerations

This strategy can be effective with diverse populations if messages are tailored to meet the language and cultural preferences of the population, a need acknowledged by participants throughout the planning process. In 2019, 27.2% of Arizonans spoke a language other than English at home (U.S. Census Bureau, 2019), highlighting the critical need for information dissemination efforts to be multilingual. Information dissemination also must reflect best practices in plain language and cultural sensitivity. Finally, it is essential that information dissemination strategies are mindful of person-first language and actively strive to de-stigmatize substance use, as mass media campaigns sometimes further stigmatize individuals, leading to fewer people seeking support or treatment.

Proposed implementation priorities
1) Initiate a working group of the statewide substance abuse prevention planning group charged with identifying and coordinating effective prevention campaigns and other forms of information dissemination. A key first step for the group is to review previous research to identify successful examples of information dissemination strategies addressing similar populations and substance-related behaviors, attitudes, and/or perceptions.
2) Planning working group recommends evidence-based information dissemination strategies aligning with the priority populations and substance-related behavioral health problems. Statewide substance abuse prevention planning group identifies funding for these strategies.
3) Develop campaign messages based on sound research of the target group and pilot test messages during campaign development.
4) Design tailored, culturally relevant campaigns for target populations to raise awareness of substance-related behavioral health problems identified in the logic model, such as campaigns focusing on opioid misuse in communities, particularly among youth.
5) Design campaigns focusing on protective factors, such as resiliency and healthy coping, positive parent/child communication, and telehealth resources, rather than those solely focusing on the negative risks and outcomes of substance use.
6) Implement statewide campaign focusing on shifting norms surrounding marijuana use among youth, delivered through a coordinated state effort in schools.

7) Planning group seeks opportunities to collaborate with other local or statewide prevention efforts to disseminate information in a comprehensive, coordinated approach.

<u>Suggested ways to measure progress</u>
- ✓ Number and demographics of working group representatives.
- ✓ Number of working group meetings held per year.
- ✓ Number of meetings with other planning groups to identify opportunities for collaboration and coordination.
- ✓ Documentation of campaigns conducted and alignment with priority populations, risk and protective factors, and substances.
- ✓ Identify survey methods to assess the impact of key information dissemination efforts.

Prevention Education Strategies

SAMHSA Strategy Definition:

Interactive approach to teaching participants important social skills. These skills can include resisting pressure to use drugs, looking at the intent behind advertising, or developing other skills used in making healthy choices (SAMHSA 2019).
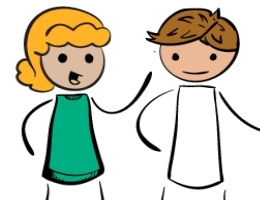
What is the strategy?

Prevention education programs are designed to reduce risk factors and increase protective factors associated with substance use behaviors and patterns in certain populations. Therefore, a key focus is how prevention education programs can strengthen protection or intervene to reduce risks, with a goal to ensure individuals engage in positive behaviors. These programs should address the substance-related behavioral health issues reflected in the local community and target modifiable risk and protective factors. Programs also must be tailored to specific populations and reflect cultural competency. Prevention providers across the state have embraced this strategy and view it as one of the key strategies to incorporate in statewide prevention efforts.

> "Prevention education yields the greatest success, especially when delivered in native languages."

The specific components to this strategy include:

1) Increase prevention education in schools through statewide efforts to implement evidence-based curricula to reduce risk factors and bolster protective factors.
2) Expand reach using online strategies to provide prevention education.
3) Identify and deliver prevention education programs that highlight substance-specific risks and consequences of use to shift risk perception.
4) Ensure prevention education programs are evidence based.
5) Ensure prevention education programs reflect a high level of cultural competency and linguistic appropriateness.
6) Provide cultural competency training to individuals delivering prevention education.

Why this strategy?

Prevention providers are already highly engaged in prevention education, as this was the second most reported type of prevention strategy offered among those completing the stakeholder survey, with the first being community-based process strategies. Prevention education, however, was the most frequently recommended strategy area for future funding among those completing the stakeholder survey.

Given this widespread support among prevention providers, this is an important strategy to include as part of the statewide strategic plan. This strategy also provides an opportunity to

address key risk factors associated with substance use, particularly perceptions of risk associated with certain substances, as well as key protective factors, such as healthy coping skills, emotional resiliency, and community connection. There are evidence-based and promising prevention education programs designed for families, youth, and adults that can be implemented in various settings.

Population or cultural considerations

Throughout the planning process, stakeholders stressed the importance of targeting prevention education efforts to families and youth, with several stakeholders stating that a funding priority is providing prevention education programming in schools across the state. To expand the populations reached, particularly during the COVID-19 pandemic, stakeholders suggested prioritizing funding to support prevention programming through online platforms. With respect to cultural considerations, stakeholders acknowledged the importance of providing culturally competent prevention programming to meet the needs and preferences of LGBTQ+ identifying individuals. Stakeholders also stressed the importance of providing prevention programming in the target population's preferred language. Related to these cultural considerations, stakeholders suggested that individuals leading prevention education efforts participate in cultural competency training.

Proposed implementation priorities
1) Initiate a working group of the ongoing statewide prevention education planning group charged with identifying evidence-based, promising, and culturally and linguistically appropriate programs that align with risk and protective factors noted in the logic model. Utilize tools such as the guide from SAMHSA (2018b) on identifying appropriate best practices for various prevention settings.
2) Build relevant systems and capacity, including funding, to provide evidence-based prevention education for grades K–12.
3) Identify evidence-based programs for high-risk groups (e.g., juvenile justice populations) and process/systems for reaching these groups.
4) Identify and include evidence-based programs focused on specific substances, as well as family education programs on building protective factors and resiliency.
5) Provide a platform/mechanism for sharing evidence-based prevention education programs and online trainings with prevention providers and partners.
6) Provide cultural competency training for prevention providers.

Suggested ways to measure progress

✓ Number and demographics of working group representatives.
✓ Number of collaborative planning meetings held per year.
✓ Documentation of mechanisms used to share evidence-based prevention programs.
✓ Conduct surveys to assess knowledge gain and attitude changes based on the prevention education programming. Track program fidelity.
✓ Ensure use of recommended outcome measures for evidence-based programs

Positive Alternative Strategies

SAMHSA Strategy Definition:

Positive alternatives provide fun, structure activities so people have constructive, healthy ways to enjoy free time and learn skills. These alcohol- and drug-free activities help people—particularly young people— stay away from situations that encourage use of alcohol, tobacco, or illegal drugs (SAMHSA 2019).

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What is the strategy?

Positive alternatives programs are primary prevention approachess designed to strengthen bonds with community members, create a rich environment for protective factors, educational opportunities, and skill building. While positive alternatives is not the most common prevention strategy for organizations, its broad applicability offers lots of opportunities. Positive alternatives are designed to strengthen protective factors and help engage individuals in healthy long-term behaviors. These programs can be highly targeted, using population specific tools and cultural competency. Additional outreach and sustainability are essential to expanding the role of positive alternative strategies.

> "Older adults may be missing positive alternatives as much as young people."

The specific components to this strategy include:

1) Increase visibility and communication among existing state and local positive alternatives programs to reduce risk factors and strengthen protective factors.
2) Expand reach of existing programs using online platforms and community infrastructure.
3) Increase the cultural, geographic and age diversity of opportunities for community participation.
4) Identify specific positive alternatives that may be needed for certain populations (e.g., parents at home with youth in online school; older adults) given the challenges exacerbated by COVID-19.

Why this strategy?

Positive alternatives are a key strategy that provide adults and youth opportunities for engagement which can reduce isolation and increase community cohesion/belonging. Positive alternatives are often not the focus of prevention providers already highly focused on education and treatment; therefore, this emphasizes the importance of providers sharing information and resources to highlight positive alternative opportunities that are available

more widely in communities. Community focused events and programs can be highly impactful on several risk and protective factors such as social isolation, family connection, mental health, and relationships. For youth specifically, they can also influence academic engagement, a protective factor that minimizes youth substance abuse/misuse. Positive alternatives often focus on strengthening protective factors, and some also include personal development and skill building in topics such as conflict resolution, positive self-imagery, communication, and peer pressure.

Population or cultural considerations

A successful positive alternative strategy requires organizations to engage their specific communities. With the diverse population of Arizona, cultural and population specific engagement strategies show the importance of making a variety of positive alternatives available to Native American, African American, and Hispanic populations; rural and urban communities; all ages; specific groups such as LGBTQ+ and other community and faith-based organizations. Successful positive alternative strategies are most effective with community buy in; it is especially important that programming be culturally competent and delivered in the preferred languages of community members.

Proposed implementation priorities

1) Initiate a working group of the statewide substance abuse planning group focused on best ways to promote positive alternatives that are culturally appropriate at the local level.

2) As part of the work of the working group, collaborate with relevant entities to support positive alternatives and initiatives that focus on well-being for families and address specific local community risk and protective factors.

4) Identify mechanisms for communication at the state level about existing positive alternatives.

5) Inventory existing positive alternative programming that is evidence-based and support promotion of these opportunities; consider innovative online alternatives for various target groups.

Suggested ways to measure progress

- ✓ Number and demographics of working group representatives.
- ✓ Number of collaborative planning meetings held per year; documented meeting agendas/notes.
- ✓ Tracking of communication/messaging regarding positive alternatives.
- ✓ Complete inventory of positive alternative programming.
- ✓ Survey participants about satisfaction and perceived benefits.

Environmental Strategies

SAMHSA Strategy Definition:

Aimed at the settings and conditions in which people live, work, and socialize. These strategies call for change in policies — to reduce risk factors and increase protective factors—for example, tighter zoning restrictions on alcohol outlets or stronger enforcement to prevent underage purchases of alcohol and tobacco (SAMHSA 2019).

What is the strategy?

Environmental strategies are often most effective in addressing risks and promoting protective factors across the socio-ecological model. By implementing policies and ordinances that change the environments in which people live, work, and play, these strategies can ultimately influence community norms and individual behaviors relating to substance use. Stakeholders involved in this planning process indicated that these were the least commonly used strategies by their organizations and were most difficult to garner support to implement. Although environmental strategies were recognized as being important, and critical to changing culture around substance use and addressing the social determinants of health that are often the root cause of substance use, stakeholders did not often identify an environmental strategy as warranting priority funding. The one exception that multiple stakeholders mentioned was the use of environmental strategies to reduce vaping initiation and availability among youth. Stakeholders agreed that strategies were needed at the local level through the passage of ordinances that would restrict the sale of tobacco and vaping products to individuals who are 21 years old and younger.

> "Each community is at a different level of readiness. In some places environmental strategies might be laughed out of city council."

The specific components to this strategy include:

1) Pursue a combination of community-level and state-level environmental strategies including policy change.
2) Use environmental strategies in conjunction with other prevention strategies, such as developing youth coalitions to lead policy change in schools and communities or ensuring that information dissemination campaigns include a "call for action" that includes supporting environmental change strategies.
3) Advocate for and practice Health in All Policies (HiAP) approaches that address the social determinants of health associated with substance use as an upstream prevention strategy.
4) Prioritize environmental strategies to reduce the availability of substances such as age restrictions, limiting density of stores, limiting days/hours of sale, and increasing taxes to increase the unit price of legal substances.

5) Advocate for regulation of marijuana products given the November 2020 passage of recreational marijuana in Arizona (Prop 207).

Why this strategy?

Of the six prevention strategies, environmental strategies have the most potential to lead to long-term change at the population level. Although they can be difficult to implement as they can be political in nature, they are consistently recognized as recommended prevention strategies by public health experts including the Community Preventive Services Task Force (CPSTF), which recommends multiple environmental strategies to reduce excessive drinking and tobacco use in the Guide to Community Preventive Services, a collection of evidence-based interventions (Guide to Community Preventive Services, 2020). Further, there is strong scientific evidence that environmental strategies work. The evidence is particularly well documented in tobacco research, which has demonstrated that that increasing the price of tobacco products and comprehensive smoke-free policies are effective in reducing smoking rates and shifting norms, especially when combined with communication campaigns.

Although stakeholders in this planning process viewed environmental strategies as the most difficult prevention strategy, they consistently recognized the importance of policy in restricting tobacco and vaping products. Environmental strategies may also be effective in reducing the availability of opioids, another concern among stakeholders, as the Centers for Disease Control and Prevention has identified state-initiated policies designed to curb the rate of inappropriate prescribing of opioids as a "promising" state strategy. Ultimately, there is significant opportunity related to this prevention strategy, which includes cost-effective strategies that can lead to large-scale and long-term positive change.

Population or cultural considerations

It is critically important that environmental strategies, particularly policies, do not perpetuate institutional racism and systemic social and health inequities or further stigmatize certain populations, including those who use substances. Historically, misguided drug laws and disproportionate sentencing requirements have further disadvantaged communities of color. Criminalizing substance can also further stigmatize people who use substances, making it less likely that individuals using substances will seek and access treatment. The intended consequences of policies must be considered through these lenses.

Proposed implementation strategies

1) Initiate an ongoing working group of the statewide prevention education planning group charged with exploring policy efforts aimed at behavioral health factors, including priority substances, and intervening variables identified in the state's prevention logic model. This may include holding additional sub-group meetings during the legislative session each year to review bills that would impact priority behavioral health problems included in the logic model.

2) Build capacity at the local level for prevention providers to engage in environmental strategies, particularly advocacy and policymaking.
3) Build capacity of local coalitions to lead efforts in the passage of ordinances that increase the legal age of tobacco and vaping products to 21 years.
4) Working group develop a white paper summarizing evidence-based environmental strategies, including policies, that align with behavioral health factors and intervening variables included in the state's prevention logic model.
5) Implement environmental strategies, in combination with other prevention strategy areas, that support the use of best practices among health care providers for treating pain with opioids.

Suggested ways to measure progress

- ✓ Number and demographics of working group representatives.
- ✓ Number of collaborative planning meetings held per year; documented meeting agendas/notes.
- ✓ Documentation of capacity building efforts with local providers and coalitions.
- ✓ Method for collection and reporting of impact on local and state level policies.

Identification of Problems and Referral to Services Strategies

SAMHSA Strategy Definition:

Identification of problems and referral to services includes the provision of assessment and referrals when the behavior of people who are at high risk of substance abuse may require education or other intensive interventions (SAMHSA 2019). This strategy does not include any activity designed to determine if a person is in need of treatment.

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What is the strategy?

Of the prevention strategies, this may be the most targeted. Bridging the gap from prevention to treatment, this set of strategies targets reaching people who are in need of greater supports in order to prevent likely future or continued use of substances. While the work of assessment and referral is often specific to the individual, establishing the mechanisms by which this can occur is the strategy of interest and was the focus of the planning meetings that discussed this topic. Participants explored, "how do we know what supports are available? How do we recommend people visit them? " Thus, the strategy needs to include development of centralized resources that support referral to services.

It was clear from planning sessions that this is also an area where the line of what is considered primary prevention, and, thus, within the scope of what can be funded by the federal SABG, is unclear. Thus, a component of the strategy is more education and

> "Intersection between prevention and intervention is needed. Early intervention is the most effective way to prevent substance use disorder and needs to be funded."

conversation, led by AHCCCS, on the types of work that needs to be done in this area statewide. The remaining focus of this strategy might focus on sharing information designed to encourage individuals to reconsider substance use.

The specific components to this strategy include:
1) Provide more information to the prevention community on best-practices in the strategy of problem identification and referral.
2) Identify a centralized resource that may be used by prevention providers to support referral to support services. While every local resource may not be listed, perhaps links to other local search tools or listings may be included along with statewide resource information.
3) Develop informational campaigns targeting youth and adults who may be at risk for substance abuse or recently engaged in first use. Engage community stakeholders from these populations in developing messaging applicable to specific communities or subpopulations.

4) Collaborate with other sectors (e.g., business, education, early childhood, criminal justice) to encourage the importance of adequate supports for families to minimize the likelihood of future substance misuse/abuse down the road.

Why this strategy?

While often viewed as the outlier amongst the other primary prevention strategies, the inclusion of this strategy is critical to ensure that in an integrated world there are tools/supports available no matter where a person is in relation to their use of substances. This important strategy is part individual education and also can include more community-wide information dissemination strategies designed to change consideration around initial use of substances.

Population or cultural considerations

Central to this strategy is an understanding that certain individuals are at increased risk of substance abuse and the resulting harmful outcomes that may occur. Individuals who have experienced more of risk factors and fewer of protective factors, those with past trauma, significant family dysfunction, poor mental health, increased access to substances, may all be at increased risk. Individuals leaving the criminal justice system were also noted as a specific population to consider in ensuring continuity of services and supports to reduce the likelihood of future use.

Proposed implementation priorities

1) Convene a multi-sector working group of the statewide substance abuse prevention planning group to consider ways to improve this area of problem identification resources and referral in Arizona. Bring in resources from SAMHSA or other national experts, as needed, to inform best practices.

2) Topics of discussion this working group may need to address include mechanisms for supporting referrals at the statewide level; how to support people who are in the spectrum between prevention and treatment; multi-sector involvement in preventing future substance abuse; information campaigns needed to support at-risk populations; and harm reduction.

3) Develop a one-page infographic out of this working group to share with prevention providers on ways their work can support this strategy area.

4) Implement several statewide strategies recommended by this working group.

Suggested ways to measure progress

✓ Number and demographics of working group participants.

✓ Number and type of partnerships in place.

✓ Number of collaborative planning meetings held per year; documented meeting agendas/notes.

- ✓ Resources produced by working group (including products and campaigns).
- ✓ Documentation of any revised processes or systems put in place to support this work statewide.

Next Steps

Across these strategies, several overarching implementation recommendations came to light. **First, out of this initial planning effort, it is important to develop an ongoing statewide substance abuse prevention planning group, with multiple working groups addressing specific strategy areas**. Further discussion, collaboration and implementation is needed to advance strategies that are identified statewide. While time-intensive, this type of work is the best way to ensure that strategies are aligned across state and local levels, that they are meeting community needs, and that they are exhibiting a balance of evidence-based and innovative approaches needed to advance prevention in Arizona. This type of collaboration takes time, resources, and a concerted effort to engage diverse representation including geographic, demographic and sector (as applicable). Mechanisms to fund this work are needed to increase participation, enhance statewide efforts with large likelihood of impact, and reduce the siloed work of individual organizations.

Secondly, it will be important to then develop more specific objectives and measurement plans for each SAMHSA strategy area. As implementation evolves and specific actions are undertaken, the methods for evaluating specific objectives for each strategy should be identified. An ongoing data/evaluation working group may be needed to continue to support these efforts along with the evaluation planning that is already underway at the state level. The goal of this overarching plan is to provide framework under which state, regional and local level work may begin to align and move toward common areas of concern and common outcomes of interest. The measurement ideas listed are primarily focused on process measures, with a few outcome measures. It will be important to evaluate overall progress on the behavioral health indicators and other outcomes identified within the logic model.

COVID-19 shed light on many existing issues, and perhaps worsened others contributing to increased substance abuse. **It will be important to continue to watch the data as new information becomes available on substance use, to determine if the pandemic pushed any massive shifts that need to be addressed through prevention work.** Some are highlighted in the resource assessment, but these need to be confirmed with more data and more time for the full implications of the pandemic to be realized. Review and updates to the strategic plan may be needed if major changes are observed. Likely, changes may be made at the level of implementation/evaluation planning conducted by strategy area working groups.

References

Guide to Community Preventive Services. (2020). *The Community Guide*. Available: www.thecommunityguide.org

LeCroy & Milligan Associates, Inc. (2018). Arizona Statewide Prevention Needs Assessment. Tucson, AZ.

National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions; O'Connell ME, Boat T, Warner KE, editors (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.* Washington (DC): National Academies Press (US) Available: www.ncbi.nlm.nih.gov/books/NBK32775/doi: 10.17226/12480

National Survey on Drug Use and Health. (2019). *2017–2018 NSDUH State Estimates of Substance Use and Mental Health Disorders.* Available: www.samhsa.gov/data/report/2017-2018-nsduh-state-estimates-substance-use-and-mental-disorders

Substance Abuse and Mental Health Services Administration. (2019). *A Guide to SAMHSA's Strategic Prevention Framework*. Rockville, MD: Center for Substance Abuse Prevention.

Substance Abuse and Mental Health Services Administration. (2018). *2017-2018 National Survey on Drug Use and Health: Model-Based Prevalence Estimates* (50 States and the District of Columbia). Available: www.samhsa.gov/data/sites/default/files/reports/rpt23235/2k18SAEExcelTabs/NSDUHsaePercents2018.pdf

Substance Abuse and Mental Health Services Administration. (2018b). *Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*. Available: www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

U.S. Census Bureau. (2019). *QuickFacts: Arizona.* Available: www.census.gov/quickfacts/AZ

Appendix A: Participating Organizations in Planning

Exhibit 10. List of Participating Organizations

Organization
Apache Junction Drug Prevention Coalition
Arizona Alliance for Community Health Centers
Arizona Complete Health*
Arizona Department Juvenile Corrections
Arizona Department of Education
Arizona Department of Health Services
Arizona Department of Juvenile Corrections
Arizona Health Care Cost Containment System (AHCCCS)*
Arizona National Guard Counterdrug Task Force*
Arizona Office of the Attorney General
Arizona Prescription Drug Monitoring Project sites within the Board of Pharmacy
Arizona State Board of Pharmacy*
Arizona State University*
Arizona Trauma Informed Faith Community Network Workgroup
Arizona Youth Partnership
Be Awesome Youth Coalition
Casa Grande Alliance
Circles of Peace
Community Bridges, Inc. (CBI)
Community Partners
Division of Social Services - The Navajo Treatment Center for Children and Their Families
Drug Enforcement Administration
Governor's Office of Youth, Faith and Family*
Health Choice Arizona*
Help Enrich African American Lives (HEAAL) Coalition
Inter-Tribal Council of Arizona (ITCA)*
La Frontera Center, Inc.
La Frontera EMPACT-Suicide Prevention Center
Maricopa Community Alliance Against Substance Abuse - MCAASA
MATFORCE
Mercy Maricopa*
Navajo Nation-Division of Social Service
Nexus Coalition-Navajo County
Pascua Yaqui Tribe*
Pinal County Wellness Alliance
SCAT Prevention Program
South Mountain WORKS Coalition
Southern Arizona AIDS Foundation
Southwest Interdisciplinary Research Center at ASU

| Tanner Community Development Corporation |
| The Substance Abuse Coalition Leaders in Arizona (SACLAz)* |
| University of Arizona |
| Wellington Consulting Group |

*Organizations with representation on the Statewide Substance Abuse Prevention Strategic Planning Steering Committee.

Appendix B: Data Summaries

The following are summaries of key data sources utilized in the development of this strategic plan. Where applicable, the full sources are listed for further review.

Statewide Prevention Needs Assessment: 2018

Excerpt from LeCroy & Milligan Associates (2018).

Exhibit 11. Needs Assessment 2018 Overview

Overview of Statewide Needs Assessment Plan
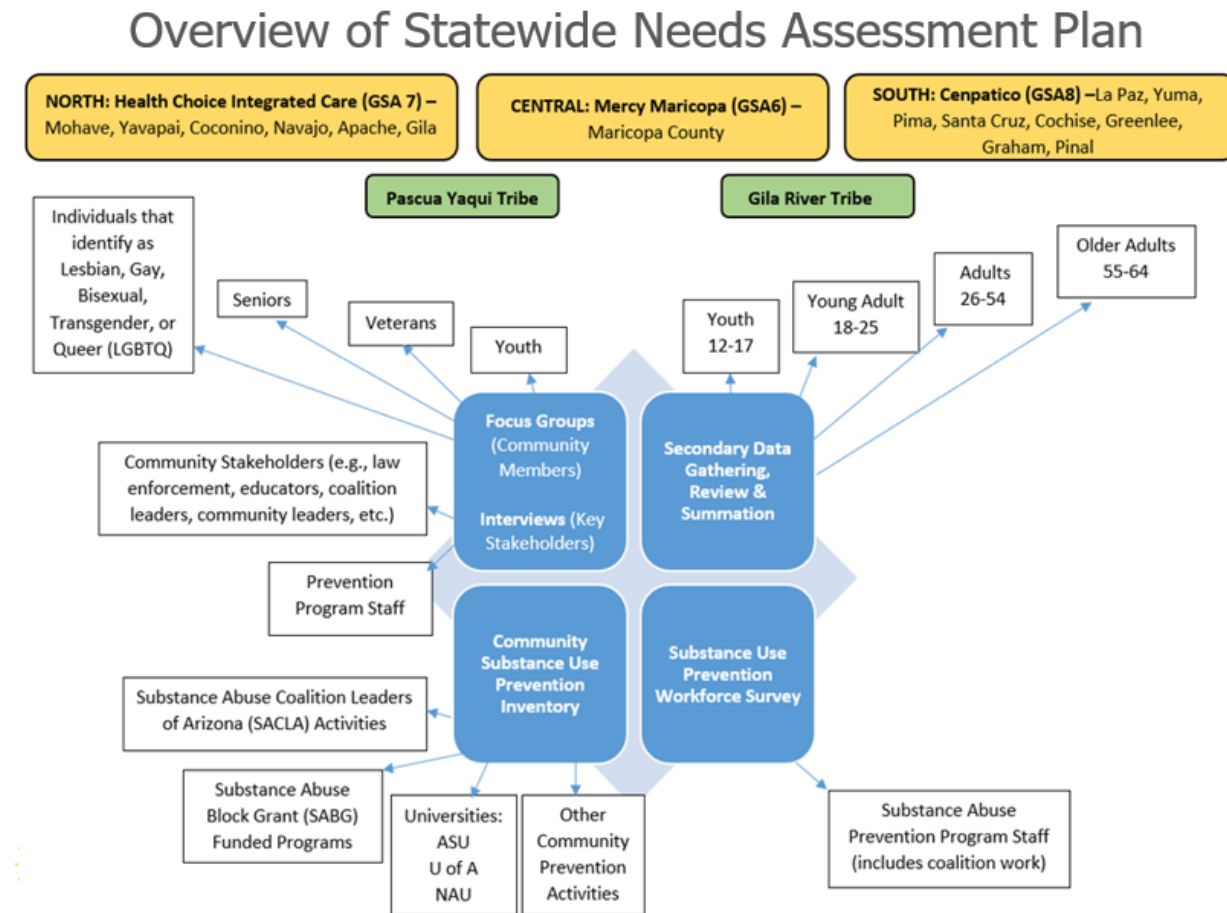
Intended to Look at four Main Questions:

1. What are the current substance use issues in Arizona by region and subpopulation?

2. What substance use prevention programs are active in Arizona?

3. What are the causes for using and/or abusing substances in Arizona?

4. What are the recommendations for the future of substance use prevention in Arizona?

Exhibit 12: Needs Assessment 2018 Key Findings

1) 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.
2) 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.
3) Vaping (e-cigarettes, etc.) is increasing in Arizona for youth in middle and high schools and is significantly higher than national averages.
4) 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.
5) 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.
6) The normalization of marijuana and other substances may be leading to increased substance use.
7) Reductions in funding and resources for schools prohibit effective prevention programs from being delivered to high needs communities.
8) Recent efforts to combat the prescription drug opioid crisis in Arizona are leading to increased street drug use.
9) Prevention programs that are culturally competent, engaging and up to date are more effective and should be prioritized.
10) 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.

Full Needs Assessment available online at:
https://www.azahcccs.gov/Resources/Downloads/Grants/ArizonaSubstanceAbusePreventionNeedsAssessment.pdf

Resource Assessment: 2019-2020

LeCroy & Milligan Associates (LMA) met regularly with Arizona Health Care Cost Containment System (AHCCCS) staff in January and February 2020 to plan a resource assessment as a component of the strategic planning process. The resource assessment survey was ultimately developed with several considerations in mind:
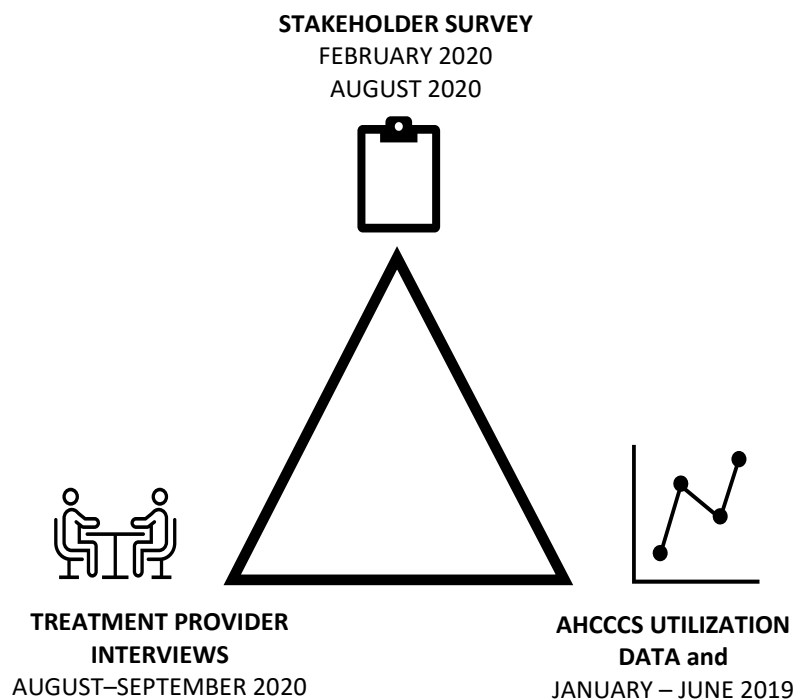
- *A Guide to SAMHSA's Strategic Prevention Framework* was reviewed as it identifies areas where data should be considered in the planning process (e.g., severity and trends of substance abuse/misuse (SAMHSA, 2019).
- The AHCCCS Logic model template (see Appendix A) was considered, and the types of data needed to develop this type of logic model statewide were identified.

- The 2018 Statewide Substance Abuse Needs Assessment was thoroughly reviewed along with the data collection tools used during this needs assessment process.[1] The goal was to enhance or simplify, but not duplicate, existing data.
- The discussions LMA facilitators had with the Strategic Planning Steering Committee which included some of the challenges and considerations around use of data in large group planning efforts.

In March 2020, just after the first resource assessment survey was completed, COVID-19 began to affect Arizona, ultimately impacting many aspects of life across the state. It also impacted the strategic planning process, which was delayed in the hope of continuing in-person. However, it was determined that it was best to go ahead and proceed virtually. Prior to reinitiating this process for the fall of 2020, the LMA team recommended that AHCCCS consider some additional data collection to inform the strategic planning process, given that so much had changed since the time both the Needs Assessment and the initial resource assessment were conducted. This additional effort was approved and included the following:

STAKEHOLDER SURVEY
FEBRUARY 2020
AUGUST 2020

TREATMENT PROVIDER INTERVIEWS
AUGUST–SEPTEMBER 2020

AHCCCS UTILIZATION DATA and
JANUARY – JUNE 2019

- Distributing to prevention providers and stakeholders a modified version of the resource assessment survey that was used in February, with additional questions also added specific to the impact of COVID-19.
- Interviews with treatment providers to inform future areas that prevention work may need to focus resources and services. Treatment providers were recommended by the Regional Behavioral Health Authorities (RBHAs) for inclusion and contacted by LMA to be asked to participate.
- A brief review of AHCCCS utilization data to look for preliminary quantitative trends in substance abuse and service provision in Arizona, again that would be informative to developing a statewide substance abuse prevention strategic plan.

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[1] https://www.azahcccs.gov/Resources/Downloads/Grants/ArizonaSubstanceAbusePreventionNeedsAssessment.pdf

- AHCCCS provided data for analysis from the Crisis Counseling Assistance and Training Program (CCP), a crisis program funded through FEMA, which was also analyzed on key indicators relevant to this plan. This program provides free and confidential support, education, and resource connection to individuals in the state experiencing negative impacts of the COVID-19 pandemic.

The information below are excerpts from the full Resource Assessment report provided to AHCCCS.

Long-term Consequences Summary

Exhibit 13. Long-term Consequences Summary

Long-term Consequences of Current Substance Use Issues

Definition: Long-term consequences include outcomes that occur in the long run due to substance use issues (e.g., overdose deaths, substance related health problems; car accidents).

Content Considered for this Section: Long-term consequences of COVID-19 and current substance abuse issues.

Data Sources Utilized: Sample 2 (Post-COVID) Stakeholder Survey; Treatment provider interviews

Key Findings:

- Higher drug overdoses and drug-related death rates.
- Increased trauma and need for trauma informed care.
- Schooling/learning falling behind for many young people, especially those most at-risk.
- Increased health inequities.
- Increase in number of people struggling with mental health challenges.
- Social cost of disconnection and isolation from COVID-19.
- More people receiving care through telehealth/virtual options.
- Perhaps some increased awareness of health and its importance but also fear.
- Domestic violence and child abuse may be increasing.

Limitations of Note: Only minimal questions were asked in this area, due to information already available on these topics, including from the 2018 Needs Assessment. Findings were summarized and focused only on long term consequences as defined. Additional information may be added prior to reviewing this section with the Substance Abuse Strategic Planning Committee. See the Limitations section for additional limitations of all data collected in this report.

Behavioral Health Problems Summary

Data was collected on substance abuse from respondents to both the pre-COVID and post-COVID stakeholder surveys and in the interviews with providers. AHCCCS utilization data

also is available on this topic. Overall, findings suggest that opioids, alcohol, and methamphetamines are the substances of the greatest concern at this time and that all three can be potentially impacted with prevention efforts. Findings based on the stakeholder survey are summarized in Exhibits 14-15, which show which substances were perceived as most likely impacted by four criteria: substance abuse/misuse prevention (changeability), most rapidly worsening (trends), most harmful (severity) and most widespread (magnitude). A summary of key findings in this area are summarized in Exhibit 16.

Exhibit 14. Percent of Respondents Indicating Changeability, Most Rapidly Worsening, Most Harmful, and Most Widespread—By Substance **Pre-COVID** Sample - FEBRUARY 2020*
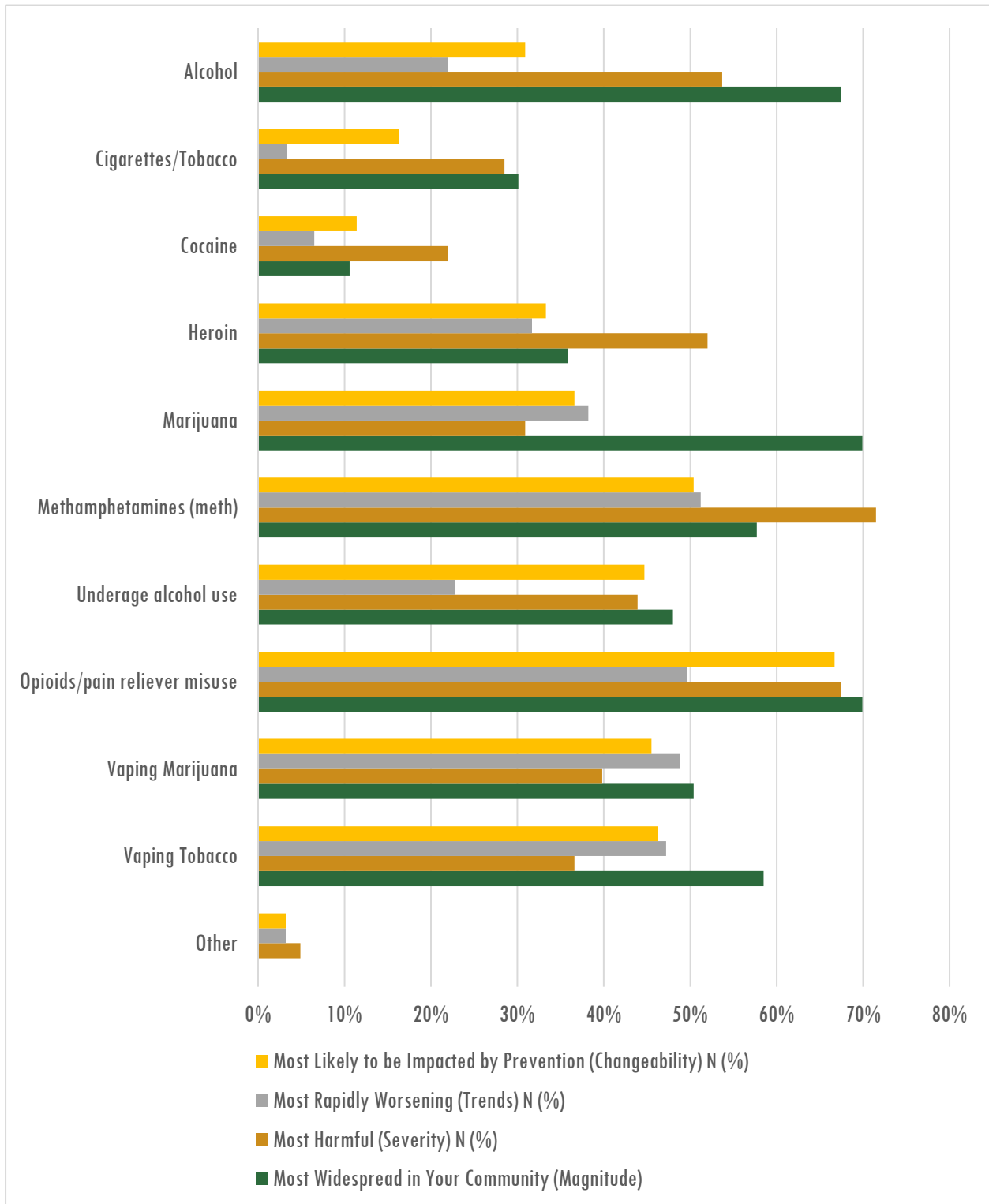
*Respondents could indicate as many substances as applied for each of these categories, so percentages do not total to 100%. N=123

Exhibit 15. Percent of Respondents Indicating Changeability, Most Rapidly Worsening, Most Harmful, and Most Widespread—By Substance **Post-COVID** Sample - AUGUST 2020*
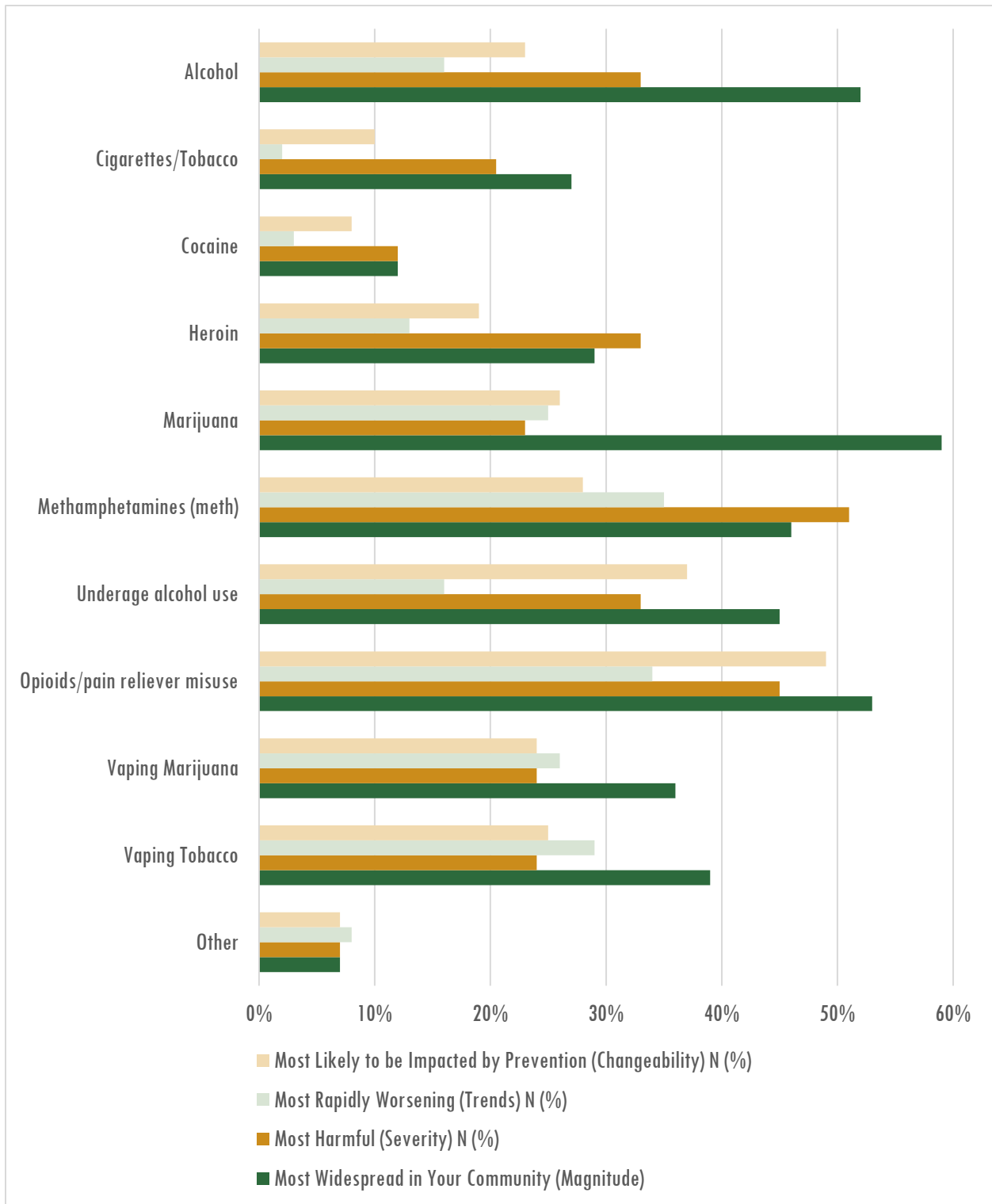
*Respondents could indicate as many substances as applied for each of these categories, so percentages do not total to 100%. N=83

Exhibit 16. Behavioral Health Problems Summary

Behavioral Health Problems

Definition: Specific substance consumption abuse.

Content Considered for this Section: Specific substance abuse data.

Data Sources Utilized: Sample 1 (Pre-COVID) and Sample 2 (Post-COVID) Stakeholder Survey; Sample 2 (Post-COVID) Treatment provider interviews; AHCCCS utilization data

Key Findings:

- All data sources used in this assessment point to an increase in substance use/abuse since the start of COVID-19.

- Many of the same substances continue to be the biggest issues in communities both before and after COVID-19. These include opioids, alcohol, and methamphetamines. Substance specific findings are described below, in an *approximate order of priority* based on the data provided in this resource assessment.

  o **Opioids/pain reliever misuse**—opioids were listed by participants of both survey samples as in the top two of all categories including changeability, most rapidly worsening, most harmful, and most widespread. AHCCCS utilization confirms this substance abuse type is prevalent, with over 86% of members with a substance abuse type listed having an indication of opioid abuse both in 2019 and 2020. All data points to it continuing to increase in use post COVID-19.

  o **Alcohol**—most indicators suggest alcohol use is on the rise. Some of the treatment providers interviewed suggested some were using alcohol to self-medicate during COVID-19 and over half of the post-COVID survey respondents reported observing an increase in use of alcohol. AHCCCS utilization data supports this may be increasing as well or certainly continuing to be prevalent. It was listed as one of the top four most widespread and harmful by survey participants, but not the most rapidly worsening. This supports that perhaps it has been already continuing to increase gradually over time.

  o **Methamphetamines/Stimulants** — Both samples of survey participants suggest that methamphetamines are one of the substances of greatest concern at this time. Fortunately, it was also listed as one of the top four substances in changeability, suggesting it is a good target for prevention efforts. It is one of the top four substances indicated in the categories of rapidly worsening, most harmful, and most widespread. Most of the treatment providers interviewed mentioned methamphetamines as one of the substances on the rise, both prior to COVID-19 and certainly now. Concerns were mentioned with "dirty ingredients" more frequently being mixed in making them even more lethal. As noted above, AHCCCS utilization data suggested stimulants to be potentially increasing in use as well.

  o **Marijuana/Cannabis**—Both samples of survey participants indicated that marijuana was the most widespread in their communities. It was one of the substances that showed some likelihood of changeability. While treatment providers did not call it out specifically as worsening, survey participants post-COVID indicated it as one of the top 3 most increasing substances since COVID-19. This is supported by AHCCCS utilization data which also shows it potentially increasing.

  o **Heroin**—Findings are less definitive when it comes to heroin. It is clearly indicated by survey respondents in both samples as one of the most harmful substances, but not as widespread, preventable, or worsening as many of the other substances. AHCCCS data did not provide specific information on this substance.

- o **Underage Alcohol**—Findings in this area are not as definitive. This substance was indicated by survey participants in both samples as the fifth or sixth most harmful and most widespread substance. It was noted as increasing post-COVID by 34% of respondents. Interestingly, nearly 10% of respondents to the post-COVID survey also thought it might be decreasing post-COVID. Thus, the impact of the pandemic on this ongoing substance challenge is not clear. It was also listed as one of the top four substances in changeability, suggesting it is still a good target for prevention efforts. Data on underage drinking was not available from the analysis conducted of AHCCCS utilization data at this time.

  - o **Vaping Marijuana/Tobacco**—Data was similar for vaping of both types of substances across the two survey samples. About the same percentage of respondents identified vaping as most likely to be impacted, most rapidly worsening, and most harmful. While not in the top four in these categories, quite a few people do appear to perceive them as of concern. They do approach the top four in the category of most widespread. Survey respondents did suggest they thought vaping of both had increased post COVID-19. Vaping was not specifically mentioned by the treatment providers during the interviews and data was not available from the analysis conducted of the AHCCCS utilization data at this time.

  - o **Cigarettes/Tobacco**— Data does not suggest that this is one of the most critical substances to address with prevention efforts at this time.

  - o **Cocaine**—Data does not suggest that this is one of the most critical substances to address with prevention efforts at this time.

- Some funding priority recommendations provided in the stakeholder survey also specifically listed substances that should be of focus (though this was not asked for directly). These findings suggest that vaping, opioids, alcohol, marijuana, underage alcohol, and methamphetamines should be considered.

Limitations of Note: It is unclear from the data what is different between the samples and timepoints included. Trends may be attributed to the differences in who participated or other factors. Also, definitions/categories of substance were not the same for this resource assessment and AHCCCS utilization data, limiting some comparability. There is a great deal of geographic variability within these findings. The Appendices include some analyses by GSA, but given the limitations and small sample size, these regional variations are not included in this overall summary; however, they may be reviewed in the planning process. See the Limitations section for additional limitations of all data collected in this report.

Risk/Protective Factors (Intervening Variables) Summary

Overall risk and protective factors for substance abuse are fairly well-established. A preliminary list is provided in Exhibit 1 by level of socioecological model for consideration and use during the planning process.

Survey and interview participants were asked specifically about the impact of COVID-19 on risk and protective factors for substance abuse. Across all the participants, there were fairly consistent responses when asked about the impact of COVID-19. The impact of the economic climate (e.g., unemployment, financial stress, housing), increased mental health challenges (stress, depression, anxiety) and less social and community support/engagement during isolation were primary responses. These and other factors are detailed in the table below.

Exhibit 17. Risk/Protective Factors (Intervening Variables)

Risk/Protective Factors

Definition:

Risk Factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be viewed as positive countering events.

Content Considered for this Section: Impact of COVID-19 on risk and protective factors.

Data Sources Utilized: Sample 2 Stakeholder Survey; Treatment provider interviews

Key Findings:

- COVID-19 is impacting many of the areas that are considered the social determinants of health (economic stability, education, social and community context, health and health care, neighborhood, and built environment)[2].

- According to participants, specific risk factors most impacted include the following:
  - Worsening mental health including more anxiety, depression, and stress during this challenging time.
  - Increased financial stresses/challenges including more unemployment and housing issues.
  - Increases in violence in the home.
  - Changes in access to substances (more accessibly around the house potentially for some people).

- According to participants, specific protective factors most impacted include the following:
  - Less social and community support during isolation (either because of quarantine and/or out of fear of spreading/catching the illness).
  - Increases in time spent with family (can be a positive or negative impact).
  - Youth without positive engagement in school and other prosocial activities.
  - Perhaps increased health awareness but also fear.
  - Changes in health care system access (can be a positive or negative impact; more virtual, but perhaps new barriers to finding care; less in-person services).

Limitations of Note: An existing list of risk/protective factors commonly associated with substance abuse will also be utilized during the strategic planning process and is included in Appendix G. See the Limitations section for limitations of all data collected in this report.

Local Conditions and Contributing Factors Summary

In order to better understand the conditions across Arizona that may impact substance abuse issues, local conditions and resource availability were assessed. It is clear that COVID-19 has

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[2] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

shifted resource access and availability in new ways, with some resources more accessible virtually, and some less so. But either way, the shift has been dynamic, and it appears there is still work to be done to understand what communities need to support substance abuse prevention work post-COVID. Key findings to consider in this process are included in the Exhibit below.

Exhibit 18. Local Conditions and Contributing Factors

Local Conditions and Contributing Factors

Definition: What is specifically happening (or not happening) in communities related to these behavioral health problems and intervening variables. These should be local and short-term.

Content Considered for this Section: Data on resource availability, community readiness, impact on specific populations

Data Sources Utilized: Sample 1 (Pre-COVID) and Sample 2 (Post-COVID) Stakeholder Survey; Treatment provider interviews

Key Findings:

- **Resource availability**—Findings are complicated related to resource availability, likely suggesting the changing dynamics of the pandemic, the regional and local variation in the types and availability of resources, and the types of resources considered.

  o For example, some of the data suggests that there are increased resources available to support basic needs (e.g., food) and protective gear (e.g., masks) as those have been pushed out to communities during this time.

  o Looking specifically at the data from the post-COVID survey sample, community awareness and fiscal resources had the highest percent of respondents indicating they were not at all adequate or not adequate. These were the main areas identified pre-COVID as well.

  o Open-ended survey and interview responses provided some additional insight into this resource access complexity, pointing to, at a minimum a shift in the way in which many resources were available. Some were *more* available because offered online, but others, particularly if required or preferred in-person were less available. Technology also became both a door to access and a barrier for those less comfortable or able to access this method for accessing some types of services. And because of these shifts, individuals may or may not have the necessary information on how to access resources in this new and shifting environment.

  o AHCCCS utilization data points to the likely shift in substance abuse treatment resource access/availability since the start of COVID-19, with more services being offered via telehealth and at community mental health centers. Service claims appear to decrease sizably in independent clinics and FQHCs from Jan-Jun 2020 as compared to the year before. This data was through June 2020, so it is unknown whether some of these changes have shifted or righted themselves with more time for the system to adapt to the pandemic safety protocols, etc. Despite these changes, overall, there were nearly 20% more service claims from Jan-Jun 2020 than the same timeframe the year before. The top five most frequently used service treatment codes for substance abuse all

> increased sizably, except for 99407—*smoking and tobacco use intensive counseling, greater than 10 minutes.*

- **Community readiness** to address substance abuse has *perhaps* decreased slightly post-COVID, but overall, most participants saw their communities as somewhere in the middle on a scale of not ready to very ready. It varies by community.

- **Substance Abuse Impact on Specific Populations**—these findings stayed fairly consistent over time.

  o Homeless individuals and young adults were indicated by both survey samples as the population most significantly impacted by substance abuse and those with the least resources available to help.

  o It appears that adults are the next most significantly impacted group, but they have more resources available than homeless and young adults. These trends held across both survey samples.

- **Populations Experiencing Substance Abuse Increase Post-COVID**

  o The population experiencing the greatest increase in substance abuse since COVID-19 according to survey and interview participants were young adults.

  o Other populations also likely seeing an increase include adults, older adults, and homeless individuals.

  o According to AHCCCS utilization data, it appears there was a greater increase in the number of distinct members with substance abuse diagnoses that identified as Black and Native American, as compared to other categories when looking at Jan-Jun 2019 and 2020 respectively. All populations showed a sizable increase in utilization in 2020, except for Hispanic, however it appears this category may be under-represented in this data as reported, so this is inconclusive about Hispanic service utilization.

  o The percent of distinct members with substance abuse diagnoses who were male increased by about 1.5% more than female when comparing Jan-Jun 2019 and Jan-Jun 2020. It is not known if this represents a significant trend.

Limitations of Note: Data included in this report, while pertaining to local communities across Arizona is primarily summarized by state and region. Large variations in the two survey samples pre- and post-COVID hinder the ability to make assumptions based on comparison of this data (we know geographically the samples are not similar). It will be critical in the strategic planning process to consider what areas may or may not be represented by these findings, and how that impacts state level strategic planning. See the Limitations section for additional limitations of all data collected in this report.

Strategies and Local Implementation Summary

While this will ultimately be the work of the Strategic Planning Committee to identify at the state level, information from this resource assessment provides information on current programming including those in alignment with the SAMHSA prevention categories and the socioecological model. These key findings are included in Exhibit 19 below.

Exhibit 19. Strategies and Local Implementation Summary

Strategies and Local Implementation

Definition: Strategies and programming that fall under one of SAMHSA's primary prevention strategies.

Content Considered for this Section: Substance abuse provider programming; impact of COVID-19 on programming

Data Sources Utilized: Sample 1 (Pre-COVID) and 2 (Post-COVID) Stakeholder Survey—only participants who identified as being able to represent a provider organization or coalition were given these questions.

Key Findings:

- **Programming—**
    - Providers reported offering on average a fairly similar numbers of evidence based, promising, and innovative practices, in the pre- and post-COVID samples, ranging from 1-2 per provider for most indicators and 2-3 per provider for EBPs.
    - A total of 25% of post-COVID survey respondents had implemented a new program and 25% also reported having stopped a program since the start of COVID.
    - Open-ended responses suggest that programming was greatly impacted by COVID-19. In-person programming came to a halt and much of it was adapted to virtual delivery. Program delivery in a virtual model proved challenging with barriers such as internet accessibility and technology.
    - School-based delivery participants felt had been the most impacted as schools have a lot to focus on with just ensuring academics and may not prioritize non-academic programming like prevention.
    - Some providers identified adapting to this new environment with increased community outreach and awareness through virtual mechanisms.

- **Provider Capacity—**providers were asked to indicate the impact COVID-19 has had on several different aspects of capacity.
    - All but one prevention provider reported that their organization is currently open with staff working in full or partial capacity, with 75% indicating the majority of staff are working virtually and 64% indicating their organization is providing virtual services and programming.
    - Fortunately, only a small percentage indicated they have had funding, staffing or other significant reductions from COVID-19. This suggests existing provider capacity.

- **SAMHSA Prevention Categories—**Prevention providers identified the three main categories of prevention programming that they offered out of the six identified by SAMHSA (community-based processes, information dissemination, environmental strategies, prevention education, positive alternatives, and identification of problems and referral to services).
    - Prevention education and community-based processes were the most frequently identified both pre- and post-COVID-19.
    - Data suggests that there was also more information dissemination post-COVID, which supports the open-ended findings that virtual mechanisms were used more to get out information in this new environment.

- **Domains Targeted**—Prevention providers were asked to indicate the top two domains they target with their prevention efforts out of society, community, relationship and individual.
  - Interestingly, there is 10-15% variation in each of these from pre to post COVID-19, which is more than on many of the indicators particularly related to programming. As always, this could have to do with the different samples, but is of note.
  - Specifically of interest, it appears that some of the individual/relationship level focus may have shifted to society/community level work. This is an area for further consideration by the Strategic Planning Committee.

- **Disparities**—Providers were asked to comment on what factors might contribute to challenges in serving all the populations in their areas or if they were only focused on specific populations.
  - Both pre- and post-COVID samples indicated that challenges with outreach and recruitment of some populations and also lack of sufficient funding to serve some populations were the main limitations as to why they did not reach all populations. Funding constraints mentioned the need for adequate staffing and long-term program funding. Challenges with collaborating with all populations were noted (e.g., barriers in working with tribes, schools hesitant to share class time or parents suggesting prevention should be done at home; lack of funds/support to do collaborative work).
  - Some organizations choose to focus on specifically serving populations such as youth/young adults, tribal communities, criminal justice involved populations, parents in dependency cases, seriously mentally ill or geographic regions.
  - Populations some noted they wanted to expand to reach more included early intervention, youth/young adults, families, populations that speak other languages, LGBTQ+ identifying individuals, low income, sex offenders, older adults/seniors and homeless).

- **Prevention Provider Demographics**—While clearly not all prevention providers in Arizona participated in the survey at pre or post COVID-19, information on who and where the prevention providers that participated are serving may point to areas for further exploration.
  - **Geographic**—the absence of prevention providers serving specifically Greenlee and La Paz should be considered and may suggest a geographic service gap. Some providers noted that COVID-19 may strain resources further in rural communities, where they are already limited.
  - **Populations Served**—Across both survey samples, over 50% of respondents indicated that children/youth, young adults and adults were priority populations for their organizations. Fewer organizations specifically focus on refugees or serving specific racial/ethnic groups, though the latter appeared higher for the post-COVID sample. Serving youth post-COVID has proved the most challenging since they have not had the ability to attend school or in-person prosocial activities.
  - **Substances Targeted**—Across both samples, marijuana, opioids and alcohol/underage alcohol were the most mentioned as being a substance of current focus for their organization/coalition. Only a few respondents indicated they target steroids, PCP or peyote and less than 10% of respondents suggested that they do not target specific substances. Fewer of the respondents in the post-COVID sample appear to target fentanyl, heroin and cocaine than in the pre-COVID sample. This may or may not be attributable to COVID-related factors. Underage alcohol was the most frequently targeted in the post-COVID sample, with nearly 60% indicating they address this substance. Respondents in the post-COVID sample did suggest in the open-ended responses that their organization had shifted to focus on different substances as the result of COVID.

o **Funding Streams Utilized**—Providers were asked to indicate the funding streams they currently use for substance abuse/misuse programming. The primary funding sources include the Substance Abuse Block Grant (SABG) from AHCCCS and other state grants. Data from the pre-COVID sample suggest that other federal grants and private donations are also commonly utilized; however, these were less common funding sources for respondents in the post-COVID sample. Respondents did not indicate that COVID-19 had significantly impacted funding sources except for a few that experienced a decrease in private donations.

Limitations of Note: Data included in this report, while pertaining to local communities across Arizona is primarily summarized by state and region. It will be critical in the strategic planning process to consider what areas may or may not be represented by these findings, and how that impacts state level strategic planning. See the Limitations section for additional limitations of all data collected in this report.

Additional information on the categories of services and domains are included in Exhibits 20 and 21. Please note that the data was collected with different participants in pre- and post-COVID-19 survey timepoints and groups are likely not equivalent. Findings should be interpreted alongside other supporting data.

Exhibit 20. Categories of Services Offered by Participating Prevention Providers/Coalitions by Pre-COVID Sample and Post-COVID Sample *
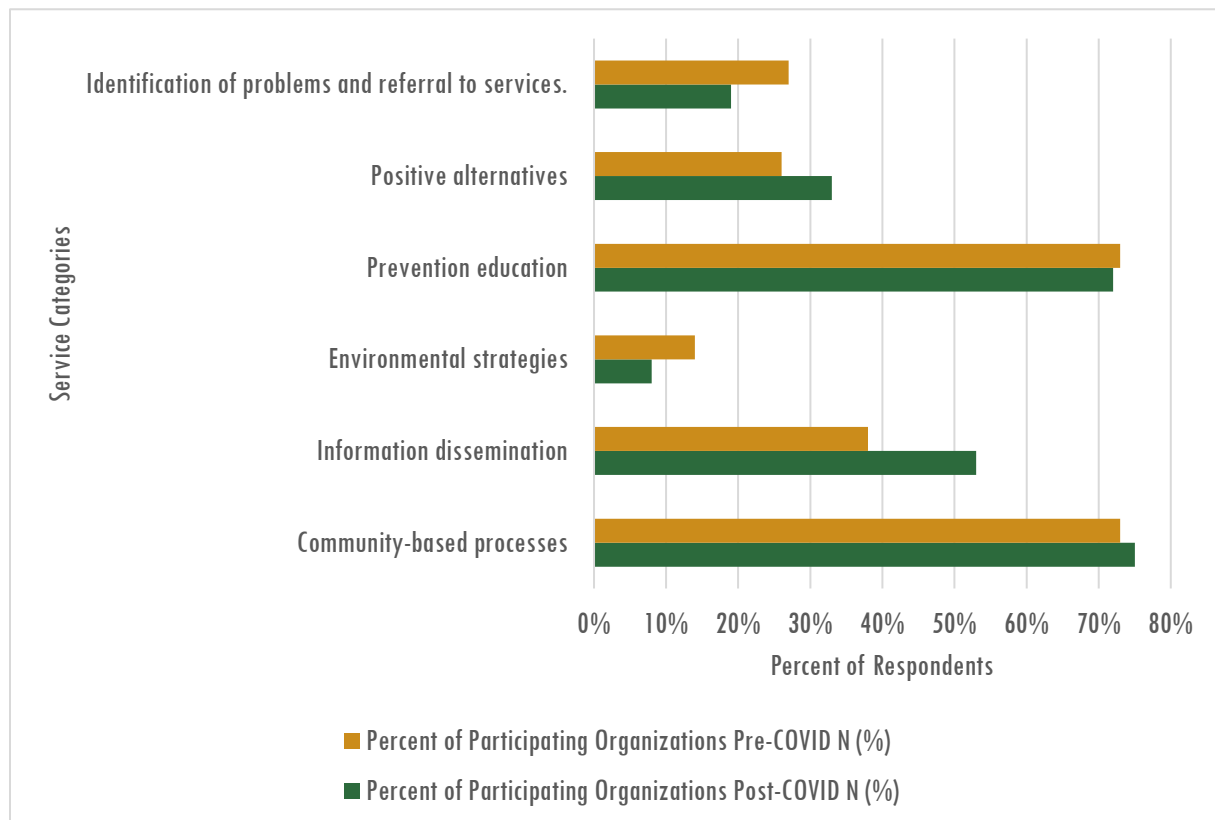
*Respondents could indicate more than one category, so percentages do not total to 100%. Post-COVID Sample (Prevention Providers only): N=73; Post-COVID Sample (Prevention Providers only): N=36

Exhibit 21. Domain of Services Offered by Participating Prevention Providers/Coalitions by Sample
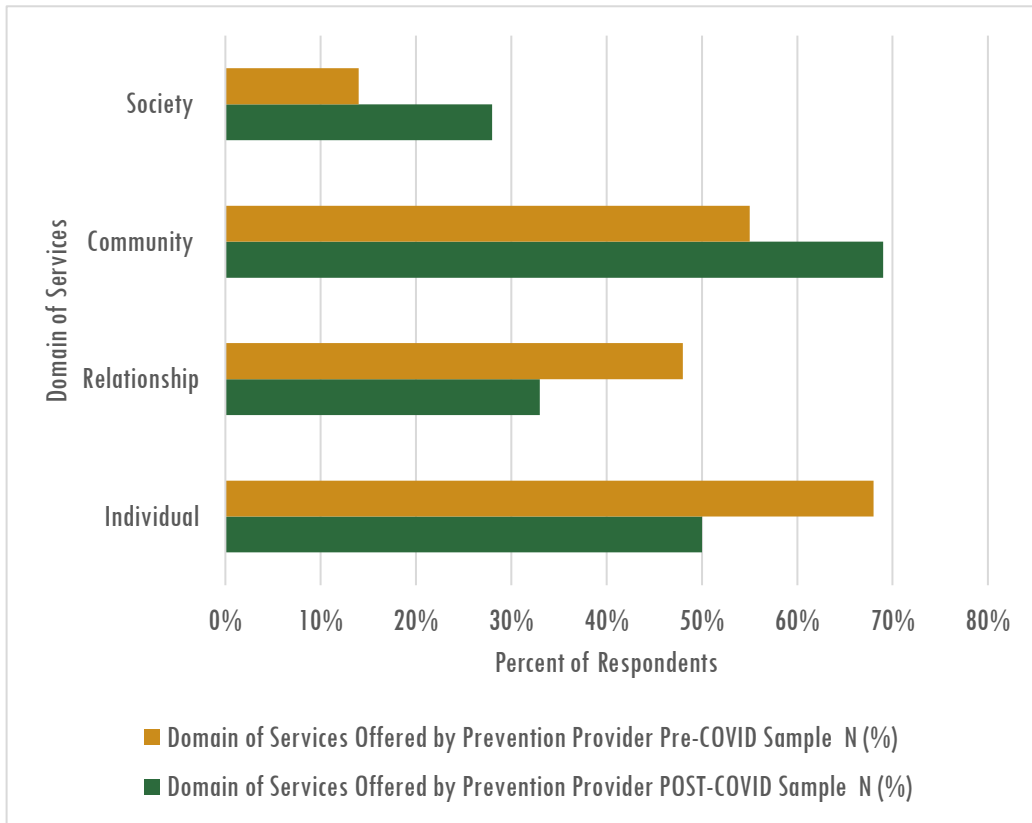
*Respondents could indicate more than one category, so percentages do not total to 100%. Post-COVID Sample (Prevention Providers only): N=73; Post-COVID Sample (Prevention Providers only): N=36

Funding Priorities Summary

Participants provided recommendations on funding priorities that the Strategic Planning Committee may want to consider. Findings are detailed in Exhibit 22 and 23. There are recommendations across all the SAMHSA prevention categories, by substance, population and overall. Children/youth/young adults were overwhelmingly the most frequently mentioned population that funding priorities should target. Prevention education strategies were the most frequently mentioned, followed by community-based processes and information dissemination. Also, while less directly applicable under SAMHSA primary prevention categories, mental health needs, suicide prevention efforts and technology and internet support were mentioned as key themes and considerations.

SAMHSA Prevention Category and Recommendations

Prevention Education

- Offer programs for families to increase connectedness, heal from trauma, etc. Also support programs and resources for parents in offering prevention to their own kids.

- Offer programs for youth (e.g., life skills and decision-making).

- Offer drug-specific programming (e.g., heroin, fentanyl, marijuana, alcohol and vaping of substances) including the specific harmfulness and effects of these substances.

- Hire staff to do more prevention work and programming in schools (consider whether should be staff internal or external to the schools themselves). Educate whole schools (e.g., like used to do with DARE).

- Educate on ways to increase protective factors. Teach healthy coping and emotional resiliency.

- Support programs for high-risk age groups and those exposed to traumatic events (including youth and juvenile justice populations).

- Provide hands-on trainings for all different stakeholder groups.

- Offer peer support programs.

- Provide culturally competent prevention programming (including specifically for LGBTQ+ identifying individuals).

- Educate from an early age about avoiding all types of addictions and targeting the reasons *why* youth might start using (e.g., handling stress).

- Ensure education and training are available for those *delivering* prevention services.

- Expand reach for prevention programming in online settings. *

- K-12 prevention education in every school across the state. *

- New and innovative outreach and education strategies due to COVID. *

Community Based Processes

- Fund and support prevention coalitions.

- Increase access to community resources (including affordable housing) and mechanisms to connect people to resources.

- Build trauma-informed community.

- Build better systems and awareness of those systems within communities.

- Establish infrastructure to coordinate prevention efforts.

- Mobilize the community.

- Address root causes of substance use and use integrated approaches.

Information Dissemination

- Educate the community about specific drugs (e.g., marijuana, THC products, underage drinking).

- Educate about drug use and/or consequences of drug use.

- Educate on public health and risk/protective factors.

- Educate on trauma-informed care and building resiliency. *

- Offer campaigns to reduce stigma around drug use.

- Increase awareness about what substance abuse prevention is all about.

- Use methods like statistics, storytelling and speakers at schools to reach people.

- Tailor campaigns to specific age groups, particularly highlighting resources available by age. *

- Utilize social media to inform parents about talking with youth. *

- Send positive messages to youth that build resilience. *

Problem Identification and Referral

- Identify and help address emerging mental health issues (e.g., depression and anxiety in youth).

- Help those who have faced significant adverse childhood experiences and all forms of abuse (e.g., child abuse, domestic violence, sexual assault, drug endangerment, extreme neglect).

- Support continuity of care for those individuals coming from the criminal justice system.

- Offer harm reduction strategies to reduce death rates from substances.

- Fund early intervention as an important way to prevent substance use disorder.

- Provide intervention resources for all individuals and families at any level of involvement with drugs (e.g., use, abuse, addiction, or family member).

- Offer naloxone education.

- Provide warm lines for those contemplating resuming abuse of substances.

- Suicide prevention services—how to get help.

- Educate older adults on identifying misuse. *

- Fund current resource mapping and development of a centralized referral list. *

Positive Alternatives

- Increase programming to help reduce social isolation.

- Offer health promotion and well-being focused efforts.

- Provide youth with meaningful employment opportunities while still in high school and help with employment skills and job searches.

- Provide more afterschool programs for youth that are little to no cost.

- Fund recreational programs and facilities for youth in communities (e.g., parks, sports complexes, art studios, libraries). *

- Partner with organizations to provide social and job events. *

- Create online environments to provide opportunities for socialization, minimizing isolation. *

Environmental Strategy

- Disrupt the flow of certain drugs into the community (e.g., fentanyl).

- Consider the impacts of marijuana legalization.

- Consider social determinants/intervening variables that effect behavioral health and substance abuse issues.

- Build health-focused public policies in all sectors.

- Improve health systems.

- Change the culture around use of substances (even within the "counterculture").

- Address vaping availability and enforcement.

- Increase funding to increase address the social determinants of health in lower income and minority communities. *

- Funds to revitalize communities. *

*These recommendations were unique to the post-COVID sample.

Recommendations were also categorized according to the substances and populations that were mentioned, since many respondents volunteered their perspectives on these issues in their open-ended responses. Findings are summarized in Exhibit 23.

Exhibit 23. Funding Priority Recommendations by Substance and Population (Pre-COVID Sample and Post-COVID Sample)

Other Recommendations

Drug Focus Areas

- Vaping marijuana and/or tobacco (N=18) *

- Opioids (N=12)

- Alcohol (N=9)

- Marijuana/THC (N=11) *

- Underage alcohol (N=6)

- Meth (N=6)

- Prescription drugs (N=4)

- Fentanyl (N=6)

- Heroin (N=3)

Population Focus Areas

- Children/Youth/Young Adults (60) **
- Families/Parents (15)
- Criminal Justice Involved (7)
- Older adults/seniors (7)
- Other vulnerable/high risk populations (e.g., homeless, rural, sex offenders, LGBTQ+, unemployed, domestic violence victims, veterans, seriously mentally ill) (13)

Other Key Themes

- Mental health needs and services (18)
- General health/wellness efforts (11)
- Suicide prevention efforts (9)
- Support family stability (e.g., financial stability, housing, day care).
- Technology and internet support to increase access and use (3) ***

* Responses that specifically mention vaping marijuana are included in the vaping count and not listed again under marijuana.
**These are grouped together here as it was not clear from open-ended responses which ages of young people were being referenced by the use of these terms.
***Recommendations are from the Post-COVID Sample only.

Strategic Planning Session Summary

The following summarize key themes from discussions held during the strategic planning sessions.

Exhibit 24. AHCCCS Strategic Planning Meeting Notes by Breakout Session Question

OCTOBER 7 SESSION	
Question 1: Are there <u>long-term consequences</u> that are missing that you think are critically important?	
Themes	• Criminal involvement • Family dysfunction/family breakdown • Suicide • Trauma • Unemployment
Question 2: What 2–4 <u>long-term consequences</u> do you think should drive the strategic planning process and why?	
Themes	• Overdose fatalities • Poor education outcomes • Poor mental health outcomes • Domestic violence & child abuse • Health inequities
Question 3: When prioritizing substance misuse/abuse problems, which criterion or criteria do you think are most important to consider in the strategic planning process and why? (Choose 1 or 2)	
Themes	• Changeability and severity most important (Note: this was also reflected in the poll)

Question 4: Which substances rose to the top according to the criterion/criteria you identified as most important? Were they the same top substances?

Themes	• Opioids • Alcohol • Heroin • Meth • Marijuana

OCTOBER 21 SESSION

Question 1: What key risk and protective factors are associated with behavioral health problems related specifically to substance misuse/consumption?

Themes	• Family recognized as both risk and protective factor, as family dysfunction may increase risk while family connection may decrease risk **RISK** • Accessibility of substances • Perceived risk (particularly related to marijuana) • Mental health & stress • Acceptance/norms of alcohol and marijuana **PROTECTIVE** • Community (as protective particularly for Native Americans)

Question 2: Reflecting upon the risk and protective factors that were discussed, which 3–5 are most important (i.e., *key drivers*) to consider and why?

Themes	**KEY DRIVERS/KEY PROJECTIVE FACTORS** • Family unity • Community connections **KEY DRIVERS/KEY RISK FACTORS** • Isolation/lack of relationships • Unemployment • Access/availability of substances

Question 3: How do current resources align with risk and protective factors (i.e., key drivers) you identified?

Themes	• These are not many "themes" here, but two groups did mention family-related concerns, stating more attention is needed to be given to the family unit and parents do not have the appropriate tools to assist children, so family/parents could be an area that needs more support/resources.

Question 4: What other conditions must be present in communities across the state in order to address *key drivers*, either by decreasing key risk factors or improving key protective factors?

Themes	• Main theme here is collaboration.

November 2 Session

Question 1: Identify which populations are the current focus of participating prevention providers and identify any populations that you believe need more attention/services.

Themes	• LGBTQ • Young adults • Ethnic and racial minorities, specifically Native Americans, Hispanics, and African Americans. • In one group, several comments pertained to men being a hard-to-reach group needing more intervention.

- Another group specifically discussed language barriers and fear of deportation making it more difficult to reach/serve Hispanic populations.

Question 2: Identify substances that are the current focus of participating prevention providers and identify where more attention is needed. Discuss if there are important region-specific or county-specific considerations.	
Themes	• Opioids, including fentanyl, and meth were stressed across groups. • Alcohol and marijuana also were concerns. • Recognize that regional and population differences exist/matter.
Question 3: How do we prioritize across SAMHSA strategies? Is it necessary to incorporate all SAMHSA prevention strategies, across all 6 categories, in statewide prevention efforts?	
Themes	• Ensure strategies align with community need and provider strengths. • Prevention education, environmental strategies, positive alternatives, community-based process mentioned most. • Should vary by population and substance. • Need more data to be able to know what each community needs.
Question 4: Review recommended strategies falling under your SAMHSA prevention categories and identify gaps needed to address substance misuse/abuse. What additional strategies do you recommend?	
Information Dissemination and Environmental Strategies	• Trauma informed care, though not sure if this applies outside of tribal communities. Issues of generational trauma. • Priority to get information from the community and build trauma-informed communities. Maricopa county works together on different areas, such as ACES consortium who focus on trauma care. • Social norms campaign, redefining the normal works well with youth. • Adding cultural competency, looking at communities and understanding their experiences. This should be recognized with disseminating information. • Not enough focus on young adults in tribal communities as they transition. • Messaging should have an appropriate cultural lens. • Substance abuse and mental health strategies go hand in hand • List of environmental strategies is comprehensive, add educating parents/guardians. • Harm reduction elements could be added in environmental strategy, such as needle exchange programs. • Family should be viewed as its own environment and you must be knowledgeable about all resources available that can address those areas. Helping people access power in their community, such as referring people to city council, HOA, etc.
Prevention Education Strategies	• Participants noted that the list was comprehensive.
Community based process and Problem Identification or Referrals and services	• Encouraged to use evidence-based programs and approached. The community and area being serviced should be able to weigh in on this. • Flexibility to be creative and strategize is not always possible because there is no funding within the coalition. • Inviting others to bring their skillset, going beyond what these resources entail. This is very important for trauma informed care as it helps identify where a person has come from and where they are going. • Investing in a group with evidence-based approaches helps with an integrated approach.

- Making sure it is aligned with the needs of the community and knowing who you are serving, make sure it fits with their culture.
- Coalition started working with schools and working to go to the legislature.
- Levels of prevention, screening for root causes in different setting such as primary care and schools so resources can be given. Does not understand why it is not funded.
- Screening family for mental health concerns and influence on the family.
- Once people have identified what they need they tend to go for that service, making it difficult to identify and address other needs.
- No system for closing the link so one knows that a person got the services. It is hard for families to get connected to services.
- Warm lines mentioned, noted that they apply more to mental health. Possibly triggering.
- Preventions specialist would refer to hotline and services.
- Glad to see prevention moving into referral services, originally told they could not do referrals.
- Centralized referral list may be useful.
- Trust necessary and must be earned before someone discloses problems.
- Evidence based programs have not been written up with cultural backgrounds in mind.
- Using a module to see where a community is doing well.

Question 2: Based on the list of strategies falling under each prevention category, list the top 3-5 that you recommend implementing to impact substance misuse/abuse in communities across the state.

Information Dissemination and Environmental Strategies	- Enforcement of vaping in the community in terms of where and how it can be sold. - Considering social determinants, changing culture around substance use. Consider impacts of marijuana legalization, address vaping, and allocate funds to revitalize communities. - Agreement with social determinants and changing culture. Building health-focused public policy in all areas. - Challenging to determine "how." - How can it be evaluated? Noted they gravitated towards strategies that can be effectively measured.
Prevention Education Strategies	- Offering programs for families for healing, trauma, drug-specific programming, education on ways to increase protective factors, educating at an early age. - Ensuring education and training is available for those delivering prevention strategies, offering hands on training for all stakeholder groups, drug-specific programming, trauma informed care. - Hire more prevention staff and more resources for prevention, not just in schools. Creativity is needed with COVID. Training needed for all groups involved. - Education for parents and grandparents, increasing protective factors, support programs for high-risk age groups, culturally competent prevention programming, education for those delivering services. Possibly credentialing. - Family connectedness and healing trauma, drug-specific programming, educating from an earlier age.

	• Increase connectedness, increase protective factors, culturally appropriate training, drug-specific programs can be effective in some contexts. Would like action-oriented trauma responsive schools.
Community based process and Problem Identification or Referrals and services	• N/A

Question 3: Who have been the key players with respect to each of these SAMHSA prevention strategy areas historically and what opportunities for future collaboration are there? Who is missing?	
Information Dissemination and Environmental Strategies	• Arizona Complete Health does a good job on prevention messaging through billboards, radio, and other PSA's. There are tribal radio stations that have prevention messaging in their native language. • Health departments, AHCCCS, national agencies, CDC, RBHA, and sometimes groups like MADD. • Many different partnerships exist. Sometimes groups can set up sports or art camps that can reach youth at their level. Partnerships with all African American politicians in the state and African American Leadership Conference. • Maricopa county has a recognizable brand (Be Awesome). Agencies can do well to be recognized. Bringing value with your messaging works to generate respect from the community.
Prevention Education Strategies and Positive Alternatives	• Business community, local government beyond departments working with special populations. • Key players are education and behavioral health provider. Opportunities in health care setting and focusing on reducing social isolation through collaboration, agrees that business community is valuable. • Older adults themselves may be missing as well as APS.
Community based process and Problem Identification or Referrals and services	• Religious organizations, fraternal orders, and civic organizations. Law enforcement is absent from collaborations. When they are invited, I can hear their eyes roll. • Some schools do not participate. Youth service organizations are needed. • Arizona Youth Service – access to data on youth. • Universities • Social justice systems. They can help with prevention efforts. • Community volunteers