State Opioid Response III Grant - Narrative

Section A: Population of Focus and Statement of Need

A1: Population of Focus, Geographic Catchment Area and Demographic Profile. The primary populations of focus for the Arizona State Opioid Response (SOR) grant are as follows: individuals with active opioid use; individuals with Opioid Use Disorder (OUD); individuals at risk for opioid overdose or misuse; individuals with stimulant use disorder; individuals in recovery; youth confronted with social pressures related to opioids/stimulants; and youth, parents, community members and health consumers unaware of the potential risks of opioid/stimulant misuse and abuse. Arizona has also identified the following sub-populations for targeted activities in SOR: individuals re-entering the community from correctional settings; individuals in rural and isolated areas; individuals without housing or with insecure housing; tribal populations; veterans, military service members and military families; pregnant women and parents with OUD, especially those with matters in family court or with Department of Child Safety involvement; individuals with physical disabilities; individuals needing pain management; and individuals who have experienced trauma, toxic stress or adverse childhood experiences (ACEs). Although funding will be used in part to address stimulant use, the bulk of focus remains on opioid misuse.

Providers will not discriminate against individuals based on an individual's race, ethnicity, language, gender identity, sexual orientation, or age. With regard to socioeconomic status, it is expected that the majority of individuals who will benefit from SOR funded services are those under and uninsured. There are 22 federally recognized tribes in Arizona, with the largest geographic concentrated located in the rural northeast part of the state. The AHCCCS SOR team will work closely with its tribal liaison to assist in targeting this subpopulation. Additionally, AHCCCS will be directly contracting with the Tribal Regional Behavioral Health Authorities (TRBHAs) of Gila River and Pascua Yaqui.

A2: The Problem, Service Gaps and Needs. According to the 2019 Opioid Deaths & Hospitalizations report issued by the Arizona Department of Health Services (ADHS), there were 1,351 opioid-related deaths in 2019.[1] Approximately 79% of these deaths in 2019 involved prescription and synthetic opioids, while approximately 21% involved heroin. Although official

[1] Robinson, S. (2021). 2019 Opioid Deaths & Hospitalizations. Arizona Department of Health Services. https://www.azdhs.gov/documents/prevention/health-systems-development/epidamic/2019-opioid-death-hospitalizations.pdf

figures for 2020 are not yet finalized, trends for 2020 indicate that there was a significant rise in opioid deaths, with an approximation near 1,900, and nearly 4,000 non-fatal opioid overdose events. Disconcertingly, ADHS' opioid dashboard[2] calculates the approximate opioid death count for 2021 at 2,095, an increase of 48.5% in only two years. The sharp rise in both fatal and non-fatal overdoses is believed to be primarily driven by synthetic opioids coinciding with the onset of the COVID-19 pandemic. From 2008-2019, the most prominently affected age groups for opioid deaths were individuals between the ages of 25-54, with the highest rate of opioid deaths among 25–34-year-olds in 2019, a trend that holds true for projections into 2021 and beyond. Recent statistics also show the alarming trend of deaths occurring in greater numbers at earlier ages, highlighting the prevalent need for prevention services.

AHCCCS aims to continue to expand access to medications for the treatment of Opioid Use Disorder (MOUD), as there is still tremendous need across the state, especially in rural areas where seeking MOUD services requires greater effort and time commitment, not to mention barriers in obtaining transportation. Despite considerable MOUD resources being allocated to the more populous counties of the state, being Maricopa and Pima Counties, there remains a formidable demand that outpaces resource availability, even as MOUD utilization rates are noted in these counties at 41.8% and 48.2% respectively. While locating three out of the four established 24/7 Opioid Treatment Programs (OTPs) in Maricopa County has made a significant impact, maintaining these OTPs remains justifiable because Maricopa County encompasses some of the more prominent hotspots within the state. In especially rural areas of Arizona, such as Apache, Gila, Greenlee, and La Paz Counties where MOUD utilization falls below 20%, it is difficult to justify the cost benefit of establishing new OTPs and Medication Units. In these areas, Arizona will seek to enlist new Buprenorphine-waivered providers to fill these gaps.

Section B. Proposed Implementation Approach

B1: Goals and Objectives: The overarching goal of the project is to increase access to Medications for the treatment of Opiate Use Disorder (MOUD), coordinated and integrated care, and recovery support services to reduce the prevalence of OUDs, Stimulant Use Disorder, and stimulant/opioid related overdose deaths in the state of Arizona. The project approach includes developing and supporting state, regional, and local level collaborations, substance use disorder (SUD) prevention programming, and service enhancements that enact evidence-based practices that comprehensively address the full continuum of care related to stimulant and opioid misuse, abuse, and dependence.

Prevention

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

[2] Opioid Overdose Deaths (2022). https://www.azdhs.gov/opioid/#dashboards-overdose-deaths.

- **Objective:** Decrease opioid-related overdose deaths by purchasing and distributing naloxone kits for first responders, community agencies, and tribal communities. This objective will incorporate the training of peers, first responders and the community on recognizing overdose, as well as the administration of naloxone to reverse overdose.
- **Objective**: Increase community knowledge, awareness and preventative action for opioid and stimulant misuse and abuse. This will be accomplished by implementing a suite of multifaceted strategies geared toward educating the community and treatment providers on trauma-informed prevention and the consequences of opioid and stimulant use. Targeted implementation will occur for youth (including school-based prevention), tribal populations, veterans, individuals with physical disabilities and individuals who have experienced trauma and toxic stress.
- **Objective:** Develop the workforce by increasing the number of providers trained on and implementing the Healthy Families home visiting program, Supporting and Enhancing NICU Sensory Experiences (SENSE), and other supportive parenting programs to mitigate the number of individuals and families at high-risk for opioid/stimulant misuse and abuse.
- **Objective:** Increase the number of parents who participate in prevention and treatment by reducing childcare and transportation related barriers.
- **Objective:** Increase training, practice consultation and mentoring of prescribers on complex case management, MOUD referrals, Arizona Opioid Prescribing Guidelines, new rules for licensed health care facilities, and available resources.

Treatment

Goal 2: Improve access and retention in Arizona's comprehensive MOUD system.

- **Objective:** Implement workforce development by increasing the number of MOUD providers through the availability of consultation platforms as well as resources and educational materials.
- **Objective:** Sustain and enhance services in regional 24/7 Opioid Treatment Programs (OTP) and extend hours in existing OTPs to ensure timely access to intake, assessment, and inductions, in addition to providing ongoing medication and psychosocial services for MOUD.
- **Objective:** Sustain and enhance services to conduct outreach and navigation of individuals living with stimulant use disorders and OUD into evidence-based treatment and ancillary resources.
- **Objective:** Create mobile MOUD units to serve individuals in rural areas where MOUD clinics are not available, and/or transportation is a barrier to accessing services from a standing MOUD clinic.

Recovery

Goal 3: Improve access to short-term and long-term recovery support services.

- **Objective:** Increase access to recovery support services by sustaining and expanding the OUD/stimulant use disorder peer support network. Increased access will provide community-based recovery support that includes family support services, vocational training, placement, employment support, life-skills training, and supportive programming for recovery success.
- **Objective:** Work with recovery support providers to expand existing outreach activities that consists of linking clients to opioid/stimulant use treatment, recovery coaches, the provision of HIV and Hepatitis testing, legal services, drug/toxicology testing, harm reduction activities including the purchase and distribution of fentanyl test strips, education, promoting harm reduction services within treatment settings, and the distribution of dental kits for individuals participating in buprenorphine treatment.
- **Objective:** Increase access to recovery and supportive housing by standing up additional units in underserved areas and increasing opportunities for rental assistance (including assistance with fees, deposits, etc.) for individuals entering stimulant/OUD treatment.
- **Objective:** Increase recovery supports for pregnant women and parents receiving OUD/stimulant use treatment, through nurse home visiting programs for parents involved with the Department of Child Safety (DCS), as well as those with outpatient, intensive outpatient and/or partial hospital levels of care.

Activities that Transverse Prevention, Treatment and Recovery

Goal 4: Increase capacity to provide timely prevention, treatment, and recovery resources to the public.

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

The table below notes the number of unduplicated individuals to be served through SOR III funded programming.

Number of Unduplicated Individuals to be Served with Grant Funds			
	Year 1	**Year 2**	**Total**
Treatment Services	3,000	3,500	6,500
Recovery Support Services	2,750	3,000	5,750
Prevention Services	2,000,000	2,000,000	4,000,000
GPRA/SPARS Target	2,200	2,800	5,000

B2: Implementation of Required Activities

Naloxone: The Arizona Department of Health Services (ADHS) will purchase and distribute naloxone to law enforcement, coalitions, and street outreach, faith-based and health agencies

across Arizona to aid community efforts in reducing opioid overdose. Through the Center of Disease Control (CDC) and State Targeted Response/State Opioid Response (STR/SOR) funded projects, ADHS has an established system for conducting these activities, and will use SOR funds to sustain and enhance efforts to distribute naloxone throughout Arizona. Naloxone distribution will also occur through partnerships with tribal communities and treatment providers.

Youth and Community Based Prevention Strategies: The Substance Abuse Coalition Leaders of Arizona (SACLAz) will provide coordination and oversight of the Arizona Health Care Cost Containment's (AHCCCS) statewide primary substance abuse prevention efforts. The coalitions' programming will focus on trauma-informed opioid and stimulant prevention, as well as other substances such as nicotine/tobacco/vaping prevention and cessation. The coalitions will provide education and strategic messaging about the risks and consequences of opioid/stimulant/substance use utilizing social media platforms, websites, broadcasting, participating in community events, and collaboration with system stakeholders such as schools, law enforcement, pharmacies, and the faith-based community.

The Healthy Families program will be implemented through AHCCCS' partnership with ADHS. This program offers support for pregnant and parenting parents during a time that can prove stressful. The trained staff provides home visits, assessments, and referrals for community services. The Supporting and Enhancing NICU Sensory Experiences (SENSE) program will be implemented for high-risk infants and those who are born exposed to substances. SENSE educates staff and parents on how to provide positive sensory exposures that optimize developmental outcomes by assessing infant cues, identifying different sensory exposures, and incorporating appropriate timing of sensory exposures. AHCCCS recognizes that lack of transportation and childcare can make participation in SUD related activities difficult. AHCCCS will work with its contractors to expand transportation options and develop an infrastructure that avails childcare services.

Medications for the treatment of Opioid Use Disorder (MOUD): Overall, it is AHCCCS' intention to provide the full scope of allowable services under the SOR III grant, with several of the AHCCCS Complete Care-Regional Behavioral Health Agreements' (ACC-RBHA) contractors providing multiple services. The RBHAs and Tribal Regional Behavioral Health Authorities (TRBHAs) are responsible for overseeing a network that is capable of providing the full range of direct services indicated in the Notice of Funding Opportunity (NOFO) including inpatient hospitalization for medical, psychiatric, and substance use disorders, residential programming, individual, family and group therapies, outpatient treatment, partial hospitalization, peer support services, housing supports, legal assistance, transportation, childcare, outreach services, case management, recovery housing and coaching, vocational training and employment support, legal assistance etc. The RBHAs and TRBHAs are also responsible for ensuring that their network providers coordinate patient services with primary care providers

and make referrals to MOUD, ongoing MOUD (post discharge from an inpatient setting) and supportive services, as appropriate.

AHCCCS will work with the RBHAs, TRBHAs and their contracted providers to sustain and enhance activities that will result in patient access to all three forms of the U.S. Food and Drug Administration (FDA) approved medications for MOUD that are on the AHCCCS formulary. This will be achieved by sustaining and enhancing service delivery in the regional 24/7 OTPs, stabilization services, facilities that provide assessment for medical and mental health conditions and/or dual diagnosis and maintaining extended hours in existing OTPs. This will also ensure timely access to inductions and ongoing medication and coordination of/ referral to ancillary services such as individual, family and group counseling, case management, psychoeducation, and other psychosocial services. The OTPs are proficient at addressing the complex needs of individuals who are living with a substance use disorder, and they are readily able to ensure that clients who are dually diagnosed with a substance use and mental health disorder, or individuals experiencing social factors such as domestic violence and houselessness, receive the care and/or referrals they require to manage/overcome these factors. The 24/7 OTPs are among the RBHAs' many network of Addiction Specialists. They understand that some clients require a low barrier service because they are reluctant to engage in programming tied to too many requirements and accommodate by making every effort to reduce barriers that may prevent the client from remaining in treatment. In addition, these enhanced delivery points will provide drug, HIV, and viral hepatitis testing, in addition to hepatitis A and B vaccinations and referrals as clinically indicated. Funding will also allow for the implementation of contingency management strategies to engage and retain patients in treatment. A prerequisite for implementing contingency management activities will include the submission of a contingency management plan and an agreement to participate in monitoring activities to ensure compliance with the plan and Substance Abuse and Mental Health Services Administration (SAMHSA) requirements.

AHCCCS intends to utilize funding to develop a minimum of two mobile MOUD units that will target clients in areas where 24/7 OTPs and transportation are not available. This will be achieved by working with the RBHAs to select a contractor with a proven record of providing MOUD services and overseeing the implementation of this service on a continuous basis.

Outreach and navigation to MOUD treatment will be sustained and enhanced through projects that include street-based outreach for individuals who are actively using heroin and stimulants; partnerships for pre-and post-booking diversion and incarceration alternatives with law enforcement; "reach in'' and "reach out" coordination for individuals re-entering the community from correctional settings; and coordination of efforts with Non-Specialty providers by assisting hospital and ED discharge processes that foster a direct line to ongoing/post release treatment. SOR funding will continue enhancing these four efforts by supporting and expanding

the number of local re-entry coalitions that provide case management, resource navigation, recovery support and ancillary supports to individuals being released from county jails and state correctional facilities within their respective communities.

The combined efforts of AHCCCS, ADHS, Arizona State University (ASU) and the University of Arizona (U of A) will result in increased resource materials and consultation platforms designed to mentor and support the work of community providers. Activities will include a platform hosted by the U of A for providers treating pregnant and lactating women with OUD. ADHS will connect experienced and new Drug Addiction Treatment Act (DATA)-waived providers via the AZMAT Mentors Program to increase their capacity for providing MOUD services in Arizona.

Access to Recovery Supports: AHCCCS will work with the RBHAs', TRBHAs', and providers to increase and sustain recovery support services. This will be achieved by adding several new peer support staff, and enhancing family support, life-skills training services, and employment assistance. Special projects will include sustaining home-visiting recovery supports for pregnant women and parents receiving OUD treatment that are involved with DCS and providing peer support to parents who have recently been reunified with their children. As part of the continuum of care needed for recovery success, AHCCCS will also contract with vendors to increase access to recovery, transitional, and supportive housing. Funding will be utilized to develop additional recovery housing units specifically for pregnant women and parents with dependent children, individuals being released from detainment, and housing opportunities in rural communities. Funding will also support a rapid re-housing model to provide rental assistance to individuals entering OUD or stimulant use disorder treatment who have limited income for safe and secure housing or who have not met the criteria for a traditional "sober living" environment. As required by SAMHSA, AHCCCS will ensure that housing funded by the grant supports and does not prohibit the use of evidence-based treatment, including all forms of MOUD. To ensure that recovery housing is an appropriate facility, all housing must meet criteria established in Arizona legislation that was made effective on July 1, 2019 (Laws 2018, Ch. 194), requiring the adoption of rules to establish minimum standards and requirements for the licensure of sober living homes to ensure the health and safety of Arizonans.

Funding will also be utilized to expand existing outreach activities that consists of linking clients to opioid/stimulant use treatment, recovery coaches, the provision of HIV and Hepatitis testing, legal services, drug/toxicology testing, harm reduction activities including the purchase and distribution of fentanyl test strips, education, promoting harm reduction services within treatment settings, and the distribution of dental kits for individuals participating in buprenorphine treatment. Among these services, the only one that is not presently available is the provision of legal assistance. This service is considered infrastructure development. AHCCCS will work with its RBHAs and recovery support providers to make this service available and ensure that guidelines, criteria for eligibility, and monitoring practices are developed.

Public Access to Prevention, Treatment and Recovery Resources: SOR funding will be used to continue the availability and enhancements of the existing Opioid Services Locator. The Locator provides the community with information specific to capacity for available OUD treatment options. The Locator eliminates "wrong doors" and frustrations over being turned away due to a lack of bed availability or treatment providers. The Locator will be particularly helpful for inpatient/residential MOUD, and non- substance use treatment programs as they will serve as brokers to post-discharge MOUD care. Treatment providers update their available capacity in real-time (e.g., number of available slots in local OTPs, number of available residential beds, first available appointments for psychosocial services).

Two data analytic projects work synergistically with this project to comprehensively help the state identify resource use, resource gaps and the impacts relative to emerging trends: (1) the Opioid Monitoring Initiative through the Arizona High-Intensity Drug Trafficking Areas (HIDTA) program that couples public health and public safety data to identify emerging patterns and "hotspots" for drug seizures or opioid overdose; and, (2) the Overdose Fatality Review (OFR) projects led by ADHS that is tasked with examining and improving the seven systems that caused, contributed to, or failed to prevent prescription and illicit opioid deaths.

Arizona also has a nationally recognized model and platform to connect veterans, service members and military families to a host of resources called "Be Connected." AHCCCS intends to contract with the Arizona Department of Veteran Services to help enhance the content and dissemination of this resource to include opioid specific prevention, treatment and recovery services and resources for veterans, service members and military families in Arizona. Likewise, SOR funding will sustain and expand a suite of strategies to address the unique needs of individuals who are living with a traumatic brain injury and physical limitations, particularly spinal cord injuries

Sustainability: Most of the proposed Arizona SOR activities are projects that will live past the life of the grant. This includes the wealth of training and material development on the prevention side, as well as the MOUD access points, mobile MOUD units and the recovery transitional housing units for both men and women. AHCCCS' proposed programming is designed to become self-sustained through Title- 19 (TXIX) Medicaid direct service, Non Title-19 (NTXIX) Substance Abuse Block Grant (SABG) and State dollars for direct treatment services by SOR grant end. In addition, Arizona will continue to actively pursue additional grant funding to grow and expand activities to combat the opioid epidemic across prevention, treatment, and recovery activities, with a calculated eye on pursuing those activities that traverse all SUDs, as well as address common root causes and ever-evolving trends of substance use in Arizona.

B3: Implementation Timeline

Time	Key Activity/Milestone	Responsible Staff
1 month post award	1. Finalize budgets and provide funding allocation notifications to the RBHAs, TRBHAs, State Agencies and other direct contractors	Bianca Arriaga, Coordinators
	2. Initiate and finalize contracts for all contractors and subrecipients	AHCCCS and Contractors
2 months post award	3. RBHAs and TRBHAs will finalize contracts with their providers	RBHAs and TRBHAs
	4. SOR orientation for all contracted providers and sub-recipients	AHCCCS and All Contractors
	5. Hire and train positions related to the project	All Contractors and Sub-grantees
	6. Begin bi-weekly GPRA meetings with the RBHAs	Opioid Coordinators, RBHAs
3 months post award	7. Naloxone distribution to law enforcement, corrections, health agencies and community requests begins.	ADHS, AHCCCS
	8. Service delivery models are implemented (24/7 OTPs, Hub & Spoke, Addiction Specialties, Low Barrier treatment, mobile MOUD units, and transportation)	TRBHAs, RBHAs, Contracted providers, Subrecipients

	9. Recovery Community Organizations implement community recovery support services begin (Peer support, street-based outreach, residential placement, legal assistance, recovery housing, housing support, rapid rehousing, employment assistance, SENSE program recovery support, recovery coaching, vocational training, employment support, harm reduction programming, HEP C and HIV testing and referral, distribution of fentanyl and dental kits, and initiation of the Healthy Families program etc.).	TRBHAs, RBHAs, Contracted providers, Subrecipients
	10. Prevention and education services are implemented: training of healthcare professionals, peers, first responders, faith-based community, and education on the administration of Naloxone/ OD reversal	ADHS, TRBHAs, RBHAs, Contracted Providers
	11. Trauma-informed community coalition prevention programming is implemented within schools and the community	SACLAz, AHCCCS
	12. Parenting/family support services are implemented and incorporate a childcare component	RBHAs, TRBHAs, DCS
	13. MOUD education, outreach, and training for newly trained Buprenorphine waivered providers in office-based settings is implemented	ASU, ADHS
	14. Training for OB/GYN and other providers treating PPW with OUD and Everywhere Care begins	U of A

	15. Treatment for patients reentering communities from criminal justice settings or other rehabilitative settings begin	RBHAs and sub-grantees
	16. Implementation of evidence-based prevention, treatment, and recovery support services to address OUD/stimulant misuse disorders begin	TRBHAs, RBHAs, Contracted providers, Subrecipients
	17. Contingency management strategies to engage and retain patients in treatment begin	TRBHAs, RBHAs, Contracted providers, Subrecipients
	18. Implementation of innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery starts	TRBHAs, RBHAs, Contracted providers, U of A, Subrecipients
Monthly	19. Receive, analyze, and respond to contractor and subrecipient deliverables	AHCCCS, Contractors and Subrecipients
	20. SAMHSA monthly narrative report is submitted	Bianca Arriaga, Coordinators
	21. Monthly oversight phone calls (occurs for first six months)	Bianca Arriaga, Coordinators
	22. Weekly/bi-weekly calls with RBHAs	RBHAs, Coordinators
Quarterly	23. Assess project timeline and impact	Bianca Arriaga, Coordinators
	24. Submit SAMHSA Quarterly Report	Bianca Arriaga, Coordinators

Bi-annually	25. Submit SAMHSA Progress Report	Bianca Arriaga, Coordinators
Annually	26. Review GPRA data to evaluate client outcomes (job, housing, recovery status, criminal justice involvement, retention in treatment	Bianca Arriaga, Coordinators, GPRA contractor
	27. Host a Strategic Planning session to examine successes, barriers, any need for adaptation to projects and areas of expansion needed to enhance programming and outcomes	Bianca Arriaga, Coordinators
Ongoing through 9/29/24	28. Utilize SAMHSA-funded TA/T grantee resources to provide TA/T on evidence-based practices to healthcare providers	Bianca Arriaga, Coordinators, TRBHAs, RBHAs, Contracted Providers and Subrecipients
	29. Ensure all applicable physicians, NPs, and PAs associated with the program obtain a DATA waiver	Bianca Arriaga, Coordinators, TRBHAs, RBHAs, Contracted Providers and Subrecipients
	30. Ensure HIV and viral hepatitis testing is performed as clinically indicated and referrals to appropriate treatment providers are occurring. Vaccinations for hepatitis A and B to also be provided as appropriate.	Bianca Arriaga, Coordinators, TRBHAs, RBHAs, Contracted Providers and Subrecipients

Ongoing through 9/29/24	31. Utilize SAMHSA Technical Assistance opportunities, as appropriate throughout the duration of the grant and ensure that contractors and sub-grantees are aware of this resource.	Bianca Arriaga, Coordinators, TRBHAs, RBHAs, Contracted Providers and Subrecipients

Section C: Proposed Evidence-Based Service/Practice

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

American Society of Addiction Medicine Criteria (ASAM): ASAM employs the intersectionality of six designated dimensions to appropriately determine resource needs. The assessment aims to place patients into a proper continuum of care level and meet them where they are in accordance with their areas for improvement, strengths, support, and goals to name a few factors.[3] The holistic approach assists professionals in determining where to focus treatment and recovery support services. This adaptable model allows for patients to be active participants in their care as they progress through treatment, setting them up to feel empowered and to be their own health advocate.

Cognitive Behavioral Therapy (CBT): When evaluating efficacy, MOUD therapies are most effective when used in conjunction with psychosocial therapies. CBT is identified as a first-line intervention with far-reaching indications. Research has indicated that for individuals who were identified as primary prescription opioid users, a combination of physician management with CBT resulted in abstinence periods twice as long as when compared to physician management alone.[4] Prominent aspects CBT include equipping individuals with strategies to avoid triggers, problem-solve, and apply coping skills.[5] Applying acquired techniques will assist clients in identifying the best methods to refrain from use in accordance with their own self-identified predilections.

Contingency Management (CM): Research has shown a strong positive correlation between contingency management use and therapy attendance, as well as medication adherence.[6] CM

[3] ASAM Criteria. https://www.asam.org/asam-criteria/about-the-asam-criteria#:~:text=The%20ASAM%20Criteria's%20strength%2Dbased,of%20care%20across%20a%20continuum.

[4] Moore, B. A., Fiellin, D. A., Cutter, C. J., Buono, F. D., Barry, D. T., Fiellin, L. E., O'Connor, P. G., & Schottenfeld, R. S. (2016). Cognitive Behavioral Therapy Improves Treatment Outcomes for Prescription Opioid Users in Primary Care Buprenorphine Treatment. Journal of substance abuse treatment, 71, 54–57. https://doi.org/10.1016/j.jsat.2016.08.016

[5] McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive behavioral therapy for substance use disorders. The Psychiatric clinics of North America, 33(3), 511–525. https://doi.org/10.1016/j.psc.2010.04.012

[6] Bolívar HA, Klemperer EM, Coleman SRM, DeSarno M, Skelly JM, Higgins ST. Contingency Management for Patients Receiving Medication for Opioid Use Disorder: A Systematic Review and Meta-analysis. JAMA Psychiatry. 2021;78(10):1092–1102. doi:10.1001/jamapsychiatry.2021.1969.

focuses on affirming behaviors or positive reinforcement, and at times can assist clients in acquiring basic items such as hygiene products or food. Since this best practice has been shown to be beneficial beyond individuals with OUD, it is a viable option in addressing comorbid substance use. Rewarding positive behavioral changes is likely to result in operant conditioning, essentially contributing to abstinence on behalf of clients.

Medications for the treatment of Opioid Use Disorder (MOUD): MOUD use has been an important and effective tool for individuals in recovery, especially when coupled with other treatment modalities. There is ample evidence to show that use of the three types of approved MOUD medications by the U.S. Food & Drug Administration (FDA) not only reduce opioid use and symptoms related to opioid use, but also contributes to a reduction in infectious disease transmission risk and drug use related criminal behavior.[7] This inherently affects physical health by reducing the potential for overdose and acquiring bloodborne pathogens, as well as behavioral determinants, therefore improving the capacity for gainful employment.

Motivational Interviewing (MI): Motivational interviewing, often utilized to establish a rapport with clients, is a practice that may be used in both group and one-on-one settings. Where substance use and addictive behaviors are concerned, meta-analyses indicate a nexus between MI and reducing risky behaviors, as well increasing client engagement in treatment.[8] Although indications are stronger for short-term than long-term effects for substance use, MI has a significant effect on attitude change, especially in adolescents.[9] Attitude and client engagement are crucial to optimal outcomes, however, providers will also use MI to encourage participation in the Government Performance and Results Act (GPRA) Assessment, as encouraged through the SOR webinar presented by the Opioid Response Network (ORN) entitled *Motivational Interviewing to Enhance GPRA Assessments*.

Neurosequential Methods of Therapeutics (NMT): NMT will be used in scholastic settings to target students who are struggling with experienced trauma. The model involves completion of an assessment through which developmental challenges will be identified as they relate to trauma and brain development. Staff are trained in recognizing trauma dysregulation, at which time a counselor versed in NMT intercedes with guidance and strategies for use in the classroom, as well as extending into the home. This methodology makes use of Focus Zones to allow for introspection and practice of coping strategies while in a supported environment.

C2: Monitoring and Ensuring Fidelity of Proposed Evidence-Based Service/Practice

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[7] Medications to Treat Opioid Use Disorder Research Report: How effective are medications to treat opioid use disorder? https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/efficacy-medications-opioid-use-disorder

[8] Lundahl, B., & Burke, B. L. (2009). The effectiveness and applicability of motivational interviewing: a practice-friendly review of four meta-analyses. Journal of Clinical Psychology, 65(11), 1232-1245.

[9] Li, L., Zhu, S., Tse, N., Tse, S., & Wong, P. (2016). Effectiveness of motivational interviewing to reduce illicit drug use in adolescents: A systematic review and metaanalysis. Addiction, 111(5), 795-805.

In addition to being a licensed facility, subgrantees were required to submit staffing requests as part of this application to ensure that direct service providers have appropriately credentialed and licensed professionals to provide the EBPs discussed in section C1. Providers will be required to submit monthly reports, which will include information on funded activities as well as the number of individuals receiving services. Sub-grantees will also be required to report on any barriers, which will include the application of outlined EBPs. Reports are monitored upon submission by SOR coordinators who will also provide feedback and inquire further regarding any anomalies or needed points of clarification. AHCCCS Complete Care-Regional Behavioral Health Agreements will be tasked with oversight of their subgrantees' EBPs application as part of their contractual requirements.

D. Staff and Organizational Experience

D1: Capacity and Experience of Applicant Organization and Partner Organizations: the Arizona Health Care Cost Containment System (AHCCCS) has a long history of implementing innovative initiatives that are focused on the integration and care coordination of physical and behavioral health services. In addition to overseeing the managed care organizations that provide Medicaid-funded physical health care services, AHCCCS serves as the Single State Authority responsible for matters related to behavioral health and substance abuse and provides oversight, coordination, planning, administration, regulation, and monitoring of all facets of the public medical and behavioral health system in Arizona. AHCCCS staff has built strong relationships with local substance abuse prevention coalitions, substance abuse treatment organizations, re-entry programs, and recovery programs operating at the community level. For this grant, AHCCCS' role will be that of grantor, coordinator, and overall grant oversight. AHCCCS has been the recipient of funding for its State Targeted Response Program, State Opioid Response Program, and the State Opioid Response II Program.

D2. Staff and Key Personnel

Project Director: Bianca Arriaga, A.S., B.A, in DGI will serve as the SOR III grant Project Director (1.0 Level of Effort). Ms. Arriaga has an associate degree in biology and a Bachelor of Arts degree in clinical psychology. She has seven years of experience in government-based regulation and compliance, as well as grant writing, reporting and implementation. Ms. Arriaga is bi-lingual, with demonstrated proficiency in the Spanish language. As the SOR II grant coordinator, she is well informed on the impact substance use has had on Arizona's communities.

Project Coordinator and Data Coordinator: Alexandra O'Hannon, LMSW, CPHQ in the DGIwill work (.50 FTE) in the capacity of a SOR Project Coordinator and (.50 FTE) as a Data Coordinator for a total of 1.0 FTE. Ms. O'Hannon is a licensed master's level social worker and a certified professional in health care quality. She has 19 years of experience in government-based

regulation/compliance, program design and implementation, direct care, and nine years of substance use related grant writing and management experience. Ms. O'Hannon's experience includes data collection and analysis, Quality Management and Continuous Quality Improvement- all of which are comprised of extensive data management.

Project Coordinator and Data Coordinator: TBD. The hired employee will function in the capacity of .50 FTE SOR Project Coordinator and .50 Data Coordinator for a total of 1.0 FTE.

Both Project Coordinators/Data Coordinators will be responsible for monitoring of the project, gathering and analyzing data, and ensuring the key activities and milestones are met.

Grant Coordinator, Finance(s): TBD. The Grant Coordinator, Finance positions, 2.0 FTEs, in the Division of Grants Administration will dedicate 100% of their time to perform grant-related post-award functions, including financial analysis and reporting, contract review and contractor expenditure reports.

Grant Manager, Finance: TBD. The Grants Manager, Finance, will dedicate 75% of their time to supervision and to perform grant-related post-award functions, including financial analysis and reporting, contract review and contractor expenditure reports.

Section E: Data Collection and Performance Measurement

E1: Method of data collection and data utilization. The Government Performance and Results Assessment (GPRA) will be implemented by direct service providers as outlined in the notice of funding opportunity. GPRA assessments at intake, six-month follow-up, and at discharge will be outlined as a contractual requirement for applicable grantees and sub-grantees. An external evaluator will be responsible for GPRA data collection, analysis, and reporting. GPRA assessments will be collected via an electronic portal, which will also be used to relay providers' GPRA submissions into the SPARS system. GPRA intakes will be monitored by both the external evaluator and the AHCCCS SOR team to ensure that intake numbers comport with reported number of individuals receiving services, as well as GPRA SPARS targets. Additionally, SOR staff will track GPRA commitments by individual provider and provide technical assistance if they are not on track to meet the pledged quantity of GPRAs. Six-month follow-up GPRA entries will also be closely monitored to gauge providers' individual progress toward complying with the minimum 80% GPRA follow-up rate.

While GPRAs will measure risk factors and outcomes as reported by clients, subgrantees will also be responsible for monthly reporting in a narrative format on items such as SOR funded activities and encountered barriers. Providers responsible for GPRA completion will be asked to conduct a self-evaluation and audit of GPRA performance. AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RHBAs) will also submit a narrative analysis of their subgrantees, and report on identified opportunities for improvement and corrective actions for subgrantees determined to not meet minimum performance standards or programmatic progress. A standardized reporting template will be distributed to grantees and subgrantees where the following numerical data will be collected on a recurring monthly basis: quantity of

purchased and distributed Naloxone overdose kits; number of reported overdose reversals; quantity of purchased and distributed fentanyl strips; number of individuals educated on opioid and/or stimulant misuse; and outreach activities targeting underserved and/or diverse populations. Reported measures and narratives will be reviewed and analyzed by SOR coordinators monthly, and a formal written response will be prepared and distributed to ACC-RHBAs and grantees. Strategies for improvement will be further explored through regular meetings with RBHAs/providers, as well as other viable modes as determined by the project director. Direct service provider reports will be used to communicate monthly activity highlights and barriers to SOR project officer. Noted trends and progress will be evaluated by coordinators and project director to improve grant implementation, and compare against intended goals, objectives, and outcomes. Appropriate action will be taken to address identified deficiencies so that the goals and objectives of the program can be achieved.