













Public Policy Approaches to Address the Behavioral Health Needs of Arizonans

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AHCCCS-At-A-Glance



Largest insurer in AZ, covering over 2 million individuals and families



AHCCCS uses federal, state and county funds to provide health care coverage to the State's Medicaid population



>50% of all births



97,373 Registered Healthcare Providers



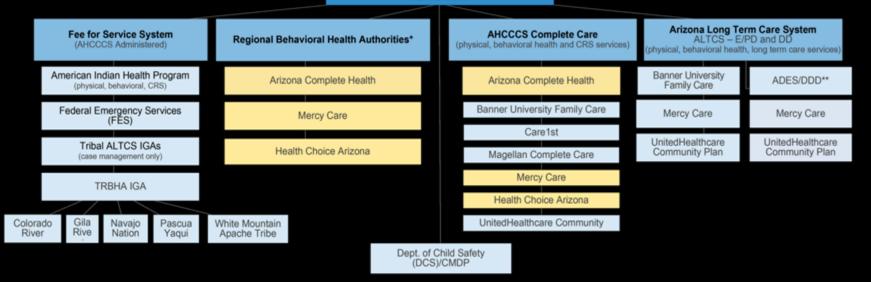
2/3 of nursing facility days



Payments are made to 15 contracted health plans, who are responsible for the delivery of care to members



AHCCCS





Covered Behavioral Health Services

- Treatment Services
- Rehabilitation Services
- Medical Services
- Support Services
- Behavior Analysis
- Crisis Intervention Services
- Inpatient Services
- Residential Services
- Behavioral Health Day Programs



Behavioral Health Service Spending

Total Behavioral Health Services Expenditures by Program FY 2018		
Funding	Amount Paid	Percentage
Traditional Medicaid Services	1,192,957,400	47.90%
Proposition 204 Services	844,913,668	33.92%
ACA Adult Expansion	91,949,063	3.69%
CMDP	134,805,447	5.41%
Non TXIX Child	7,946,264	0.32%
Non TXIX SMI	148,315,412	5.96%
Non TXIX GMH/SA	43,144,061	1.73%
Non TXIX Crisis	16,407,231	0.66%
Non TXIX Prevention	10,259,225	0.41%
Total	2,490,697,771	100.00%

Source Data: AFIS



Mental Health and Suicide Prevention



Suicide Facts & Figures:

Arizona 2020





On average, one person died by suicide every six hours in the state.

More than five times as many people died by suicide in Arizona in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 27,938 years of potential life lost (YPLL) before age 65.



Suicide cost Arizona a total of \$1,246,006,000 combined lifetime medical and work loss cost in 2010, or an average of \$1,139,987 per suicide death.



leading cause of death in Arizona

2nd leading

cause of death for ages 10-34

3rd leading

cause of death for ages 35-44

5th leading

cause of death for ages 45-64

8th leading

cause of death for ages 55-64

13th leading

cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Arizona	1,438	19.21	14
Nationally	48,344	14.21	

CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/2020).

afsp.org/statistics





Suicide Deaths 2019 & 2020

Confirmed through death certificates reported to ADHS Vital Records

Month	2019	2020*
January	138	131
February	99	105
March	140	137
April	137	111
May	143	104
June	139	108
July	133	126
August	118	142
Total Jan August	1041	964
Year to Date Total	1478	1291

^{*}Preliminary reported as of 12/14/2020

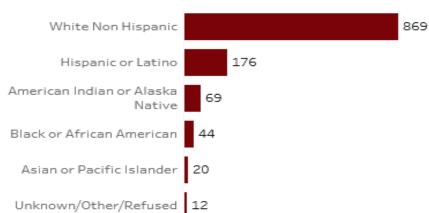
Suicide Dashboard: azhealth.gov/suicide

Number of AZ Resident Suicides by Gender

Select a bar below for more detailed information

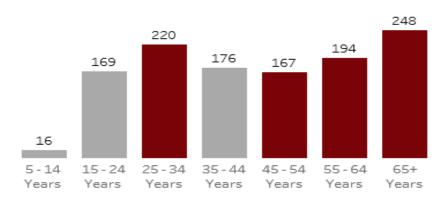


Suicides by Race/Ethnicity



Suicides by Age Group

Select a bar below for more detailed information.



What does the data tell us?

Highest Rates

- Males
- Rural Setting
- 45+
- NativeAmericans
- Veterans

Mechanism

- Firearms
- 71% of gun deaths in AZ are suicides

Diagnosis Before Death

- Episodic and Chronic Depression
- Chest Pain
- Suicide Ideation



Arizona Health Improvement Plan: Mental Well-being

- 3 key areas of focus:
 - Social Isolation and Loneliness
 - Substance Misuse
 - Suicide

Contact <u>azhip@azdhs.gov</u> for more information

State Suicide Prevention Action Plan

Goals to address suicide in Arizona:

- Improve the mental health of individuals and communities
- Perform surveillance to monitor suicide in Arizona and identified targeted demographic groups
- Ensure treatment and support services are available to clinicians, communities, families, and survivors



Crisis Counseling Program



RESILIENT Arizona

CRISIS COUNSELING PROGRAM









What we do

Free and confidential

Providers Resilient Arizona providers are located

Resilient Arizona Crisis Counseling Program is Our services are 100% free and confidential. a federally funded program that helps people and communities recover from the effects of

throughout Arizona and specialize in shortterm counseling and emotional support. Dial 2-1-1 to connect with a provider today.

Visit www.resilientarizona.org





CALL 2-1-1 TO CONNECT WITH A CRISIS COUNSELING PROVIDER.

CENTRAL ARIZONA











































AZ Data: Impacts of the Pandemic

- CCP Counseling participants self reported significant increases in the following behaviors, emotions, and cognitive effects:
 - Increased isolation/withdrawal
 - On guard/hypervigilant
 - Agitated/jittery/shaky
 - Anxious, fearful
 - · Sadness, tearful
 - Despair, hopeless
 - Irritable, angry
 - Difficulty concentrating
 - Difficulty making decisions
 - Intrusive thoughts



Who Have We Served?



- Residents in 10 Arizona counties
- 11% of services are provided in Spanish
- 15.5% of individual counseling provided to adults 65+
- 93% of individuals in individual counseling receive referrals for other resources:
 - Additional mental health services, community resources, SUD treatment, or access and functional needs resources
- Highest risk factors cited by participants:
 - Financial loss, unemployment, prolonged separation from family, substance use disorder, past trauma, loss of family member or friend



Outreach Connections



- 2-1-1 Arizona has referred over 5000 individuals to local CCP providers
- Approximately 2 million digital impressions have been made via statewide marketing campaign
- Engagement via 160 presentations or webinars to statewide coalitions, healthcare providers, non-profits, Tribal Nation stakeholders, schools, and public health departments
- Over 8000 unique visitors to the ResilientArizona.org website



Arizona Crisis System

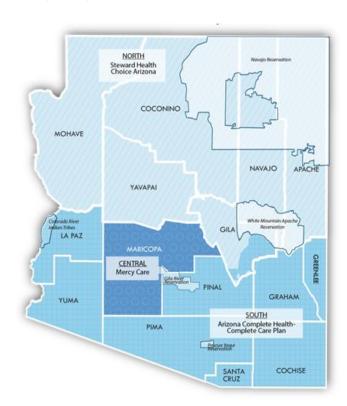


Crisis Services in Arizona

Crisis Services: Intensive time-limited services (24/72 hours) intended to stabilize or prevent a potentially dangerous condition.

Services are <u>available to all individuals</u> (adults and children) in Arizona, irrespective of AHCCCS eligibility.

Crisis Services are administered by the RBHAs in their GSAs (North, Central, South):





SAMHSA's Core Elements of Crisis Services

Core elements:



Regional/Statewide crisis call center(s)



24/7 mobile response



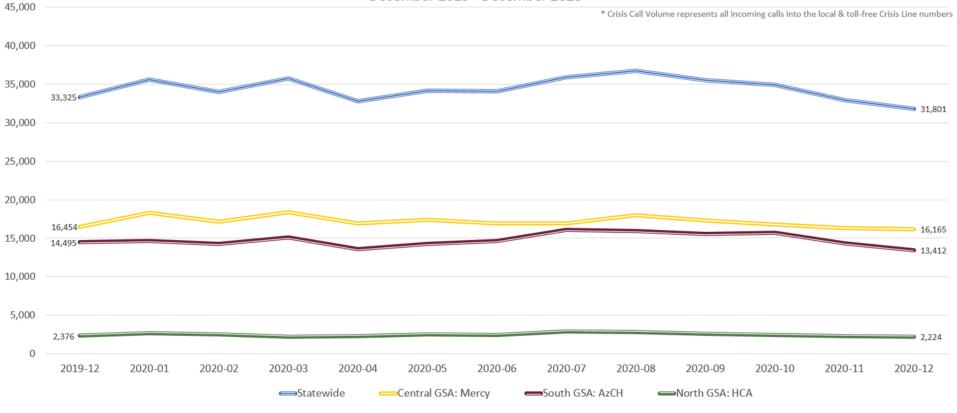
23-hr receiving and stabilization programs

Essential crisis care principles and practices:

- Addressing recovery needs, significant use of peers, and trauma-informed care.
- 'Suicide safe" care
- Safety and security for staff and those in crisis
- Law Enforcement and emergency medical services collaboration

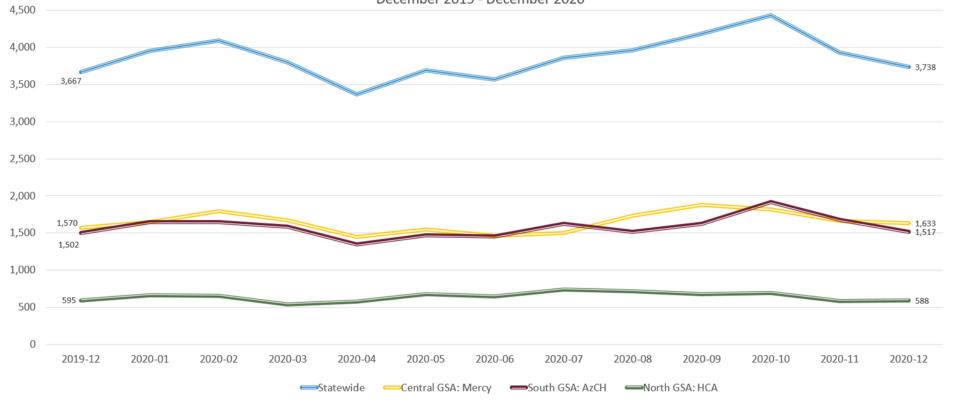


Crisis Call Volume December 2019 - December 2020



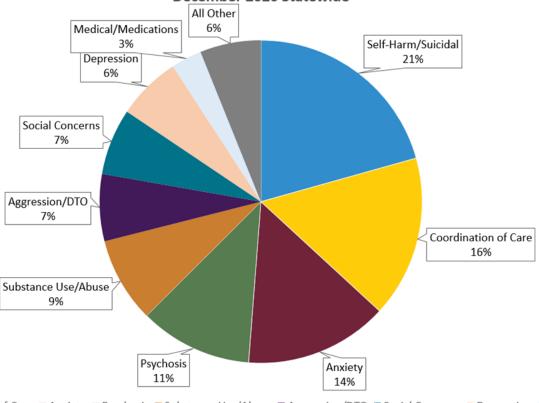


Mobile Team Dispatch Volume December 2019 - December 2020





Crisis Call Center - Top Reasons for Calls December 2020 Statewide





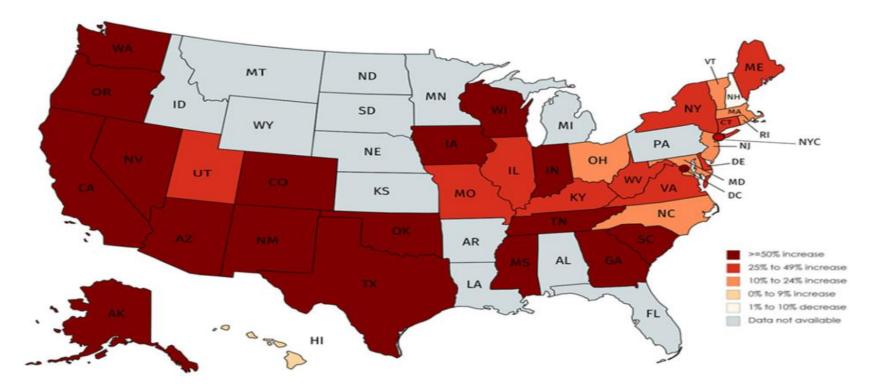


Preventing and Treating Substance Use Disorders





Figure 3: Percentage change in 12-months ending provisional^a count of fatal overdoses involving synthetic opioids^b, 36 states, the District of Columbia, and New York City^c: Deaths from 12-months ending in June 2019 to 12-months ending in May 2020^d



Opioid Deaths 2019 & 2020

Confirmed through death certificates reported to ADHS Vital Records

Month	2019	2020*
January	105	142
February	81	118
March	105	156
April	103	144
May	110	181
June	89	199
July	133	209
August	128	190
Total Jan August	854	1339
Year to Date Total	1359	1563

^{*}Preliminary Reported as of 12/14/2020

Opioid Deaths by Age

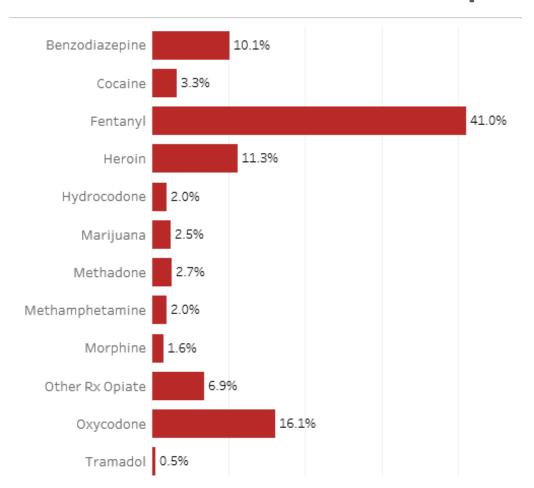
Confirmed through death certificates reported to ADHS Vital Records

Ages	2019	2020**
Under 15 years	*	13
15 to 24	227	293
25 to 34	362	479
35 to 44	300	319
45 to 54	203	240
55 to 74	188	159
65 to 74	57	49
75+	18	10

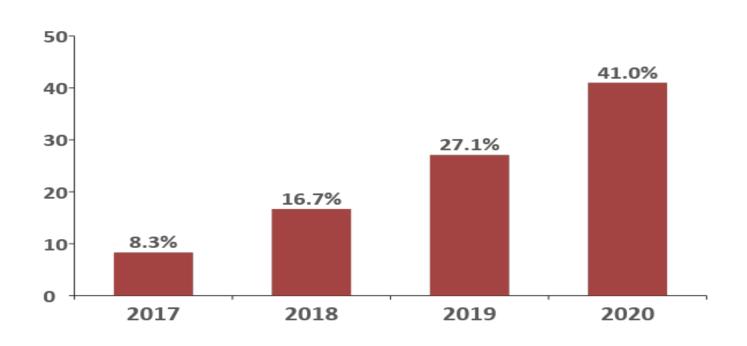
^{*}Data is suppressed for age categories with numbers fewer than 10

^{**2020} data is preliminary through 12/14/2020

Substances involved in verified opioid overdoses 2020



Percentage of Verified Overdoses with Fentanyl Involved, 2017 - 2020



Fentanyl involved in verified opioid overdoses 2020 By Age & Gender

Age	Female	Male
17 years & younger	3%	6%
18 – 24 years	6%	20%
25 – 44 years	14%	38%
45 – 64 years	5%	10%
65 years & older	0%	0%

Opioid Action Plan

- Primary prevention
- Stigma reduction/public education
- Naloxone, naloxone, naloxone
- Practitioner education
- Identification and navigation to evidence based treatment
 - Peer Support
 - O MAT



AHCCCS SU Spending SFY20

\$529 million spend on SU services

- 88% Medicaid funding
- 6% SABG
- 4% Other Federal Grants



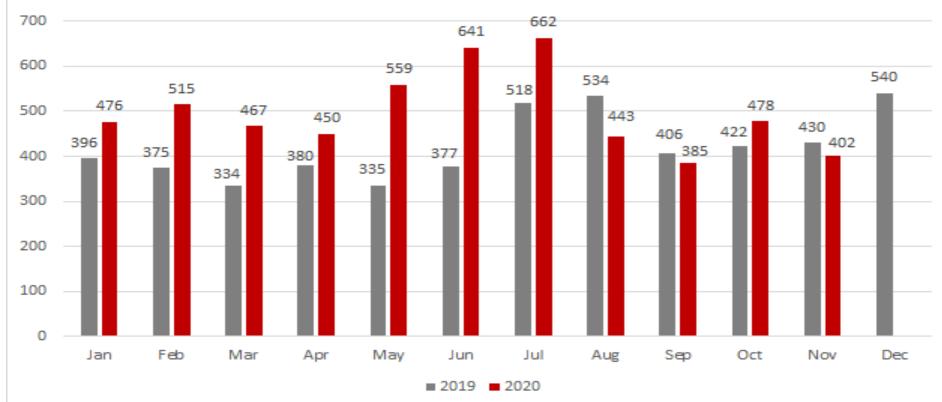
Community Naloxone Distribution: Sonoran Prevention Works

Since January 4, 2017:

- 460,353 doses distributed
- 12,871 reversals reported







Substance Abuse Block Grant (SABG)

- Support substance abuse treatment and prevention programs and services that promote long-term recovery
- Promote primary prevention
- Emphasize treatment for priority populations

 Used to plan, implement, and evaluate activities to prevent and treat substance abuse, and provide certain interventions for high-risk substance abusers (persons with HIV and Tuberculosis).



Who is Eligible for SABG?

- Funding is Prioritized for:
 - Pregnant women/teenagers who use drugs by injection;
 - Pregnant women/teenagers who use substances;
 - Other persons who use drugs by injection; and
 - Substance using women and teenagers with dependent children, including women who are attempting to regain custody of their children.
- All other Non-Title XIX eligible clients with a substance use disorder, regardless of gender (as funding is available)



State Opioid Response (SOR) Grant

- Individuals with active opioid use
- Individuals with Opioid Use Disorder (OUD)
- Individuals at risk for opioid overdose
- Individuals with stimulant use disorder
- Individuals in recovery
- Youth, parents, community members and health consumers unaware of the potential risks of opioid/stimulant misuse and abuse.

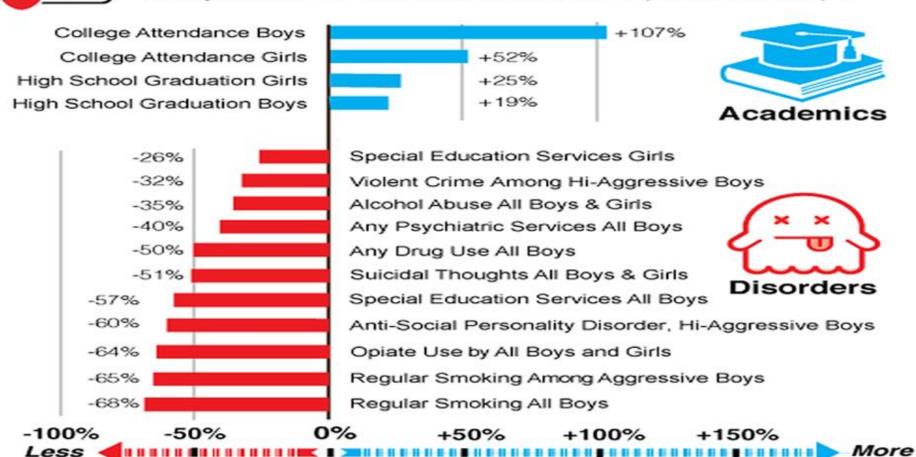


Prevention Program Activities

- Sustaining and enhancing Naloxone distribution
- Expanding Trauma-Informed Care prevention efforts
- Increasing localized community opioid and stimulant prevention efforts
- Addressing critical prevention deserts
- PAX Good Behavior Game



Computation of Relative Difference = (GBG/Control)-1



Treatment Activities

- Increase navigation and access to medications-assisted treatment in metropolitan and rural areas in Arizona
 - Sustain Opioid Treatment on Demand 24/7 access point to receive immediate connection to treatment

 Increase street-based outreach to identify high-risk individuals, get them into treatment, and provide them with resource options in a timelier manner



Central Locator

- Real time locator for Opioid Use Disorder services
 - Residential
 - o OTP
 - OBOT
 - Naloxone Distribution Sites
- RFP awarded to Carahsoft Solution provided by Syntasa and Google
- Go live tentatively set for May



OAR Line

The Az Opioid Assistance & Referral (OAR) Line

01-888-688-4222

Free, confidential, **24/7 Arizona** helpline for all opioid related questions, resources and treatment referrals.

Trained pharmacist and nurses available to all callers.

Providers (only) can also consult MD toxicologists.

Reminders

Clinic:	
Phone Number:	
Date:	_
Provider:	
Medications:	





Arizona Opioid Assistance & Referral Line (The Az OAR Line)

1-888-688-4222

Opioid Questions? We can help with....

- ✓ Referrals for treatment or pain specialists.
- ✓ Concerns about opioid use and weaning.
- ✓ Using opioids for acute and chronic pain.
- ✓ Education about naloxone (Narcan®) or other supplies.
- Questions about opioid use during pregnant or breastfeeding.
- ✓ New opioid laws and prescribing guidelines.

Calls are free and confidential

Answered by medical experts 24/7







The OAR line is a joint project between the Arizona Department of Health Services, The Arizona Health Care Cost Containment System and the Poison and Drug Information Centers of Arizona.

Recovery Support

- Expand peer support network and employment assistance
- Increase recovery and supportive housing options
 - Recovery housing, transitional housing units, bridge shelter, rental assistance
- Enhance support for opioid-exposed newborns and pregnant women who have opioid and stimulant use disorder



Discussion

