

Arizona Substance Abuse Partnership

Thursday, February 6, 2020

State Capitol Executive Tower
2nd Floor Conference Room





Overview of AHCCCS' Role in Substance Use Prevention and Treatment in Arizona

Sara Salek, M.D.
February 6, 2020

AHCCCS Highlights

- Largest Single Insurer in State
- As of January 1, 2020: 1,880,915 members
 - Prop 204 Restoration (0-100% FPL): 330,330 members
 - Adult Expansion (100-133% FPL): 74,980 members
- \$14.0 billion program annually
- Mandatory Managed Care with few exceptions
- Covers over 50% of all births
- Covers two-thirds of nursing facility days
- ~74% federally funded

AHCCCS Highlights

1965 – Congress enacts Medicaid

1982 - Arizona last State to join Medicaid

1989 – Long Term Care Added

1998 – KidsCare Added

2000 – Proposition 204 Expansion

2010 – Federal Health Care Reform is enacted

2008-2011 – Great Recession

2012 – ACA: Arizona chose to restore and expand

AHCCCS

Fee for Service System (AHCCCS Administered)

American Indian Health Program
(physical, behavioral, CRS)

Federal Emergency Services
(FES)

Tribal ALTCS IGAs
(case management only)

TRBHA IGA

Colorado
River

Gila
Rive

Navajo
Nation

Pascua
Yaqui

White Mtn
Apache Tribe

Regional Behavioral Health Authorities*

Arizona Complete Health
(formerly CIC)

Mercy Care
(formerly MMIC)

Steward Health Choice Arizona
(formerly HCIC)

AHCCCS Complete Care (physical, behavioral health and CRS services)

Arizona Complete Health

Banner University Family
Care

Care1st

Magellan Complete Care

Mercy Care

Steward Health Choice Arizona

UnitedHealthcare Community

Arizona Long Term Care System ALTCS – E/PD and DD (physical, behavioral health, long term care services)

Banner University Family
Care

Mercy Care

UnitedHealthcare
Community Plan

ADES/DDD**

Mercy Care

UnitedHealthcare
Community Plan

Dept. of Child Safety
(DCS)/CMDP

AHCCCS Role in SU Prevention and Treatment

- Manage TXIX/TXXI programs that funds preventative, early intervention and treatment services
- Manage NTXIX programs that funds prevention programs, treatment services for NTXIX population, and nonTXIX covered services for TXIX population
 - Federal grants (e.g. SABG, SOR)
 - State funded programs (SMI, Crisis, GO SUDS)

What AHCCCS is doing to solve Opioid Epidemic

1. Primary prevention
2. Overdose prevention
3. Addressing prescribing practices
4. Access to treatment services including Medication Assisted Treatment (MAT)
5. Pregnant and parenting women and their families
6. Member education and empowerment

Examples of Programs Funded through SOR

- PAX Good Behavior Game
- Naloxone for First Responders and Hospitals
- City of Phoenix Naloxone Project
- *Triple P*
- DCS Healthy Families Home Visiting and SENSE Programs
- ADVS Veterans, Services Members and Military Families Project
- Opioid Assistance and Referral (OAR) Line



Snapshot of Good Behavior Game® Benefits

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



Academics



Disorders





Predicted Benefits of PAX GBG in Your School, District, Tribe or Community When First Grade Students Reach Adulthood After 1-2 Years of PAX GBG Exposure*

Site Estimate for: **An estimate of im**

Enter number of First Graders at school, district, Tribe or community>>>>>> **7,500** <<< Enter number of First Graders

645	Fewer young people will need any form of special education services
417	More boys will likely graduate from high school.
501	More boys will likely enter university
666	More girls will likely graduate from high school
520	More girls will likely enter university
73	Fewer young people will commit and be convicted of serious violent crimes
721	Fewer young people will likely develop serious drug addictions
493	Fewer young people will likely become regular smokers
266	Fewer young people will likely develop serious alcohol addictions
364	Fewer young women will likely contemplate suicide
493	Fewer young men will likely attempt suicide

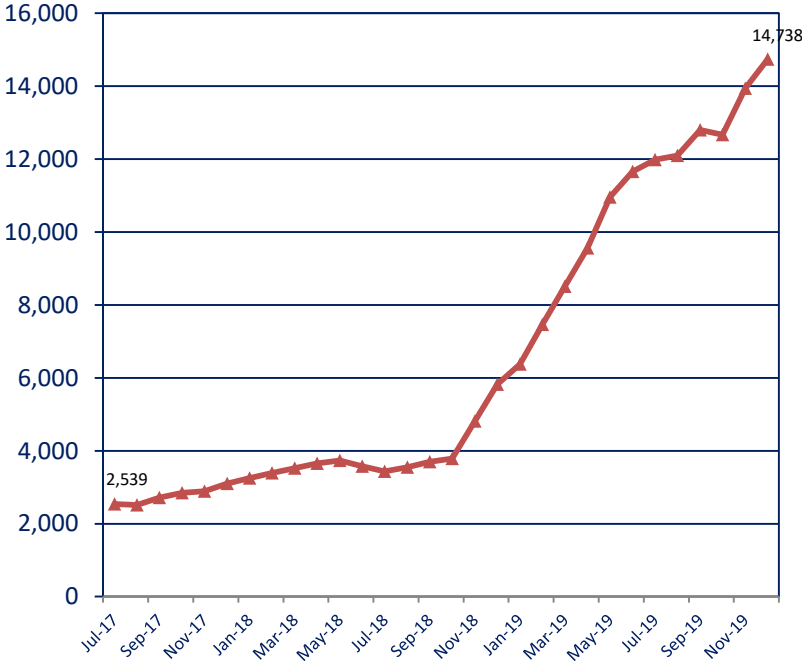
\$97,650,000	Predicted financial net savings to students, families, schools, communities, state/federal governments
\$23.67	Estimated Cost of PAX GBG Materials Per Child for Lifetime Protection
\$22.00	Estimated Cost of External Training & Technical Supports Per Teacher Prorated per Child's Lifetime
\$26.80	Estimated Cost of Internal Supports for Implementation and Maintenance by Teachers Prorated per Child's Lifetime

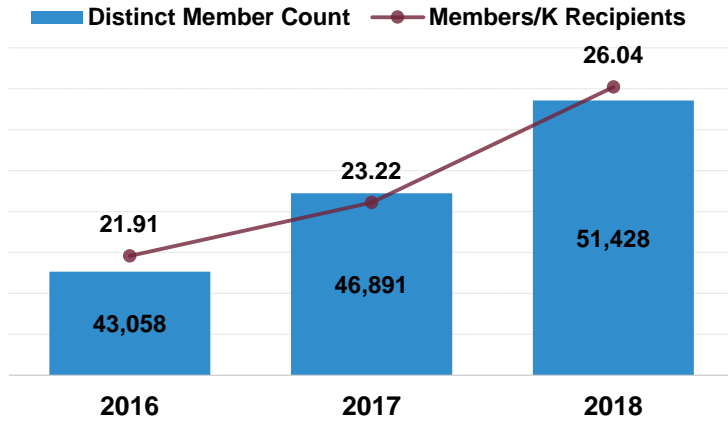
Note: The forecasts are based on multiple randomized, longitudinal control trials of the active ingredients of this evidence based practice. Benefits will vary as consequence of the quality of implementation, training, supports, commitment, and other variables; the predicted impact is greater for first-grade children with higher entering risks for internalizing and externalizing disorders. The cost-savings and lifetime benefits increase if trained teachers use this evidence-based based strategies in succeeding years for new entering cohorts of grade one children. While PAX GBG has well-documented immediate benefits for students, teachers and schools in other grades, limited randomized longitudinal data exist to forecast similar benefits for other grades at this time. Copyright © 2013-14, PAXIS Institute, All rights reserved. This estimator may not be used for any other evidence-based program than PAX Good Behavior Game®.

Behavioral Health Services in Schools

Co-Location Model

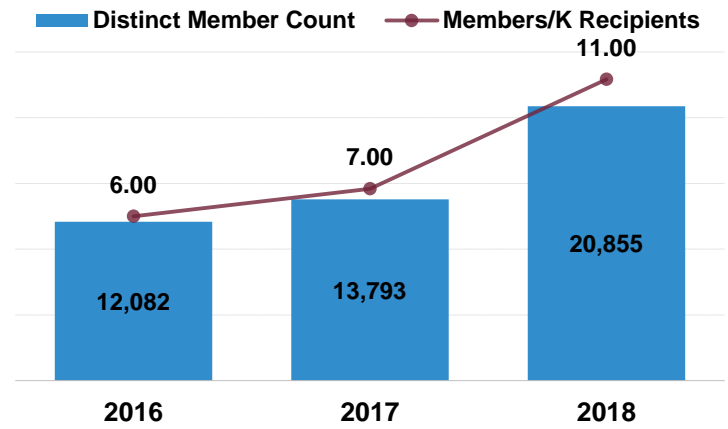
Students Receiving Behavioral Health Services
in Schools through Co-Location Model





**AHCCCS
Members
Opioid Use
Disorder Dx**

MAT Utilization



**AHCCCS
Members
Receiving
MAT**

24/7 Access Points

Provider	Address
Community Bridges, East Valley Addiction Recovery Center	560 S. Bellview, Mesa, AZ 85204
Community Medical Services	7830 N. 23rd Ave, Phoenix, AZ 85021
CODAC Health, Recovery and Wellness	380 E. Ft. Lowell Road, Tucson, AZ 85705
Intensive Treatment Systems, West Clinic	4136 N. 75th Ave #116 Phoenix, AZ 85033

Naloxone Community Distribution Project

Jan 2017-Dec 2019



**I SAVED
MY SON'S
LIFE**

“My boy is still alive... I'm glad we had talked about overdose before, and that I had gone to the drug service for training and knew about naloxone. Seeing him lying there, dying, was so frightening. But the training I'd had meant I knew what to do. Without naloxone, he may have died.”

**SAVE
SOME
NALOXONE**

**NALOXONE CAN TEMPORARILY REVERSE
THE EFFECTS OF OPIOID OVERDOSE**

For more information on being supplied with and trained to use naloxone, ask at your local drug service or needle exchange.



324,282 doses distributed
9,111 overdoses reversed



Questions

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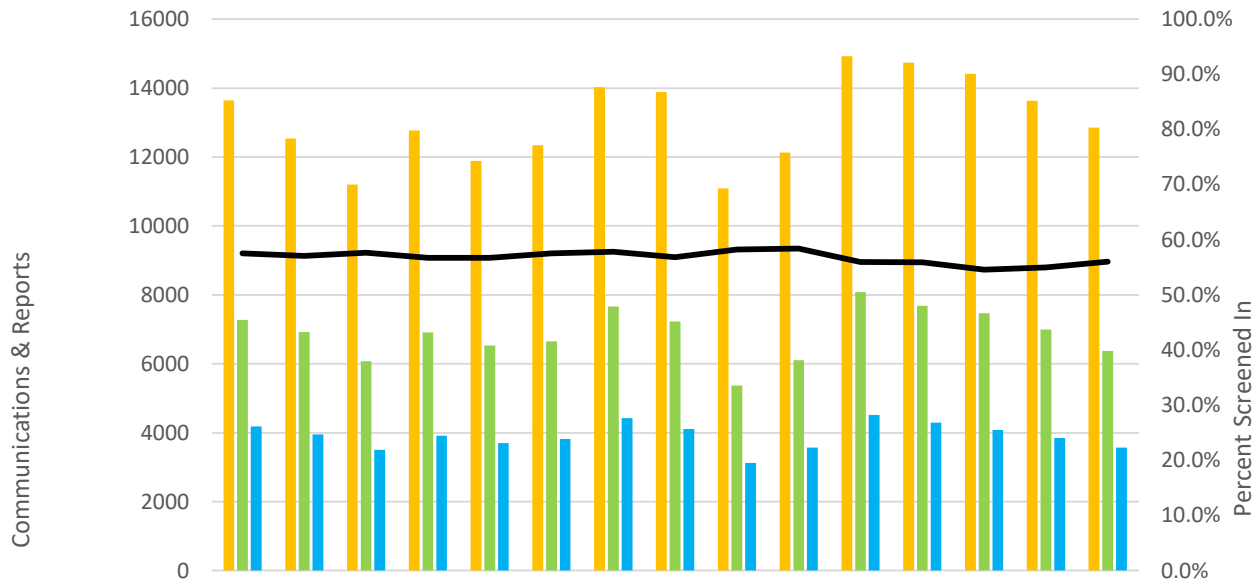


Department of Child Safety

Data charts as of week beginning
1.27.2020



Communications & Reports to the Hotline



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Communications	13641	12542	12051	27661	18861	23441	4021	13882	11094	12129	4928	4740	14414	3634	2856
Hotline Communications	7277	6918	6078	6908	6529	6648	7660	7232	5368	6105	8078	7679	7469	6992	6374
Reports	4185	3948	3503	3917	3703	3824	4428	4109	3125	3565	4519	4293	4078	3844	3572
Screen In %	57.5%	57.1%	57.6%	56.7%	56.7%	57.5%	57.8%	56.8%	58.2%	58.4%	55.9%	55.9%	54.6%	55.0%	56.0%

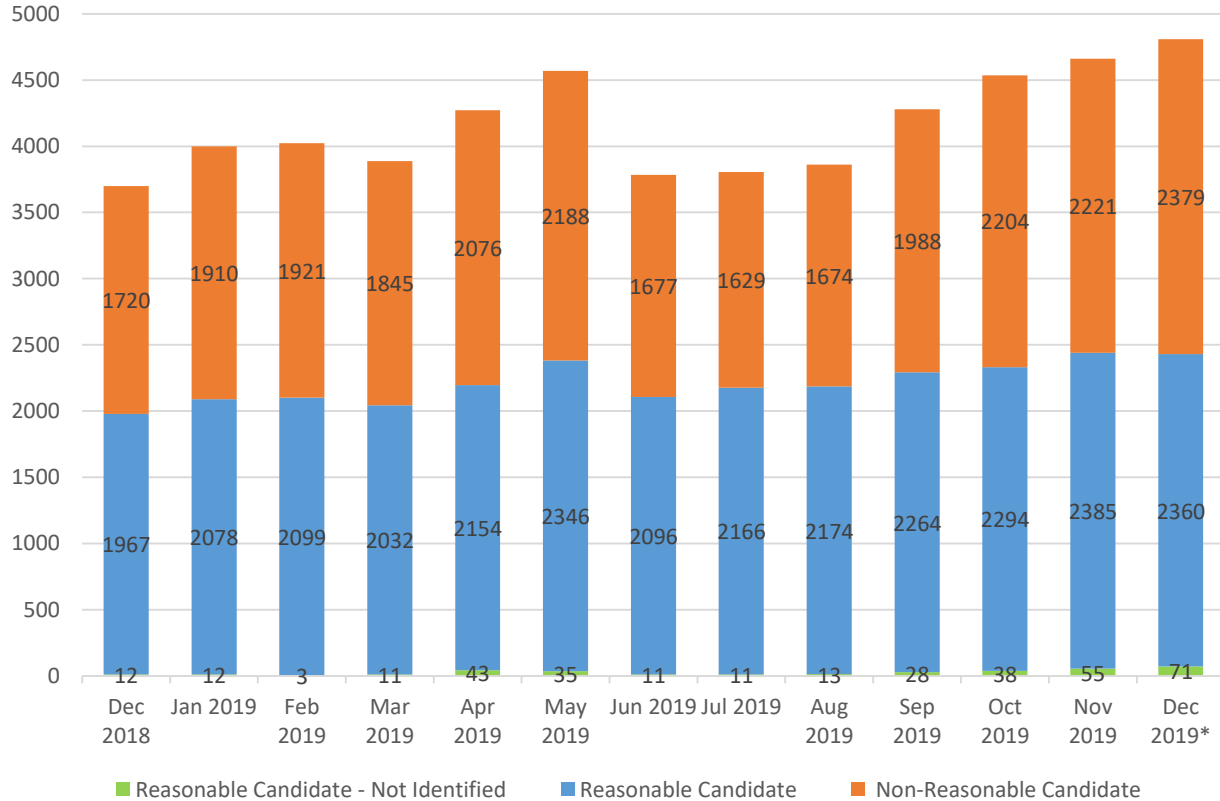
NOTE: Communications, Hotline Communications, and Reports include calls/reports that are no jurisdiction reports.

Screen In % shows reports as a percentage of total Hotline Communications.

Data Source: DCS Tableau Dashboard, Communications Received by Weekday and Hour Reports, 1.25.2020

Children Receiving In Home Services

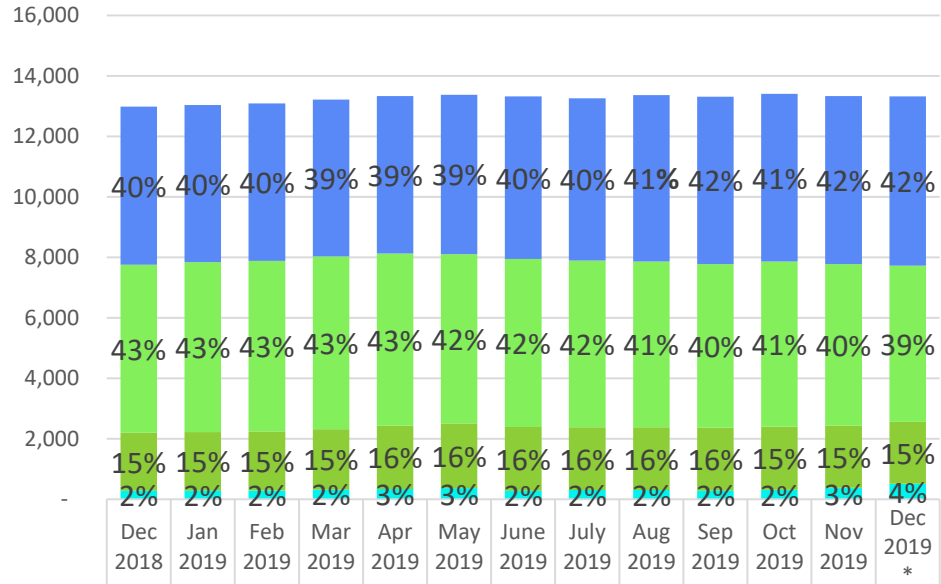
Children with Case Plan Goal – Remain with Family



NOTE: December 2019 data is preliminary

Data Source: DCS Monthly In-Home Care Report, 1.20.2020

Children in Out-of-Home Care (0-17 years old)

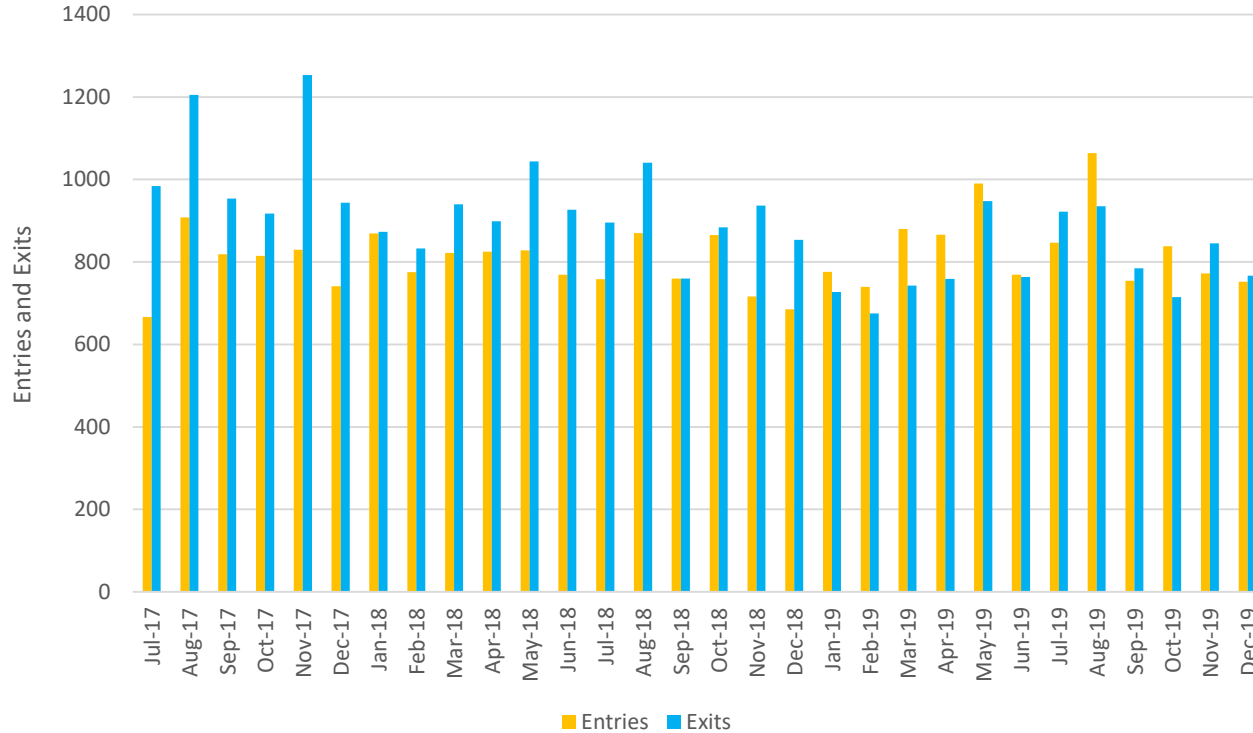


■ Unlicensed (Primarily Kinship)	5,222	5,185	5,204	5,184	5,205	5,268	5,374	5,358	5,496	5,533	5,552	5,553	5,592
■ Foster Care	5,558	5,624	5,644	5,712	5,687	5,593	5,558	5,519	5,477	5,399	5,456	5,345	5,163
■ Congregate Care	1,903	1,923	1,936	1,987	2,092	2,138	2,103	2,067	2,073	2,072	2,078	2,053	2,035
■ Independent Living	1	1	3	3	3	1	1	3	4	3	2	4	3
■ Other	300	297	304	330	341	373	289	309	310	301	322	379	524
Total in Out-of-Home Care	12,984	13,030	13,091	13,216	13,328	13,373	13,325	13,256	13,360	13,308	13,410	13,334	13,317

NOTE: December 2019 data is preliminary

Data Source: DCS Monthly Out-of-Home Care Report, 1.20.2020

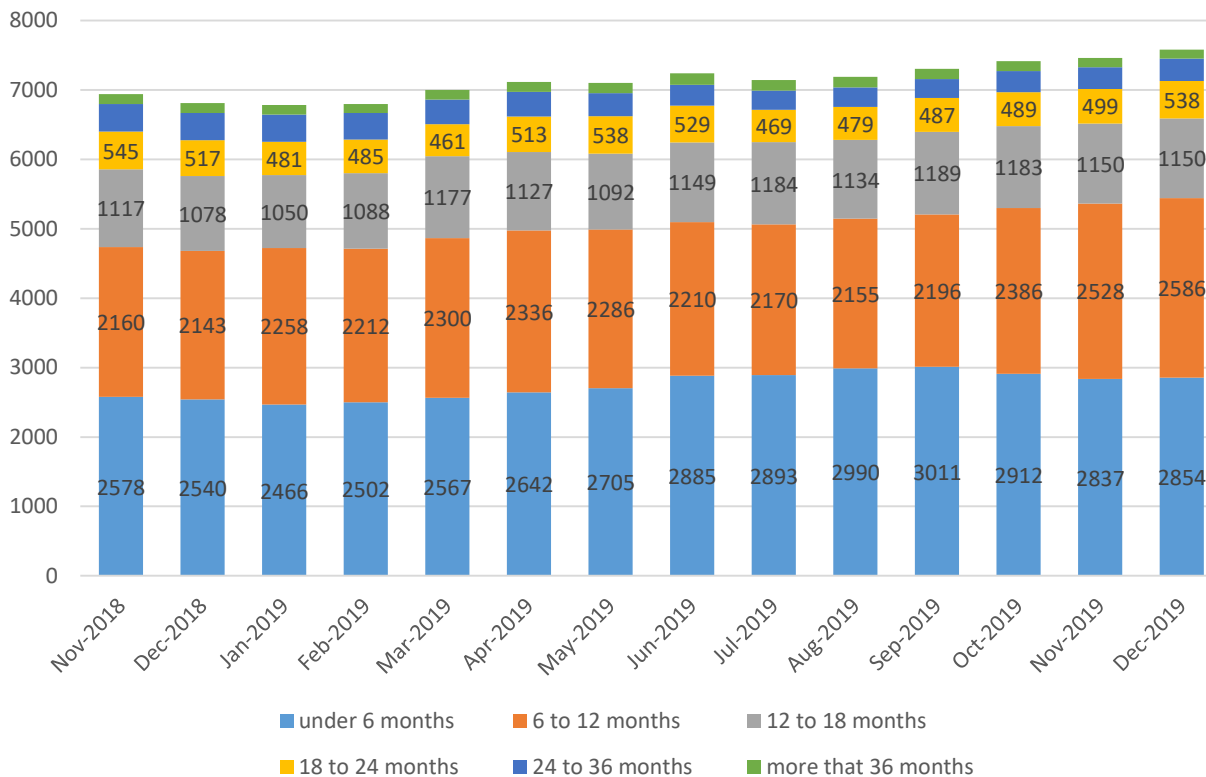
Ratio of Approved CAR Petitions vs. Child Entries



NOTE: December 2019 data is preliminary

Data Source: Entries and Exits Dashboard, 1.27.2020; CAR data received from Juvenile Courts, 1.3.2020

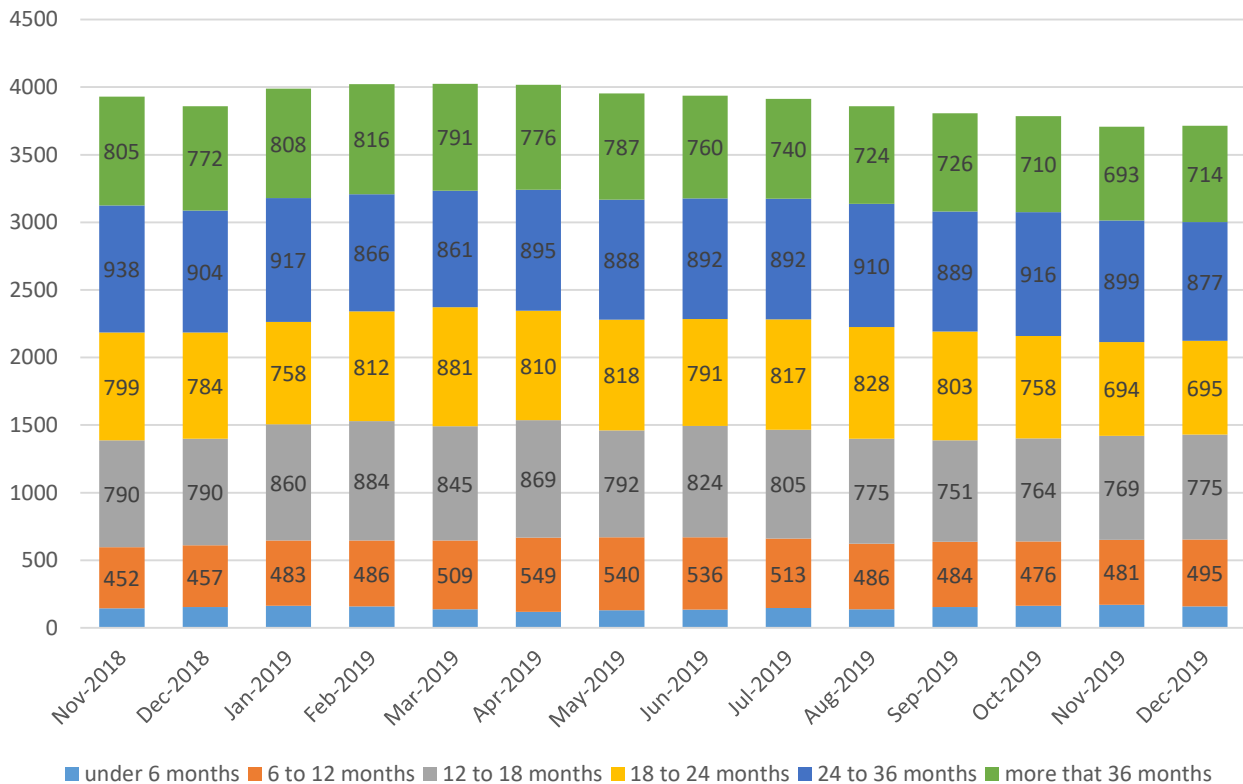
Removed Children with Permanency Goal of Reunification by Length of Time in Care



NOTE: December 2019 data is preliminary

Data Source: Einstein, 1.15.2020

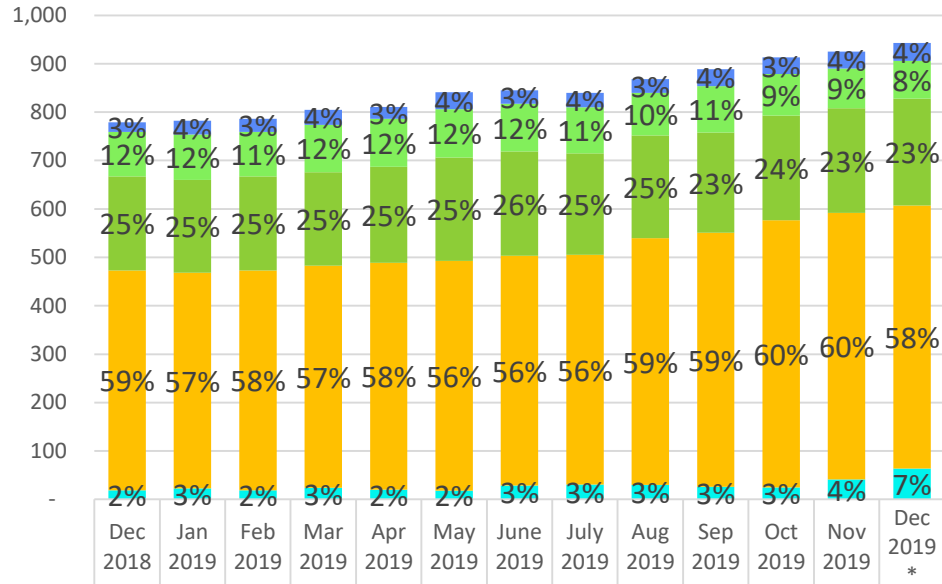
Removed Children with Permanency Goal of Adoption by Length of Time in Care



NOTE: December 2019 data is preliminary

Data Source: Einstein, 1.15.2020

Children in Out-of-Home Care (18-21 years old)

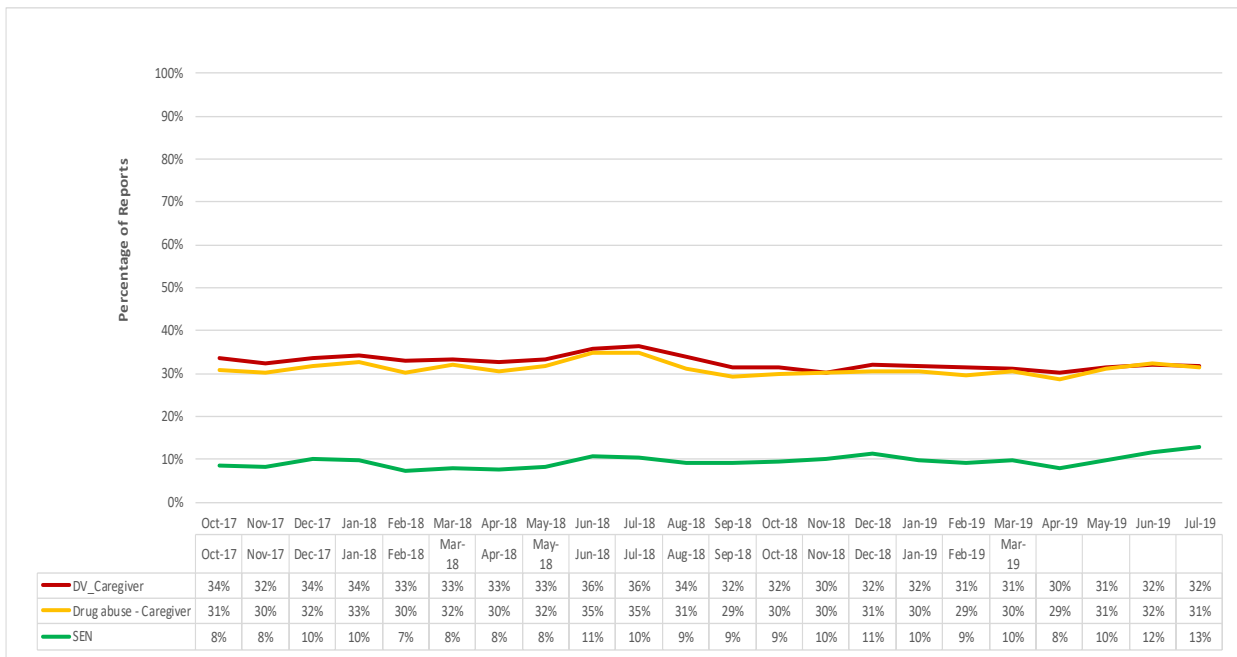


■ Unlicensed (Primarily Kinship)	20	28	27	31	25	35	28	30	28	35	34	35	37
■ Foster Care	92	94	92	98	99	100	98	95	88	96	86	82	78
■ Congregate Care	194	192	194	193	198	213	216	210	212	207	216	216	221
■ Independent Living	454	445	454	459	469	475	474	474	510	525	552	551	543
■ Other	19	23	19	24	20	18	29	31	30	26	25	41	64
Total in Out-of-Home Care	779	782	786	805	811	841	845	840	868	889	913	925	943

NOTE: December 2019 data is preliminary

Data Source: DCS Monthly Out-of-Home Care Report, 1.20.2020

Of Reports Received in the Month, the Percentage by Risk Factor



Risk Factors

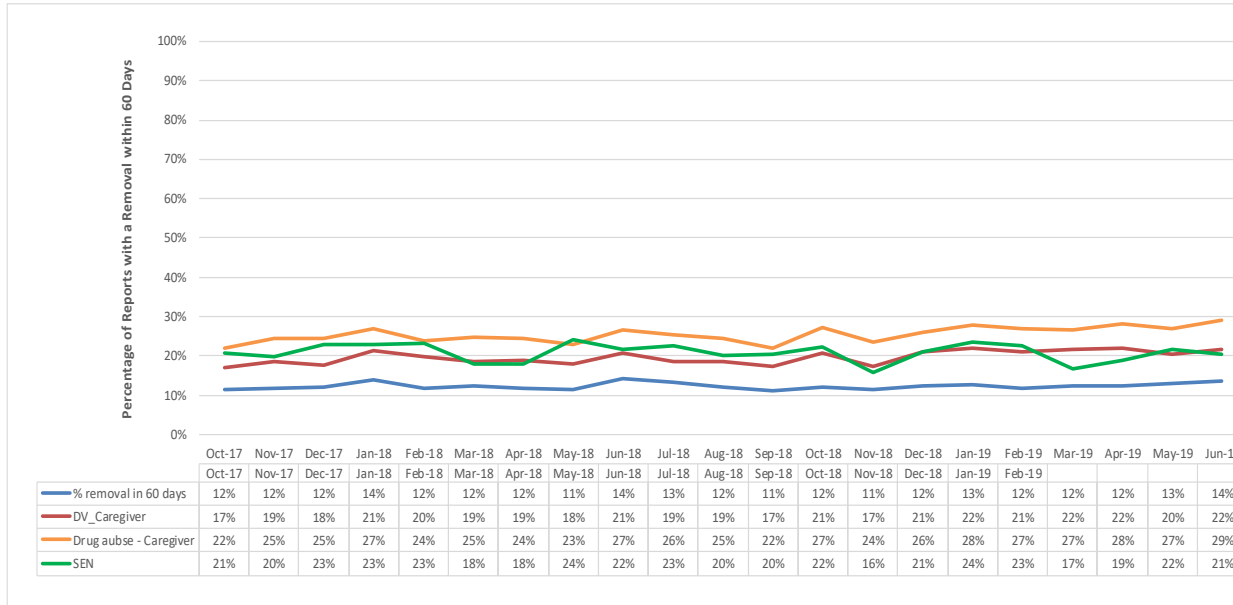
	Drug Abuse	Alcohol Abuse	Domestic Violence	Inadequate Housing	Economic Resources
Black (n = 992)	42%	9%	38%	28%	71%
Hispanic (n = 2,983)	41%	11%	42%	24%	67%
Native American (n = 525)	53%	29%	48%	28%	68%
White (n = 4,019)	48%	15%	41%	28%	68%
Asian/Hawaiian n (n = 98) (66 Asian/32 Hawaiian)	23%	11%	37%	15%	62%

Data Source: Einstein/CHILDS

1/1/17 – 10/23/19

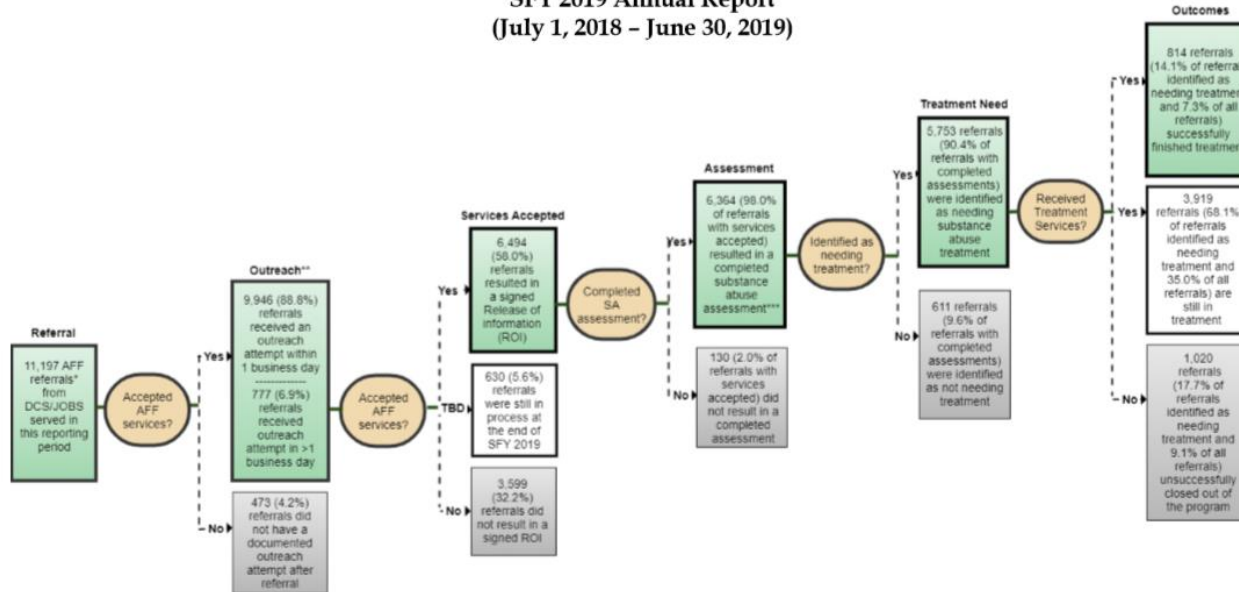
Risk Factors as defined by the National Child and Abuse and Neglect Data Set (NCANDS)

Of Reports Received in the Month by Risk Factor, the Percentage with a Child in the Case Removed within 60 Days of the Report Received Date



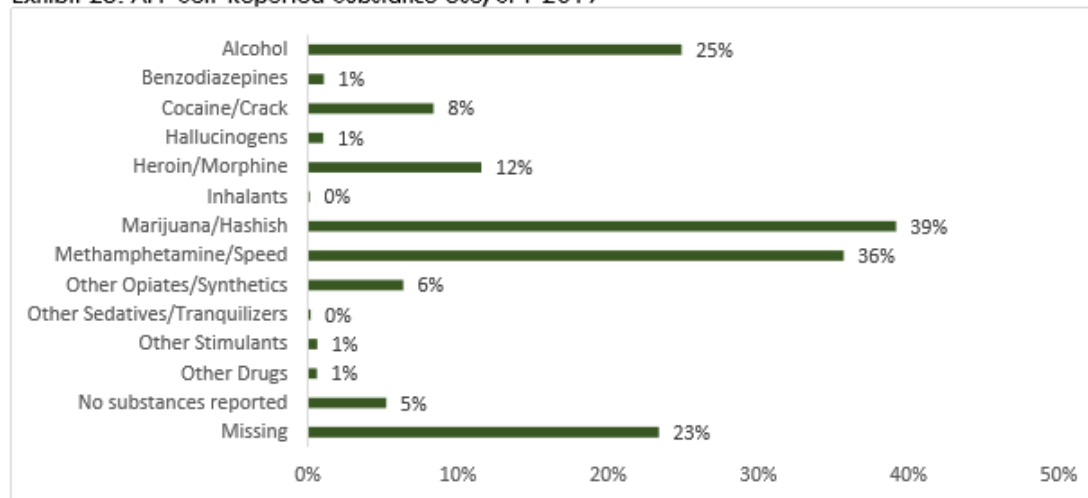
Arizona Families First (AFF) Substance Abuse Assessment/Treatment Program

Arizona Families F.I.R.S.T. (AFF) Referrals and Client Participation
SFY 2019 Annual Report
(July 1, 2018 – June 30, 2019)



Arizona Families First (AFF) Substance Abuse Assessment/Treatment Program

Exhibit 25. AFF Self-Reported Substance Use, SFY 2019*



*Total responses may include: a) reporting more than one substance in the past 30 days at the substance abuse assessment; or b) completing more than one substance abuse assessment in the reporting period.

Arizona Families First (AFF)

Exhibit 27. AFF Clients Receiving Individual, Group, Family and Couples Counseling in SFY 2019

State Fiscal Year 2019	n	%*
Individual Counseling	756	35.1%
Group Counseling	1,358	63.1%
Family Counseling	719	33.4%
Couples Counseling	2	0.1%
Total Unique Clients Receiving Treatment Services in SFY 2019**	2,153	N/A

*Percentage of the total number of unique clients receiving treatment services in SFY 2019.

Exhibit 32. AFF Level of Care at Closure, SFY 2019

Level of Care	n*	%
Outpatient	830	58.2%
Intensive Outpatient	381	26.7%
Residential Treatment – Adult	4	0.3%
Residential Treatment – Child with an adult	0	0.0%
Recovery Maintenance	211**	14.8%
Total closed referrals for individuals who received AFF services in SFY19 and closed in SFY19	1,426	100%

Exhibit 41. Outcomes of Children Who Achieved Permanency by Parents' AFF Program Completion Status (SFY 2016 to 2019)

Permanency Outcomes	Parent Completed the AFF Program		Parent Did Not Complete the AFF Program		Total	
	n	%	n	%	n	%
Reunification	3,235	79.0%	4,319	36.5%	7,554	47.4%
Adoption	648	15.8%	6,414	54.2%	7,062	44.3%
Guardianship	209	5.1%	1,066	9.0%	1,275	8.0%
Living with Relative	5	0.1%	34	0.3%	39	0.2%
Total Children Who Achieved Permanency	4,097	100%	11,833	100%	15,930	100%

($\chi^2=3389.719$, $p=.000$)

Exhibit 42. Removal Rates of Children of AFF-Referred Parents (SFY 2016 to 2019)

Removal Status of Children	Total	
	N	%
Remained In-Home	18,328	45.9%
Removed	21,592	54.1%
Total	39,920	100%

Arizona Families First (AFF) Planned Enhancements

- New Request for Proposal scheduled for release Feb/Mar 2020
- Enhancements include:
 - Standardized Assessment and Levels of Care Tools
 - Open to Parents, youth and family residing in the home
 - Individual and family treatment
 - Service array includes complete Medicaid covered service array
 - Enhanced Care Coordination
 - Integration of recovery coaches for outreach

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ADHS Opioid Update

February 6, 2020

Sheila Sjolander, MSW

Assistant Director

Arizona Department of Health Services



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Opioid Surveillance

June 15, 2017 – January 16, 2020

3,935

suspect opioid
deaths

32,900

suspect opioid
overdoses

1,265

neonatal
abstinence
syndrome

68,906

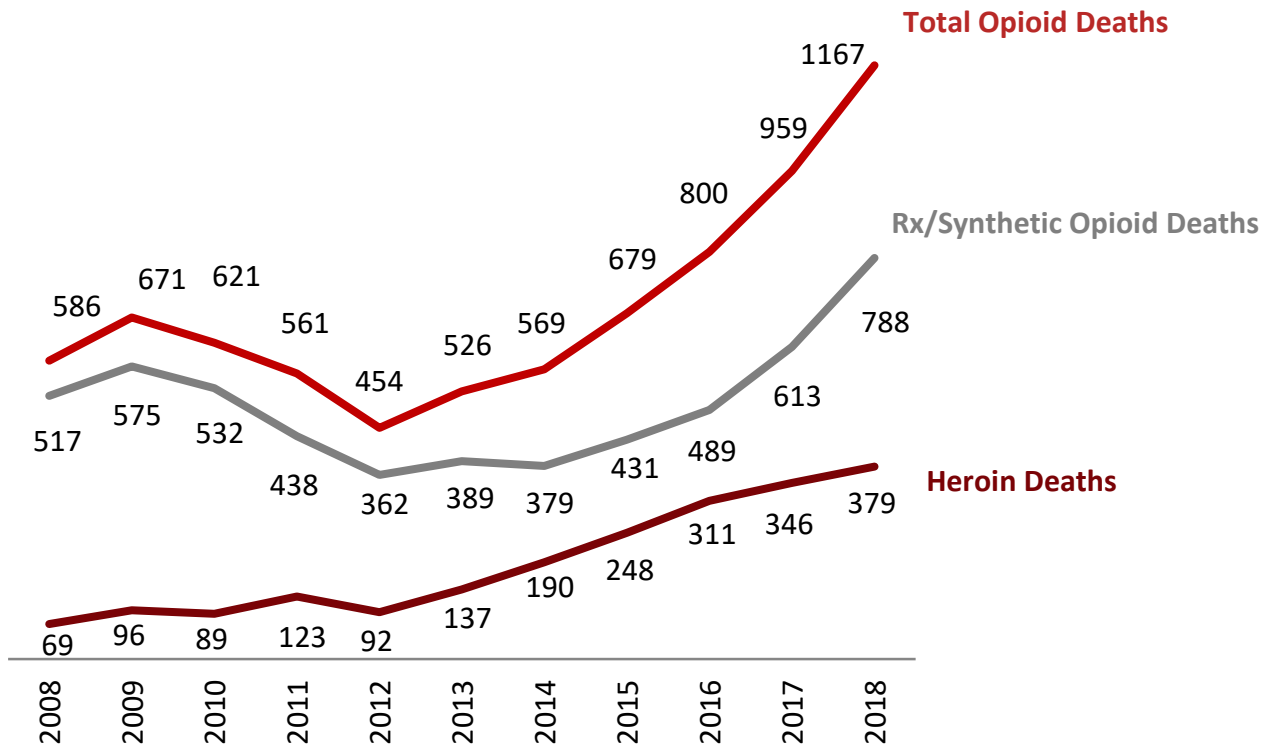
naloxone doses
dispensed

20,893

naloxone doses
administered

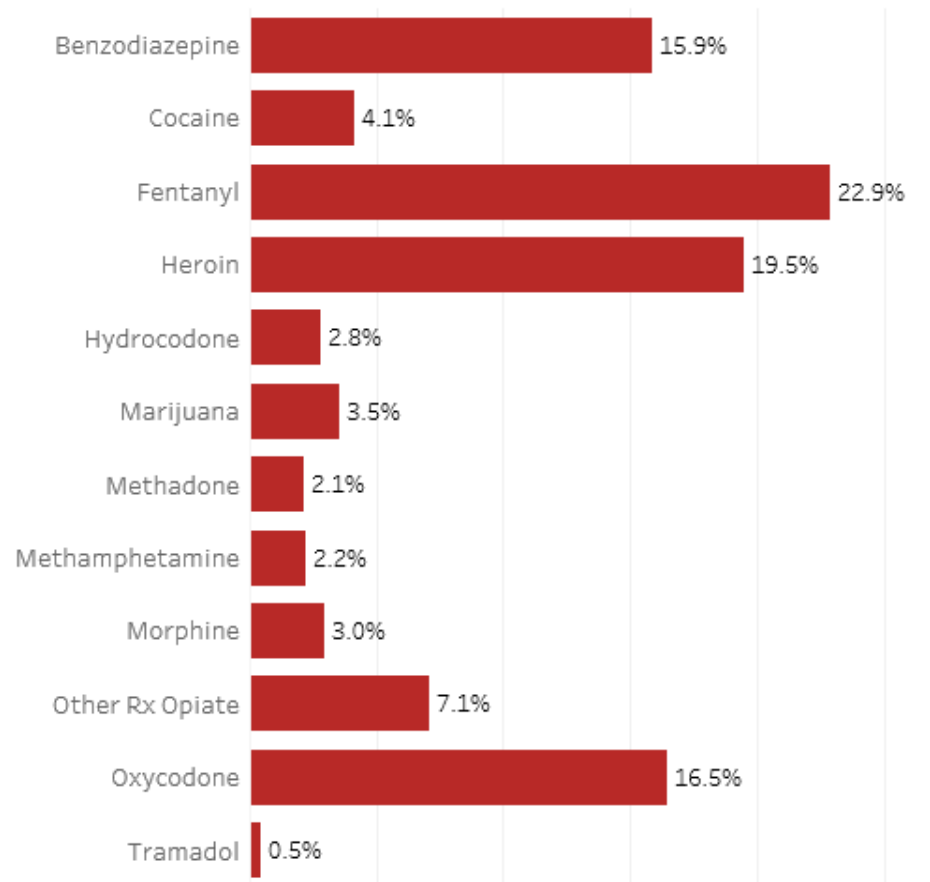
Updates posted at
www.azhealth.gov/opioid

Opioid Deaths, Arizona 2008-2018



Data source: ADHS Bureau of Health Statistics

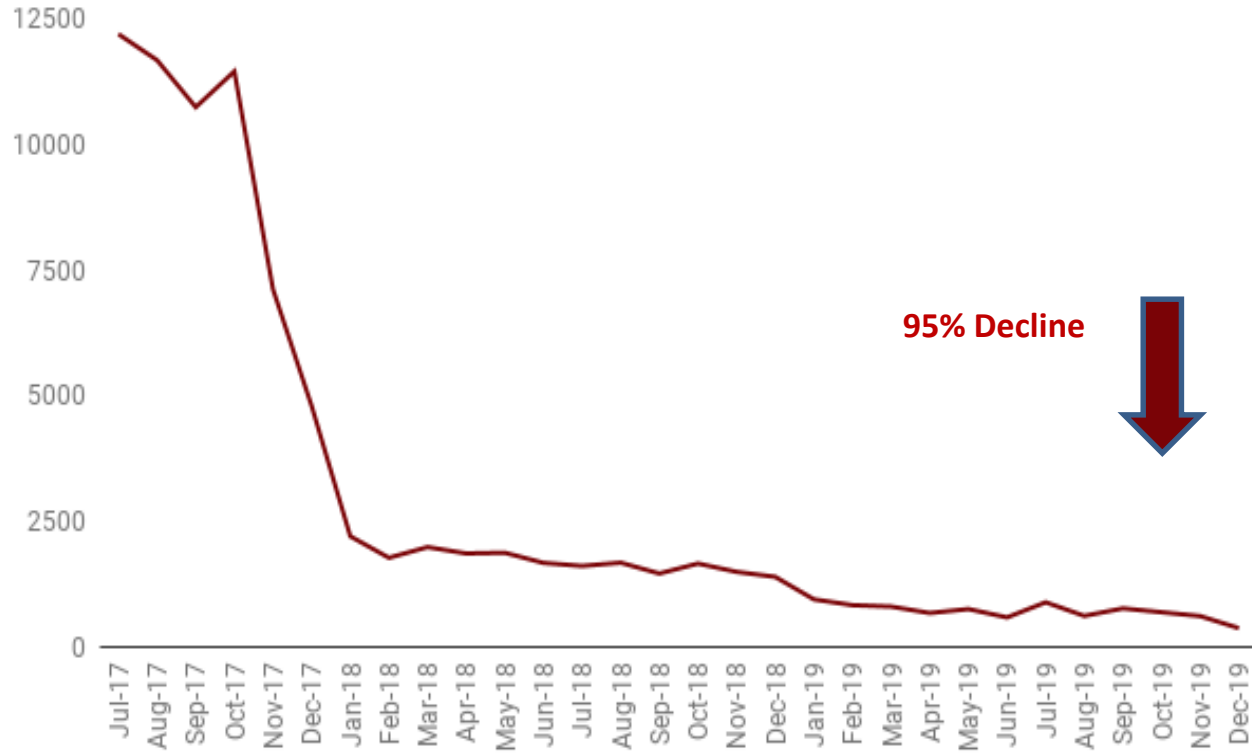
Substances involved in verified opioid overdoses 2019



Average Morphine Milligram Equivalent Prescribed

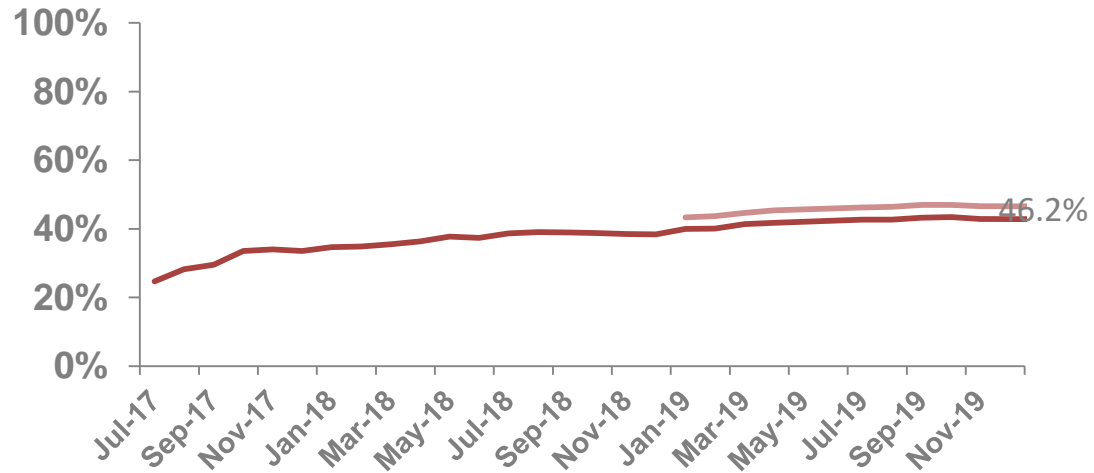


Number of Opioid Naive People Prescribed Opioids



Arizona

Percent of Prescribers who Checked the Controlled Substances Prescription Monitoring Program (CSPMP) at Least Once in the Month, July 1, 2017 – December 30, 2019



— Look-ups by any controlled substance prescriber


— Look-ups by opiate or benzodiazepine prescribers



Naloxone Distribution

ADHS has distributed **21,444 kits** of naloxone to **116 law enforcement agencies** through **December 2019**.

Law enforcement administered naloxone to **1,737 people**; **96.6%** survived pre-hospital

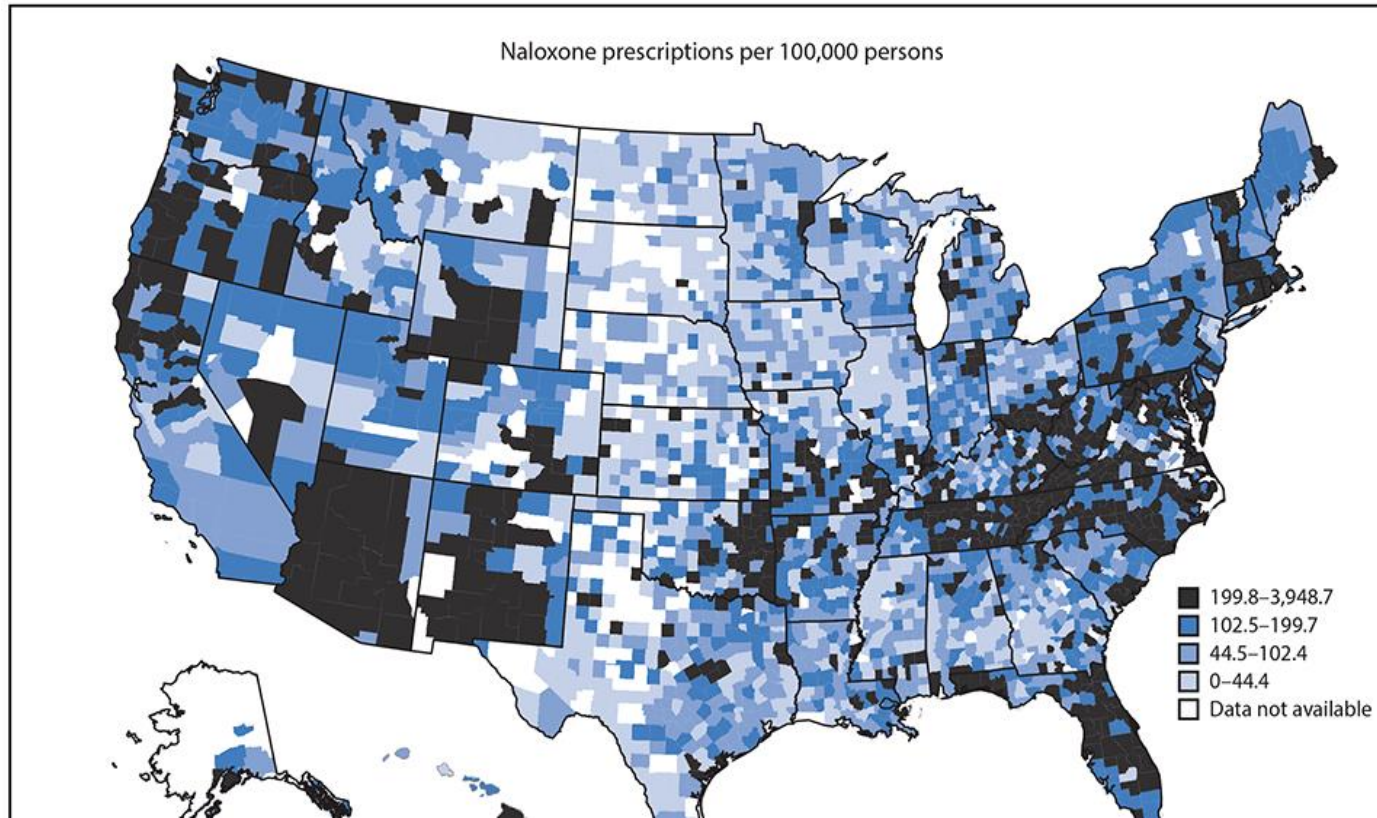
NALOXONE REQUEST FORM		
 <p>Law enforcement agencies whose staff have completed opioid overdose recognition and treatment training consistent with ADHS or AZ-POST standards are eligible for free naloxone.</p>		
AGENCY INFORMATION	Agency Name:	
	Agency SHIPPING address:	
	Agency Director Name:	
	Contact Email:	
	Agency Size:	
TRAINING INFORMATION	Training Date(s):	
	Trainer Name(s):	
	Number of staff Trained:	
NALOXONE REQUESTED	Description: Narcan Nasal Spray 2/pack	Quantity Requested: _____
AGENCY DIRECTOR SIGNATURE	_____	DATE: _____

You may submit completed application multiple ways:

- Email: azopioid@azdhs.gov
- Fax: 602-364-1494 Attn: Naloxone Distribution, Office of Injury Prevention
- Mail: ADHS Office of Injury Prevention
Naloxone Distribution Program
150 N. 18th Ave., Suite 320
Phoenix, AZ 85007

Questions? Email azopioid@azdhs.gov or call Tomi St. Mars, 602-542-7340

FIGURE. Naloxone prescriptions, by county — United States, 2018



Guy GP Jr., Haegerich TM, Evans ME, Losby JL, Young R, Jones CM. *Vital Signs*: Pharmacy-Based Naloxone Dispensing — United States, 2012–2018. *MMWR Morb Mortal Wkly Rep* 2019;68:679–686.

DOI: http://dx.doi.org/10.15585/mmwr.mm6831e1external_icon

Implementing EPCS

Progress as of December*

- AZ – 66.9% Enabled
- U.S. 47.8%

Arizona is currently 5th best!

*Data source: Surescripts, accessed 1/24/2020
<https://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-for-controlled-substances/>



The **electronic prescribing of controlled substances (EPCS)** is now required in Arizona for any prescription of a Schedule II controlled substance that is an opioid. To increase EPCS in Arizona and prepare Arizona prescribers for the new state requirements, mandated by the Arizona Opioid Epidemic Act, Health Current has launched the 2019 EPCS *Click for Control* Campaign.

Arizona Opioid E-Prescribing Requirement

HB 2075 signed by Governor Ducey on February 14, 2019, amends the Arizona Opioid Epidemic Act and requires all Arizona providers to electronically prescribe any Schedule II controlled substance that is an opioid by January 1, 2020.

- + [Click for Control Fact Sheet](#)
- + [Benefits of EPCS](#)
- + [EPCS Steps for Prescribers](#)
- + [EPCS Frequently Asked Questions \(FAQs\)](#)
- + [EPCS Background and History](#)
- + [EPCS-Certified EHR Vendors and Costs](#)
- + [2019 EPCS Click for Control Campaign Webinar Series - Free](#)



Highlights of Current Actions

- U of A Center for Rural Health MAT Mentoring
- Support county health department and tribal efforts
 - 2nd Annual Tribal Opioid Conference, April 30 – May 1
- Overdose Fatality Review
- Naloxone leave-behind policy issued for EMS agencies
- OARLine promotion
- Creation of social connectedness campaign

Redefining pain + addiction

CREATION OF A STATEWIDE CURRICULUM

azhealth.gov/curriculum



THE ARIZONA PAIN AND ADDICTION CURRICULUM

- The University of Arizona – College of Medicine Phoenix
- The University of Arizona – College of Medicine Tucson
- Mayo Clinic School of Medicine – Arizona Campus
- Creighton University School of Medicine – Phoenix Regional Campus
- Midwestern University – Arizona College of Osteopathic Medicine
- A.T. Still University School of Osteopathic Medicine in Arizona
- A.T. Still University School of Dentistry & Oral Health in Arizona
- Midwestern University – Arizona School of Podiatric Medicine
- Northern Arizona University Post-Master's Family Nurse Practitioner Certificate
- Northern Arizona University Doctor of Nursing Practice
- Grand Canyon University College of Nursing and Health Care Professions
- Arizona State University College of Nursing and Health Innovation
- University of Arizona College of Nursing
- University of Phoenix College of Health Professions
- Southwest College of Naturopathic Medicine and Health Sciences
- A.T. Still University Physician Assistants Degree Program in Arizona
- Midwestern University Physician Assistant Program
- Northern Arizona University Physician Assistant Program



- Creation of a graduate medical education version of the *Arizona Pain and Addiction Curriculum*
- Creation of a continuing medical education version of the *Arizona Pain and Addiction Curriculum*, CME Summit Event 11/21/19
- Arizona Medical and Osteopathic Boards approved the training as sufficient for meeting DATA-waiver

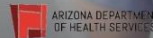
For more information
azhealth.gov/opioid

Questions/Comments:
azopiod@azdhs.gov

Opioid Assistance & Referral

A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona **OAR** Line
1-888-688-4222



ARIZONA DEPARTMENT
OF HEALTH SERVICES



ARIZONA CENTER FOR TOXICOLOGY
& PHARMACOLOGY
EDUCATION & RESEARCH

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



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OF HEALTH SERVICES

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