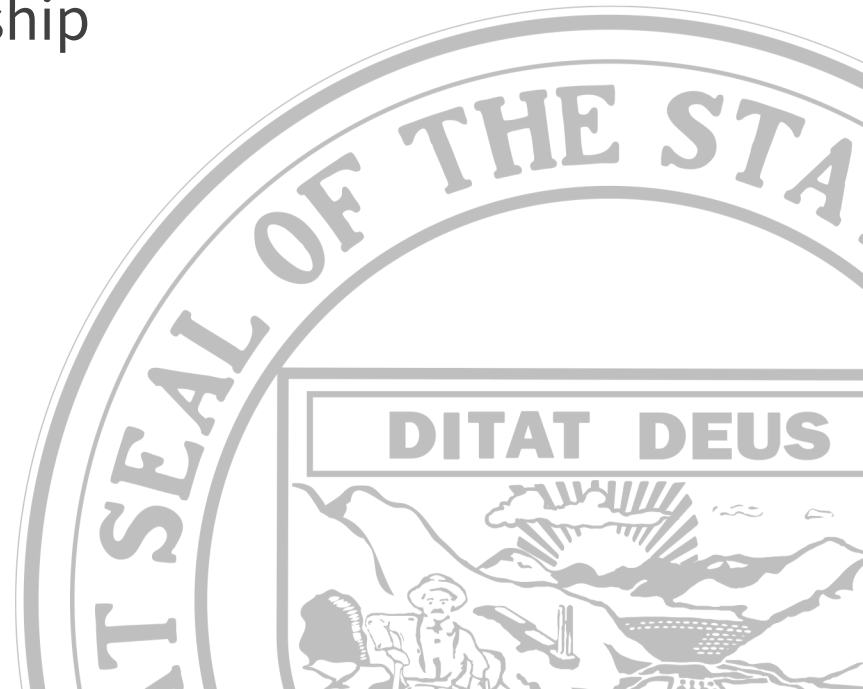


# Arizona Substance Abuse Partnership

Tuesday, February 26, 2019

State Capitol Executive Tower  
2<sup>nd</sup> Floor Conference Room



# **Arizona's Opioid Epidemic: Data Update**

**February 26, 2019**

**Sheila Sjolander, MSW  
Assistant Director**



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

# Opioid Surveillance

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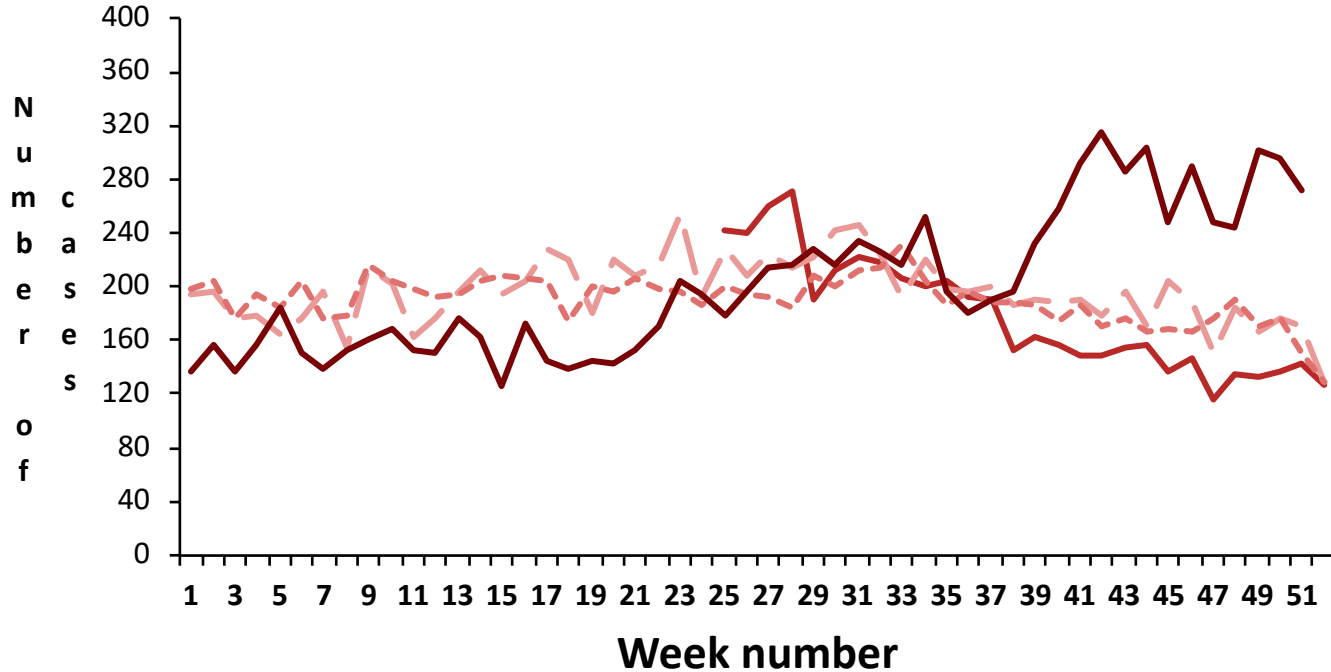
June 15, 2017- February 21, 2019



Updates posted at [www.azhealth.gov/opioid](http://www.azhealth.gov/opioid)

# Comparison of Reported Suspect Opioid Overdoses and Hospital Discharges for Opioid Overdoses by Week: 2016 – 2018

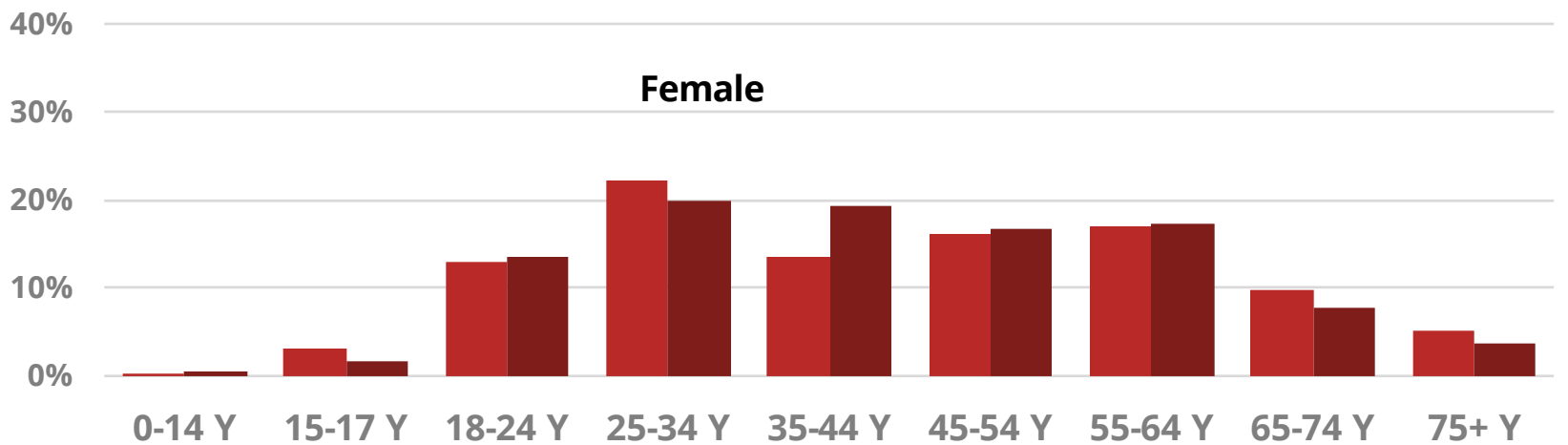
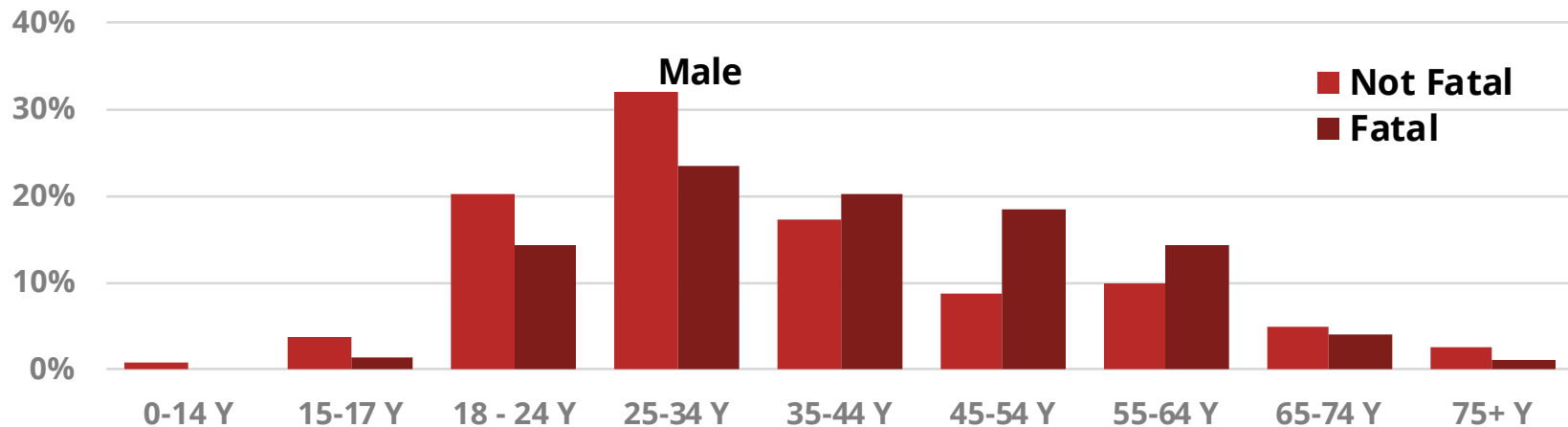
## Reported overdoses increased after August 2018



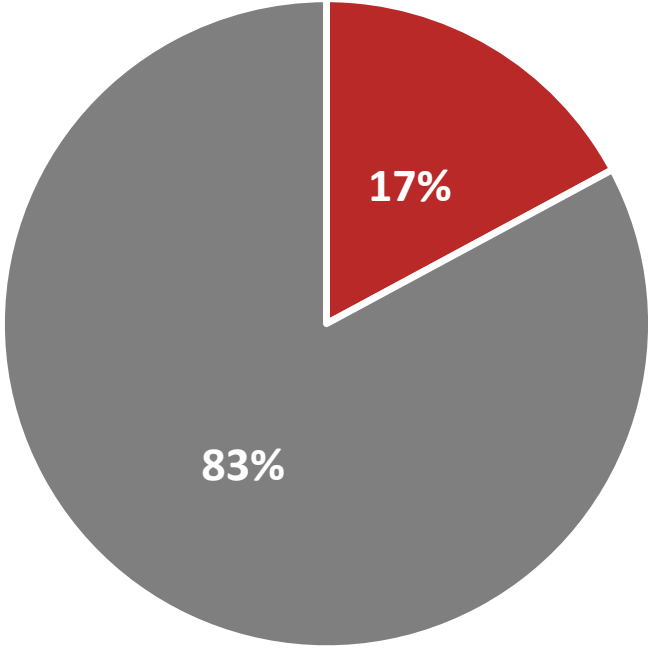
— 2017 Surveillance  
- - - 2015 HDD Primary diagnosis

- - - 2016 HDD Primary diagnosis  
— 2018 Surveillance

## Verified Fatal & Not Fatal Opioid Overdoses by Age & Gender, 2018

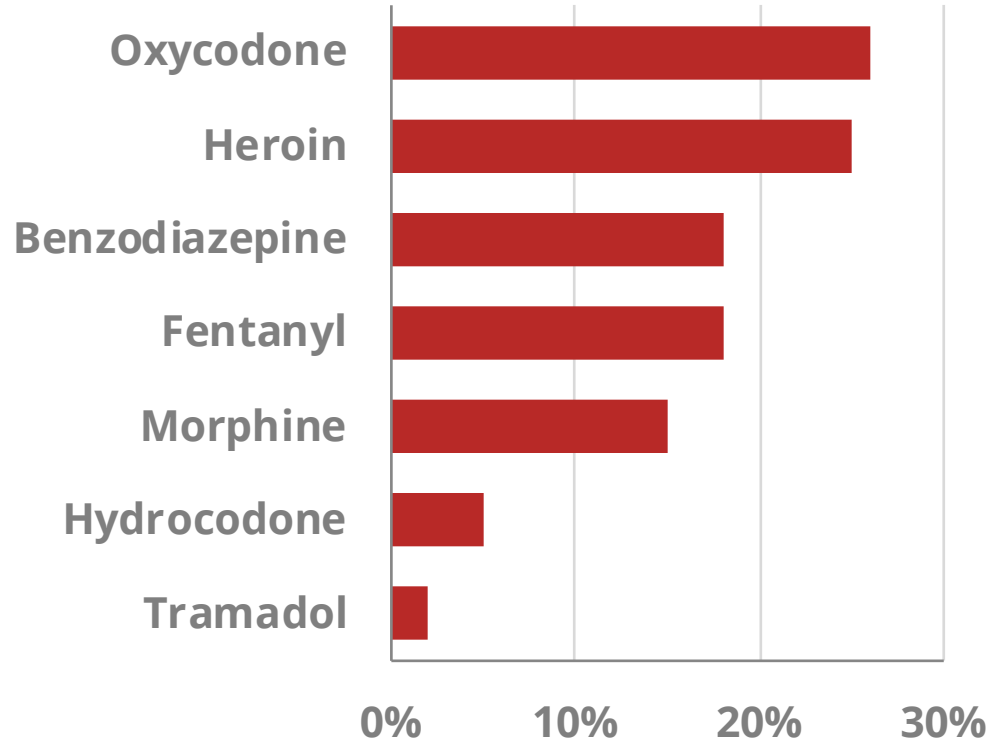


**83% of verified opioid overdoses were unintentional in 2018**

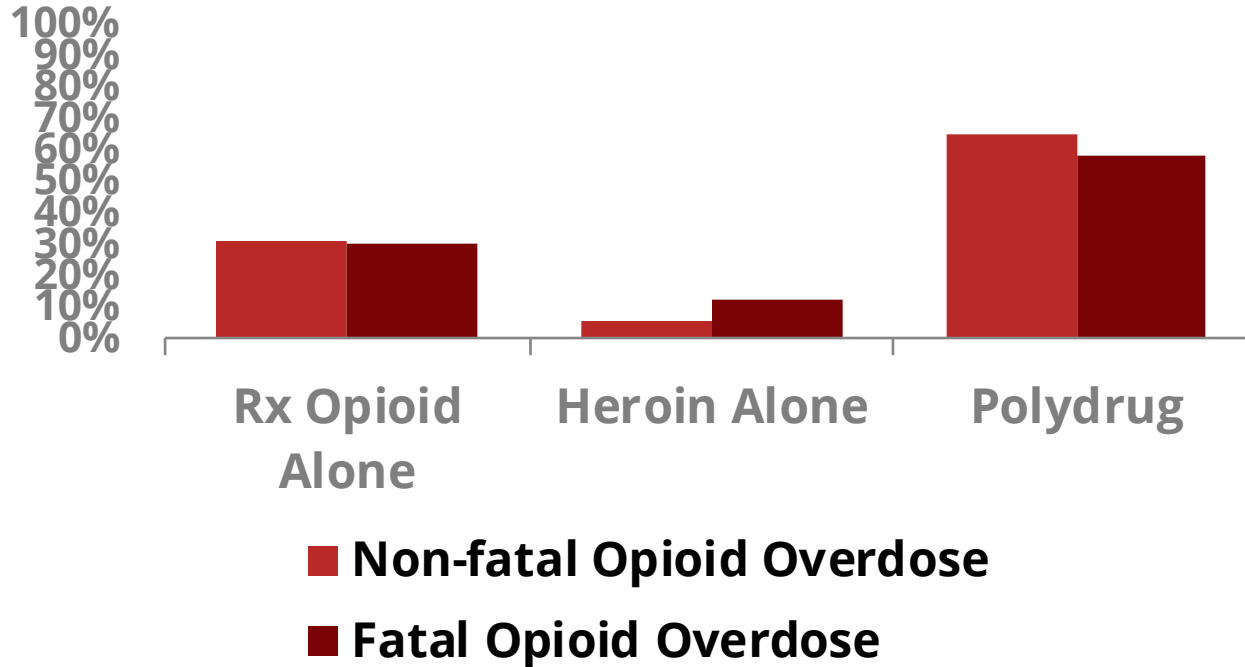


**■ Suicide   ■ Unintentional**

**Oxycodone and heroin** were the opiate drugs most commonly noted to be involved in verified opioid overdoses January 1, 2018 - December 31, 2018.

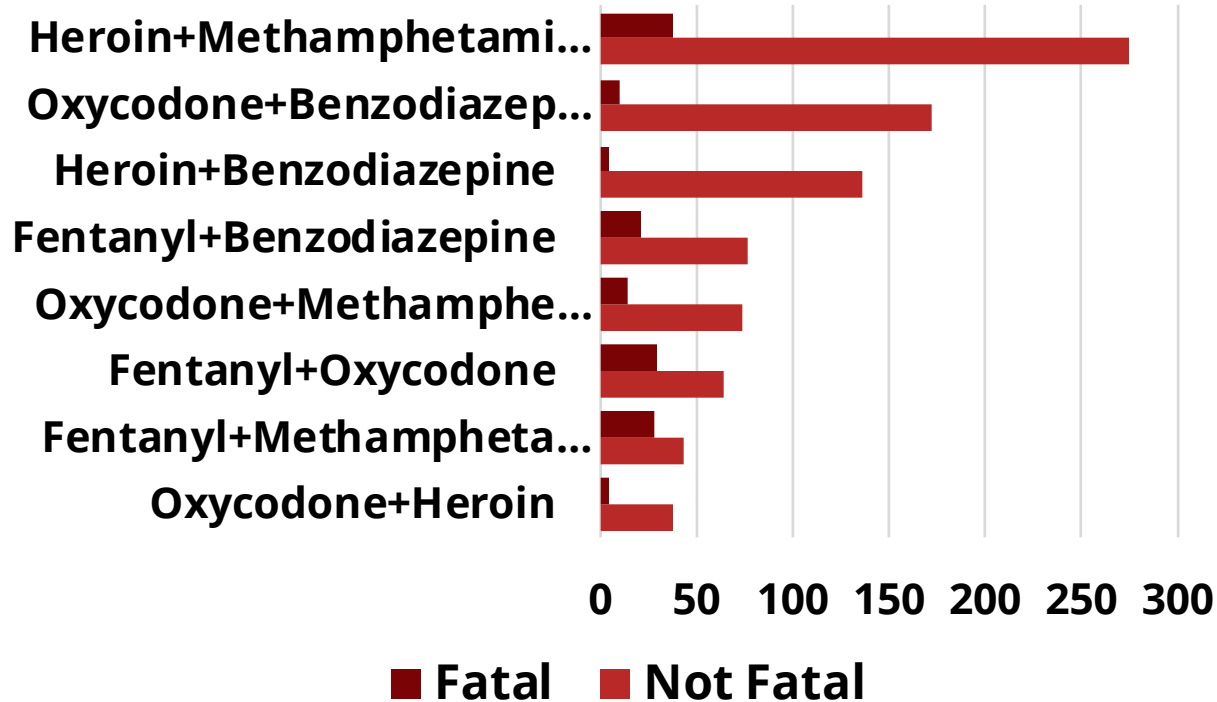


58% of verified *fatal* opioid overdoses and 65% of *non-fatal* opioid overdoses involved polydrug use of at least one opioid and at least one other type of drug in 2018

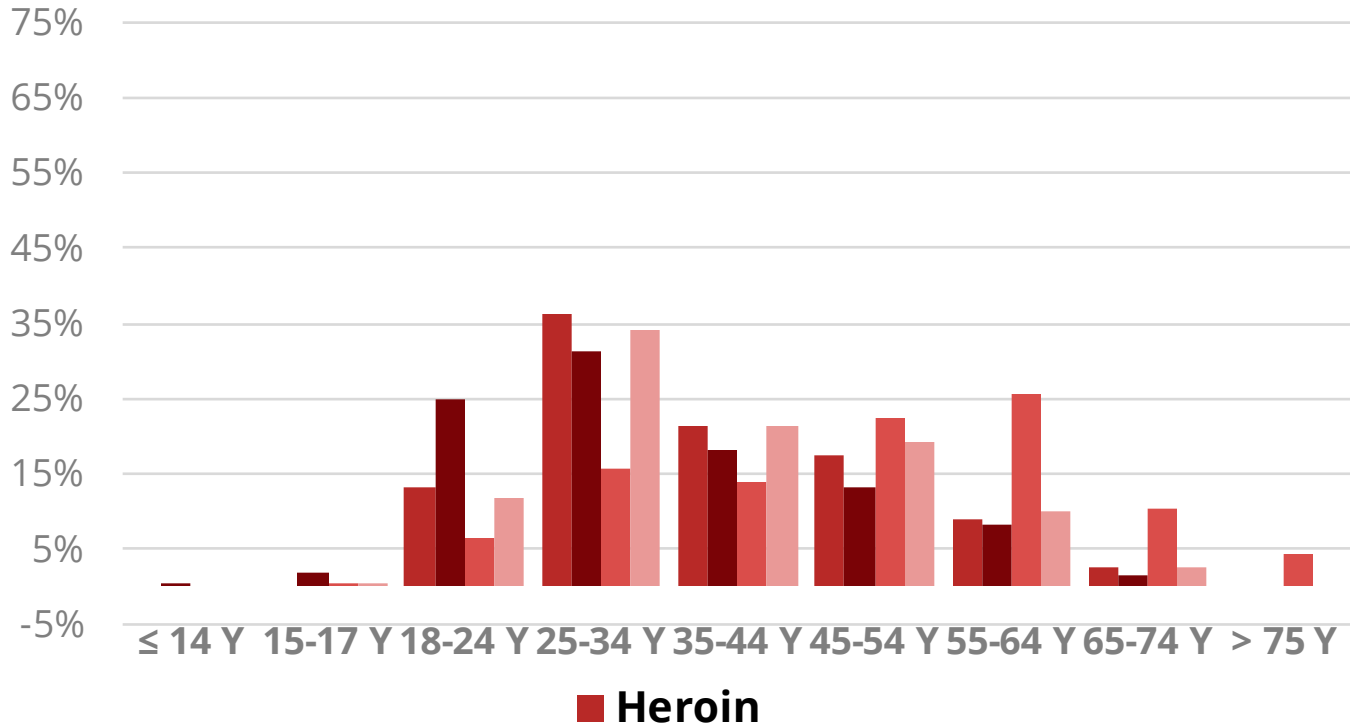




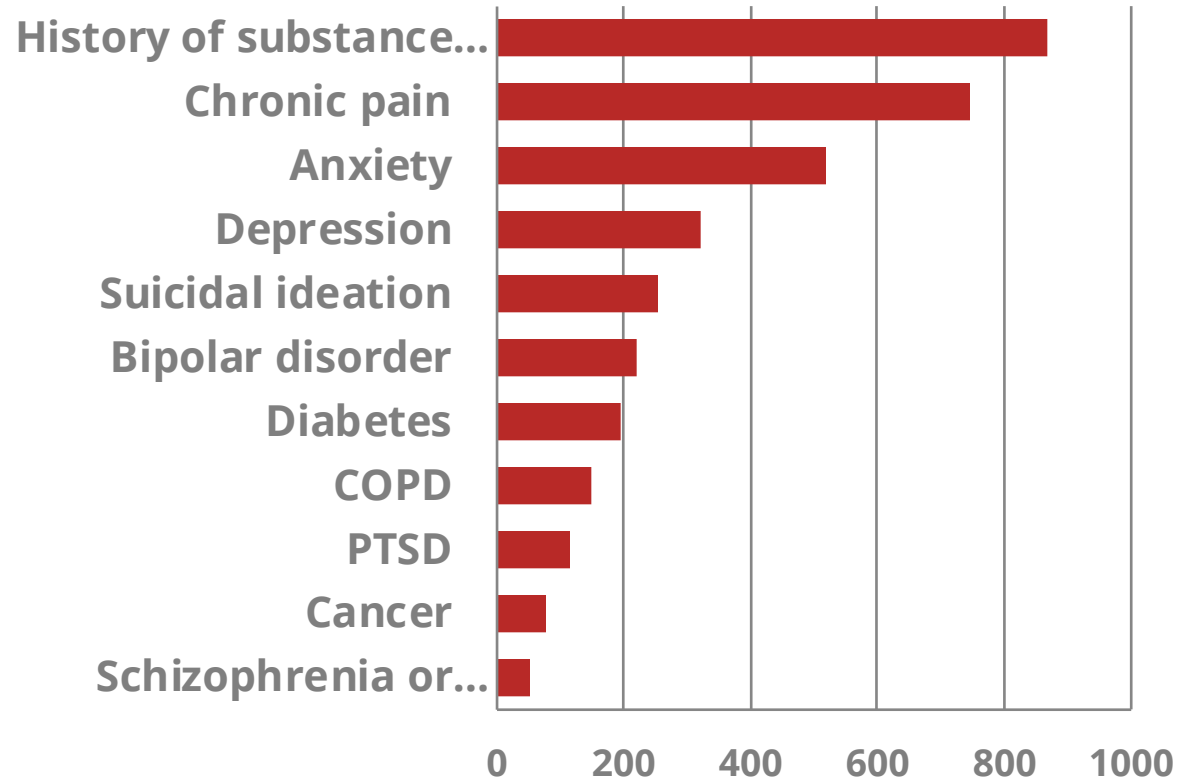
Among the verified opioid overdoses with multiple drugs identified, the most common drug combination in fatal & non-fatal overdoses was **heroin & methamphetamine** in 2018.



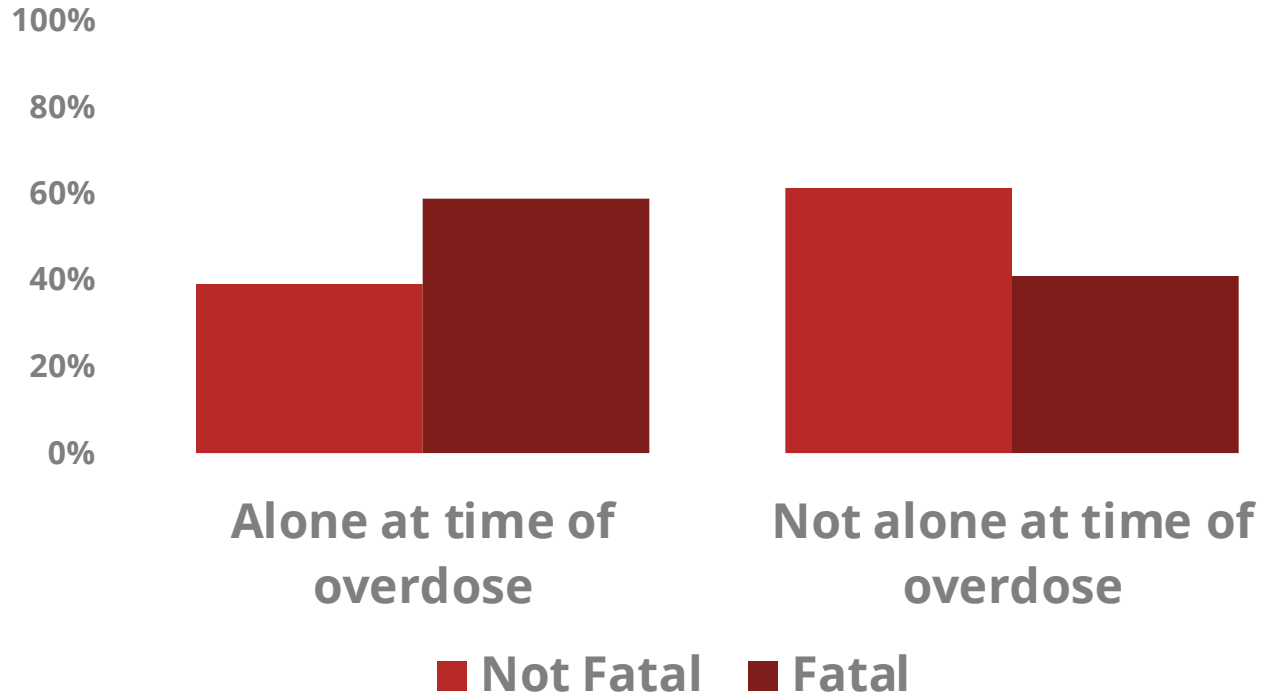
The most fatal overdoses due to heroin, fentanyl, & polysubstance were reported in **25 - 34 year olds**. The most fatal overdoses due to prescription opioids only were reported in **45 - 75 year olds** during review June 15, 2017- January 3, 2019.



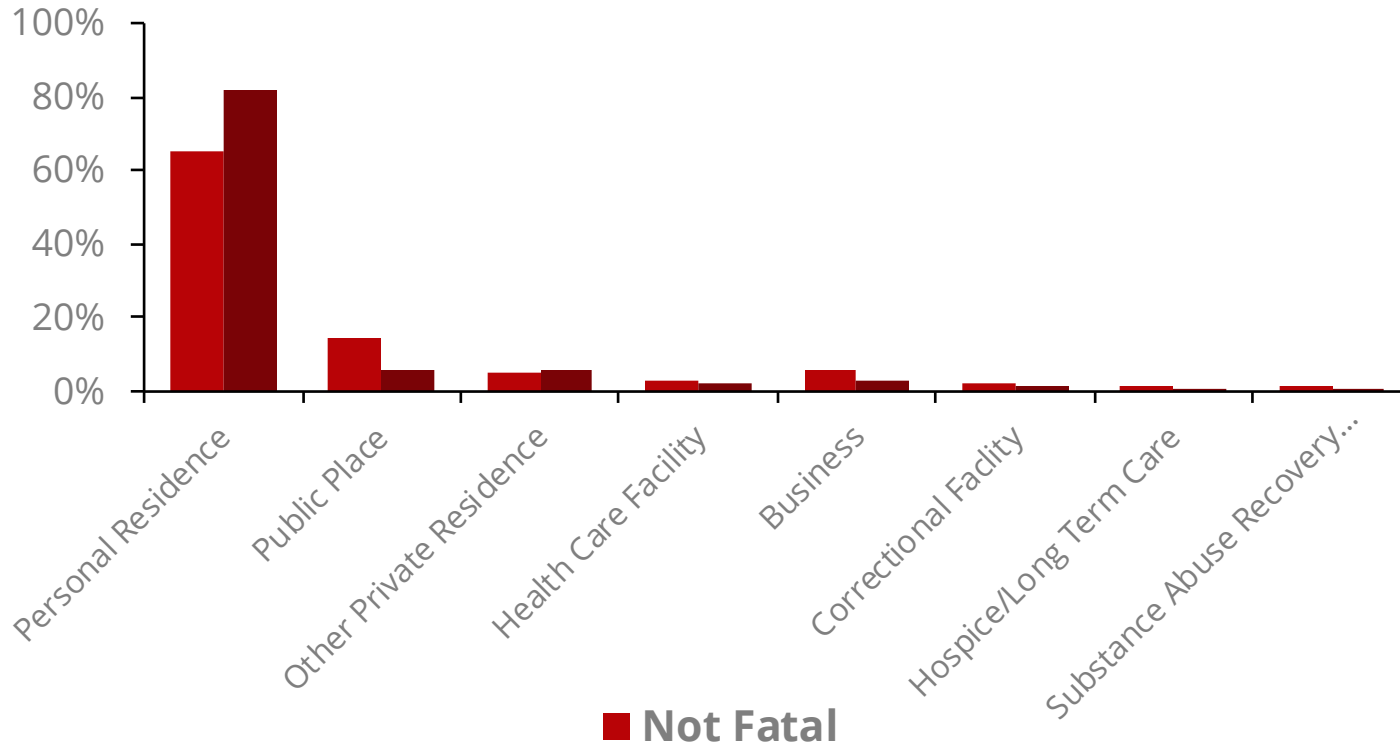
**History of substance use disorder and chronic pain** were the most common pre-existing conditions for verified opioid overdoses during 2018.



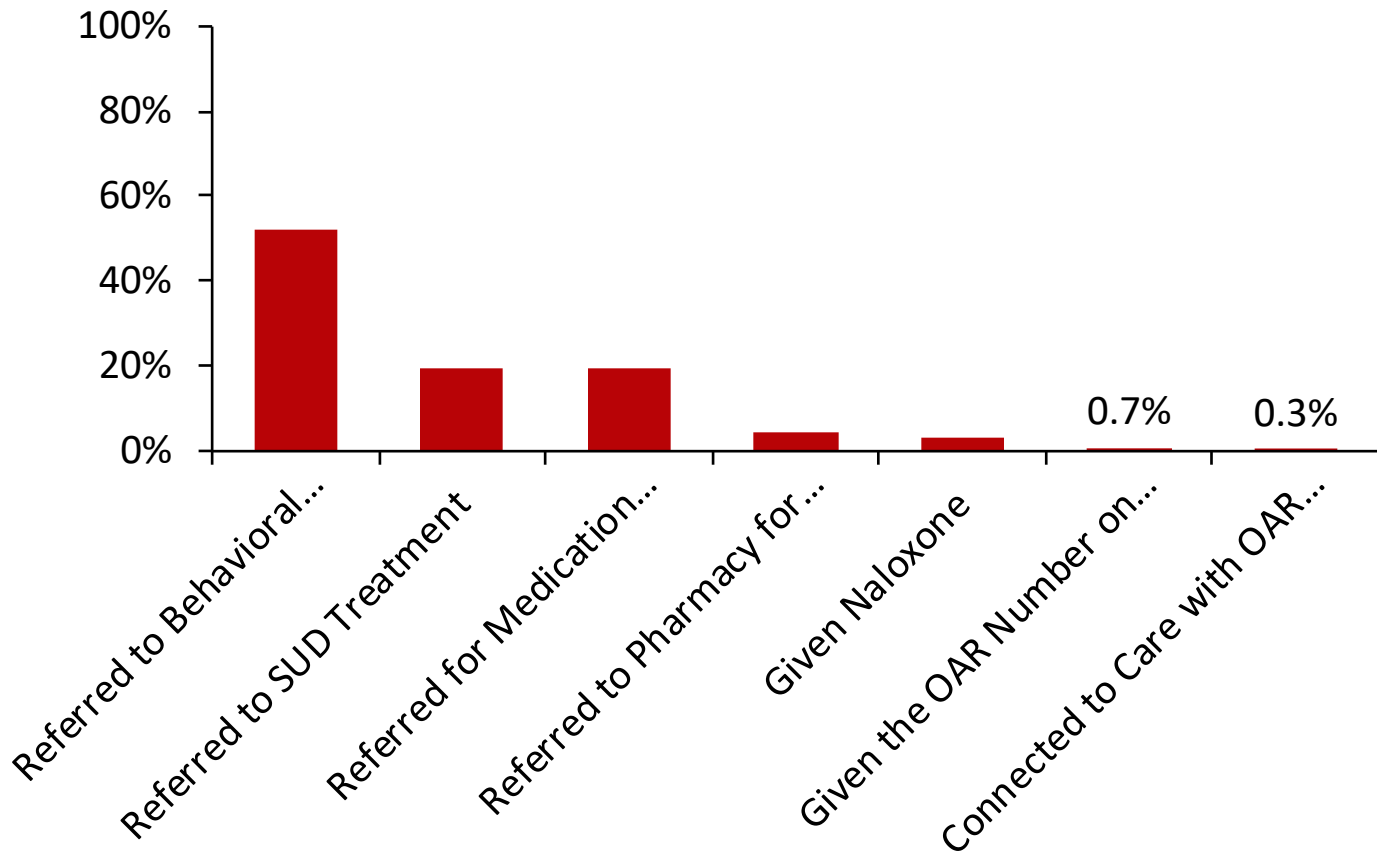
From June 15, 2017- January 3, 2019, more people who were **alone** at the time they overdosed had a **fatal overdose**.



During review June 15, 2017- January 3, 2019, the majority of people who overdosed did it in their **personal residence**



**For those that survived their overdose, discharge recommendations & referrals varied during review June 15,2017- January 3, 2018.**



# Indicators of Progress




ARIZONA DEPARTMENT  
OF HEALTH SERVICES

# Naloxone Distribution

ADHS has distributed 9400 kits of naloxone to **law enforcement agencies**.

Law enforcement officers have administered naloxone to **1,089** people since June 2017; **97% survived** the immediate pre-hospital event.

NALOXONE REQUEST FORM		
 ARIZONA DEPARTMENT OF HEALTH SERVICES	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.	
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: _____

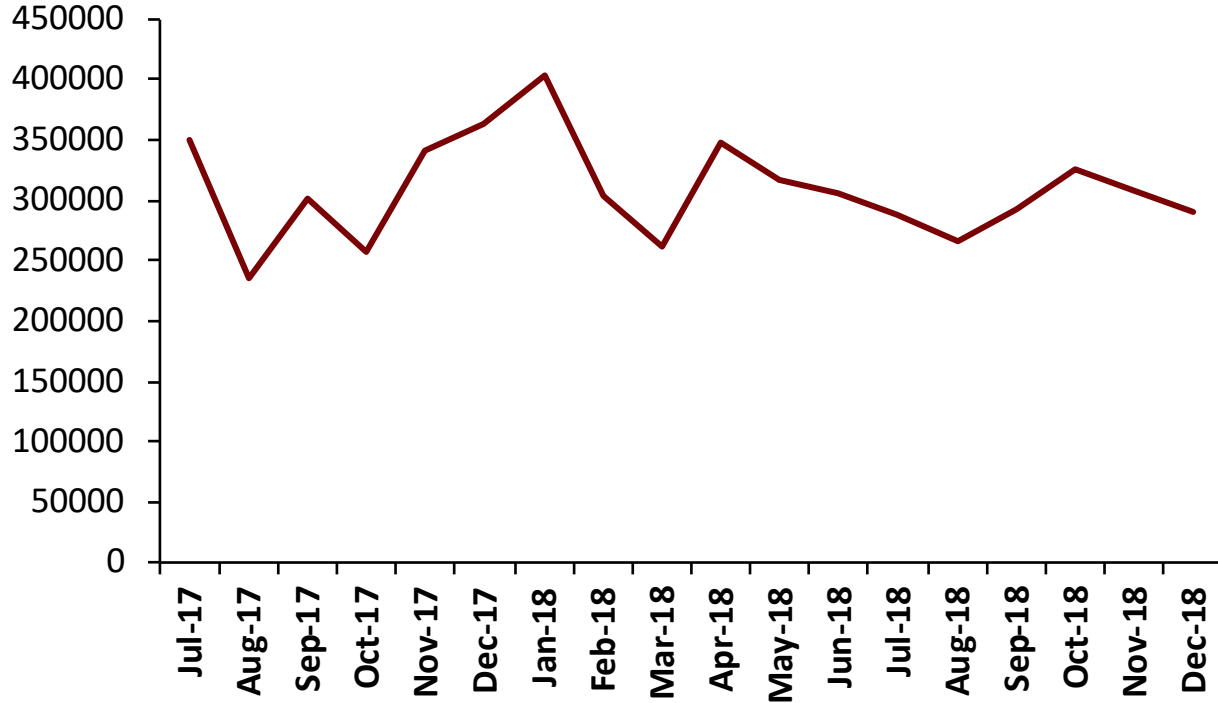
You may submit completed application multiple ways:

- Email: [azopioid@azdhs.gov](mailto: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. 18<sup>th</sup> Ave., Suite 320  
Phoenix, AZ 85007

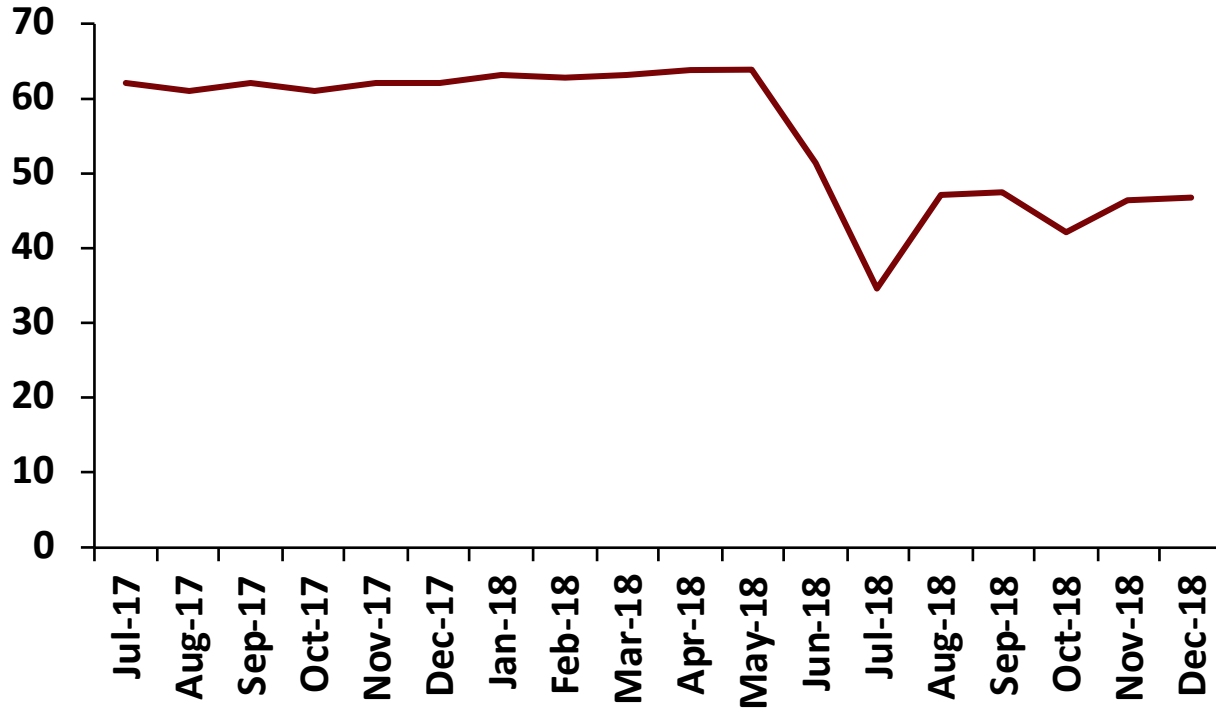
Questions? Email [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov) or call Tomi St. Mars, 602-542-7340



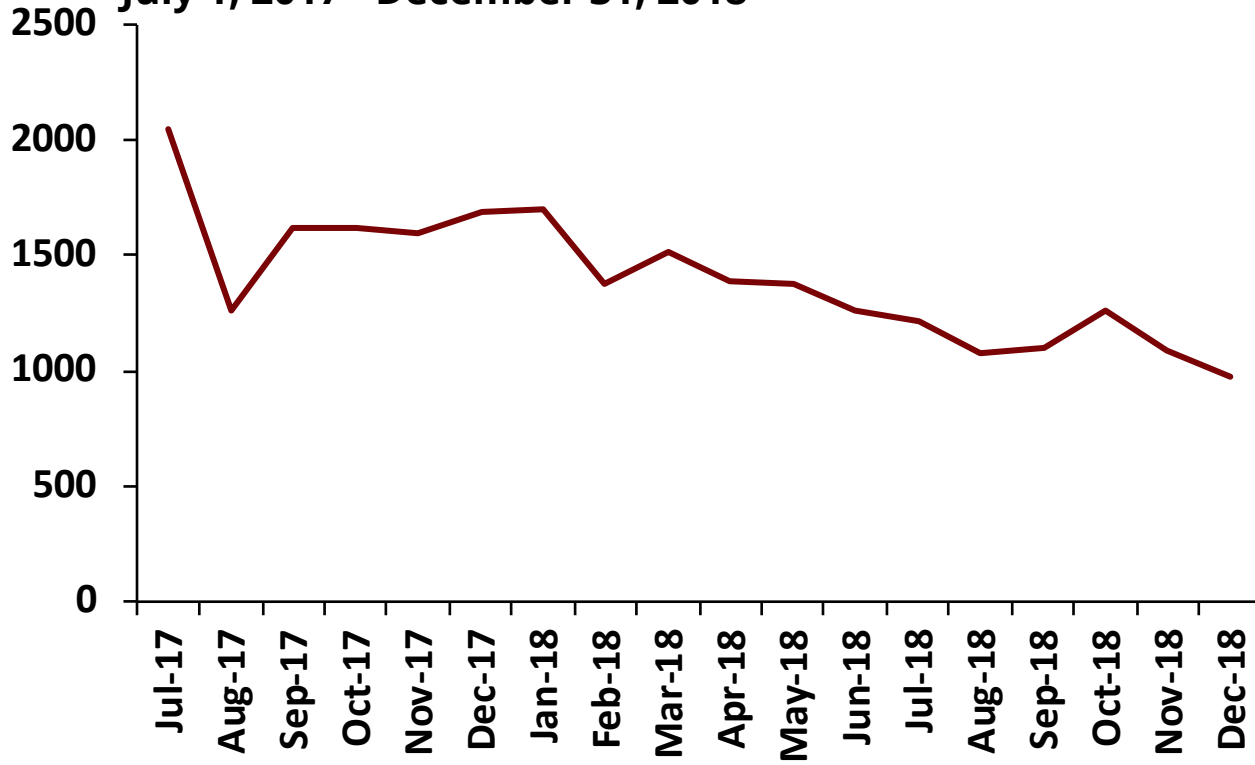
## Number of Opioid Prescriptions Filled July 1, 2017 - December 31, 2018



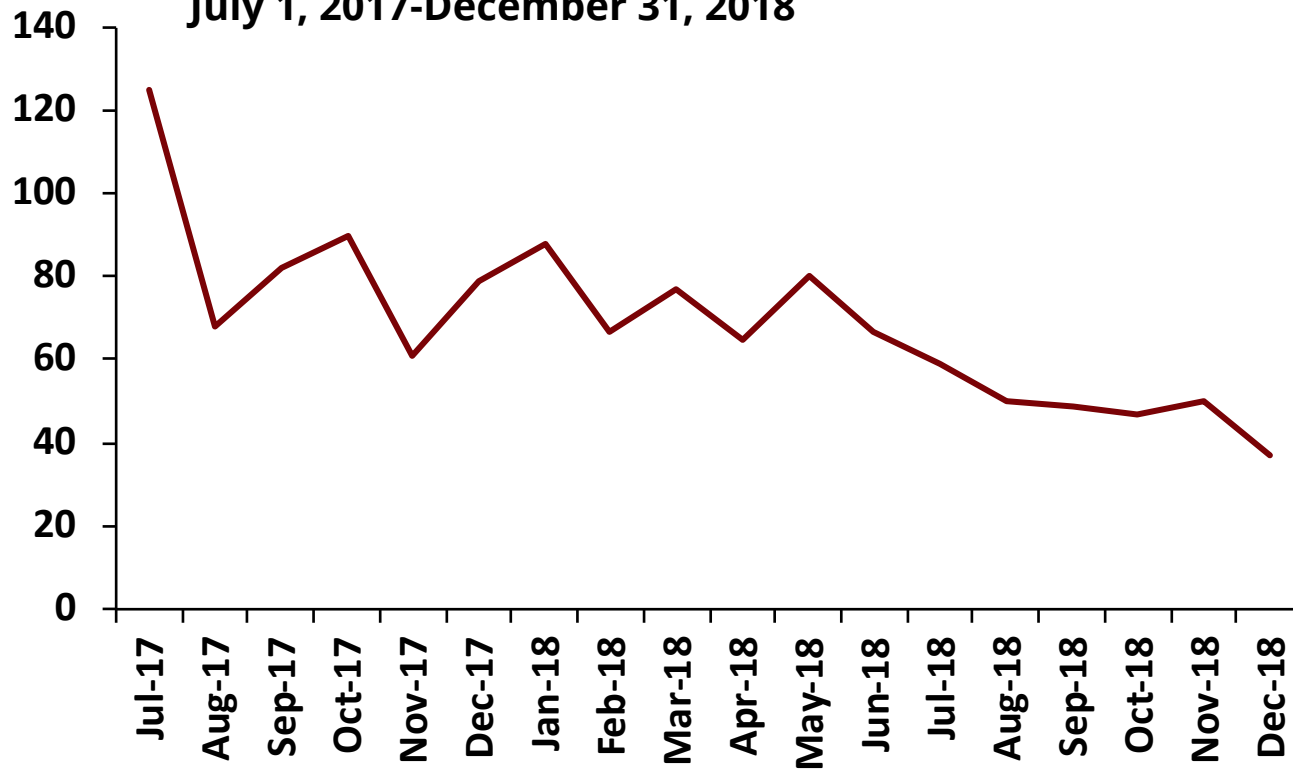
## Average Morphine Milligram Equivalent Prescribed July 1, 2017 -December 31, 2018



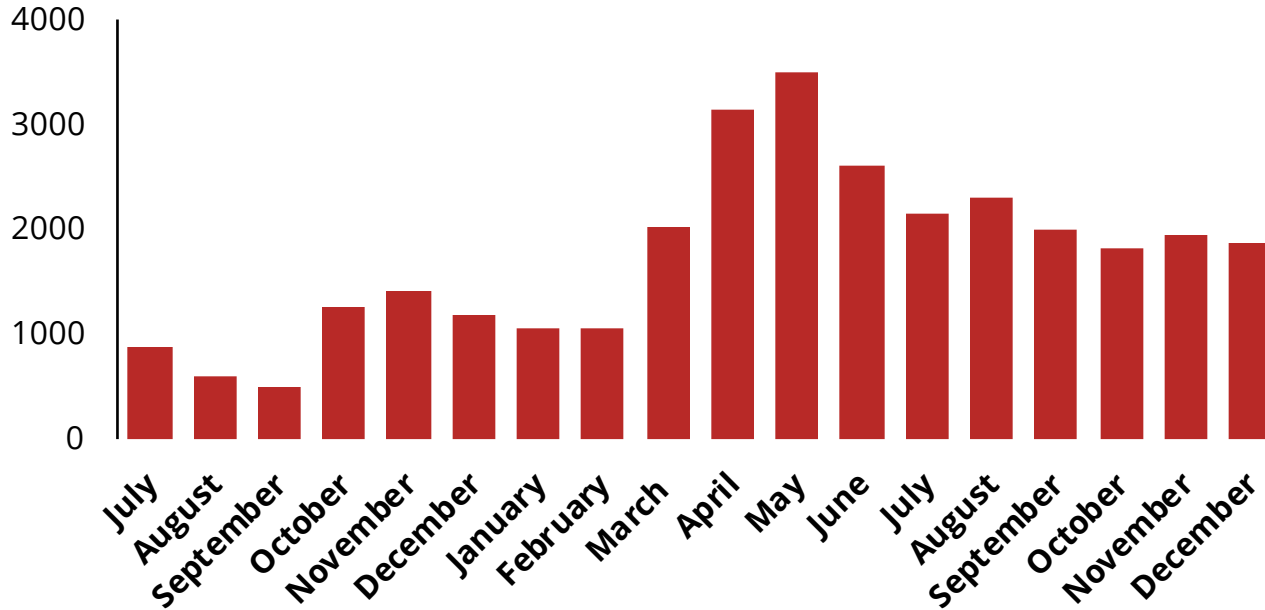
# Number of Patients who were Opioid Naive Prescribed Opioids for 5 or More Days July 1, 2017 - December 31, 2018



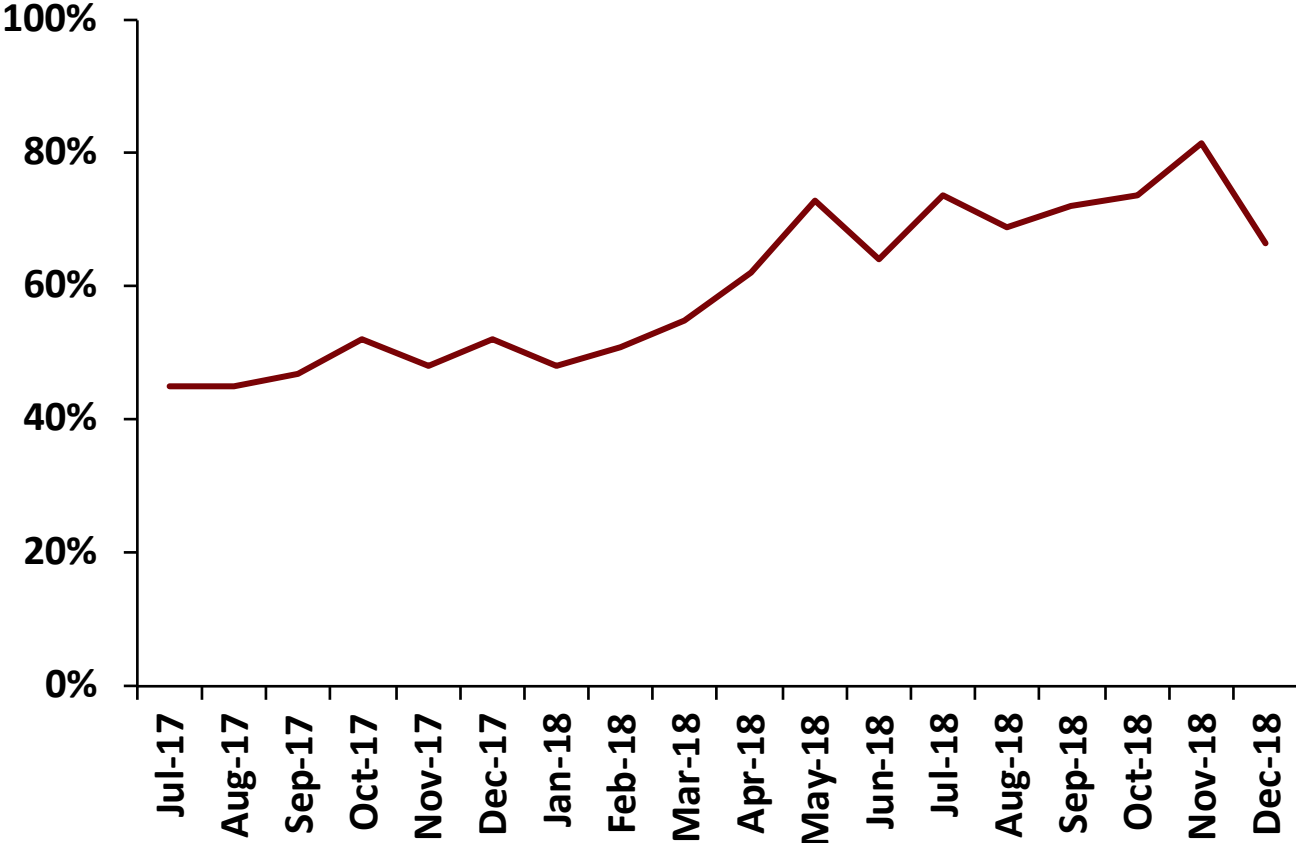
# Average Morphine Milligram Equivalents Prescribed to Opioid Naïve July 1, 2017-December 31, 2018



# The number of naloxone doses dispensed by pharmacists peaked in May 2018

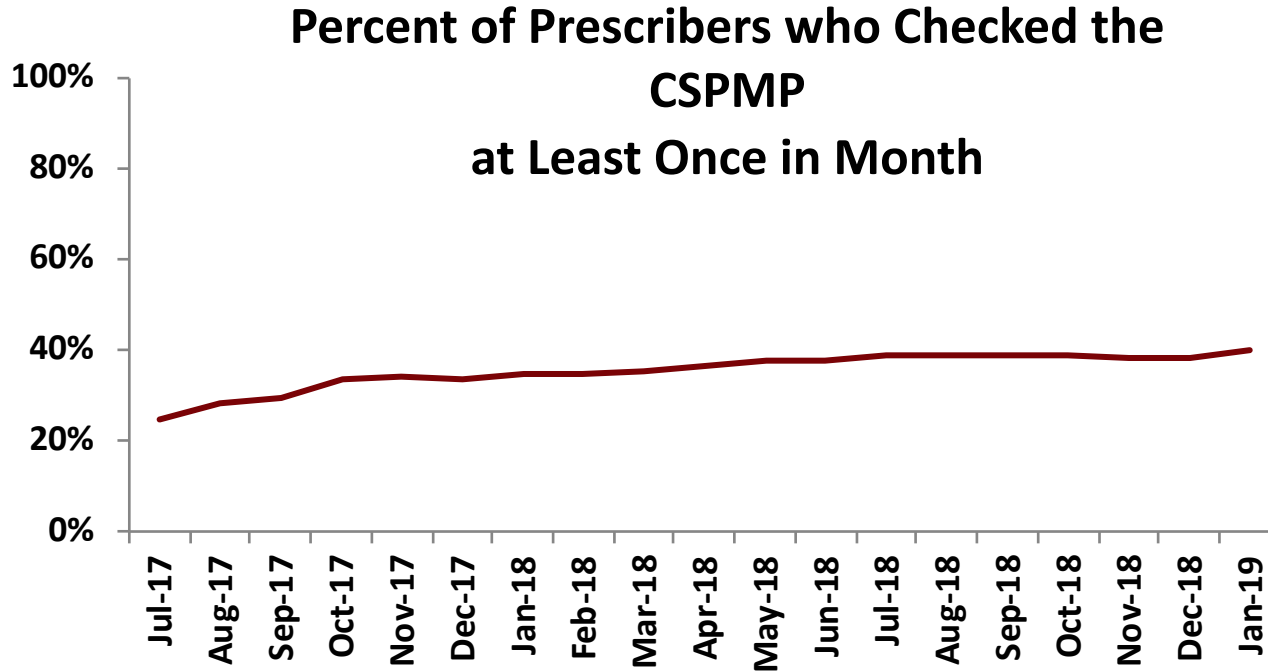


# Referrals to Behavioral Health or Substance Use Disorder Treatment After Overdose July 1, 2017-December 31, 2018



# CHECKING THE CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM

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# REDUCING OPIOID DEATHS

## WE KNOW THIS FIGHT IS FAR FROM OVER

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### AZ Drug Overdose Death Rates

Year	Rate	Ranking in U.S.
2013	18.7	10th highest
2014	18.2	14 <sup>th</sup>
2015	19.0	18 <sup>th</sup>
2016	20.3	25 <sup>th</sup>
2017	22.2	24 <sup>th</sup>





For more information

[azhealth.gov/opioid](https://azhealth.gov/opioid)

Questions/Comments: [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov)



ARIZONA DEPARTMENT  
OF HEALTH SERVICES



# Update on STR, SOR and SUDs

Strategies to Combat  
the Opioid Epidemic



# Opioid State Targeted Response

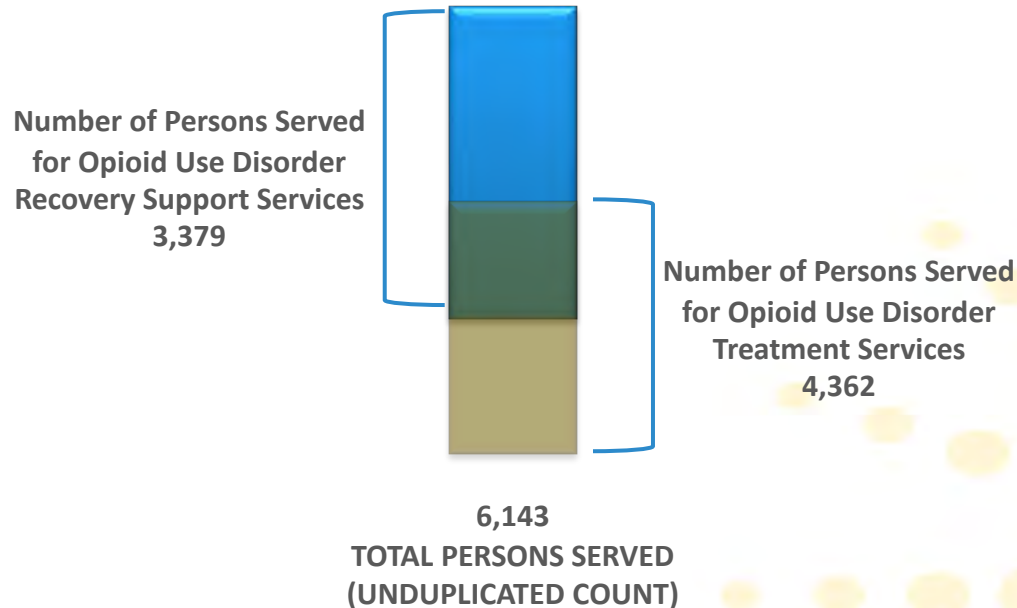
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- MAT education and outreach
- Increase peer support services
- MAT COEs for 24/7 access to care; med units; new OTPs
- Hospital and ED discharge projects
- Diversion and incarceration alternatives
- Early ID and connection for re-entry population
- Prescriber education
- Public awareness campaign
- Support for the OAR line
- PPW projects
- Street-based outreach
- Community TIP development

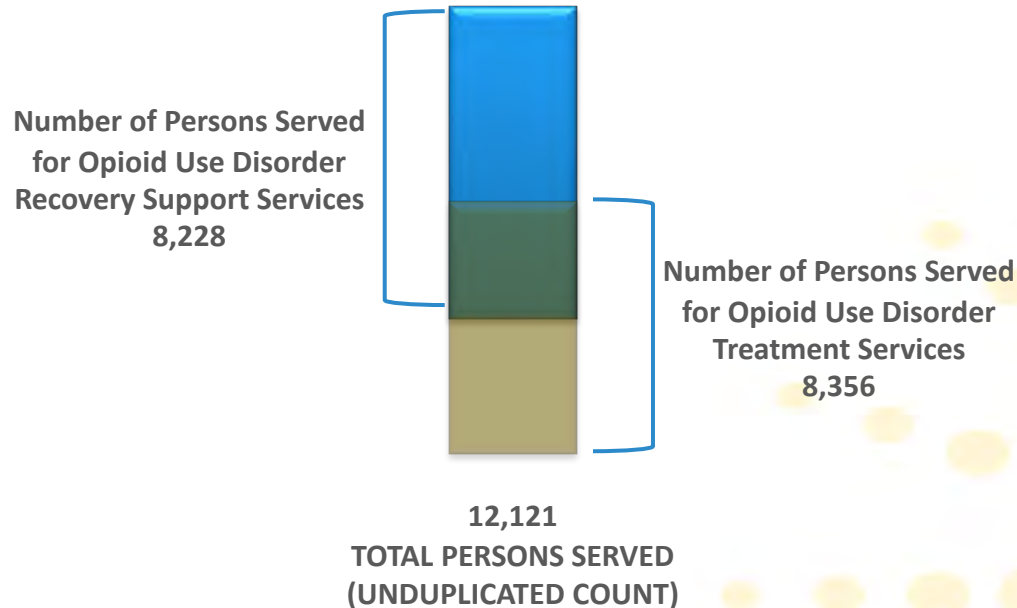
# State Opioid Response

1. Sustaining and Enhancing Naloxone Distribution
2. Increasing Localized Community Opioid Prevention Efforts
3. Expanding Trauma-Informed Care Prevention, Treatment and Recovery Efforts
4. Expanding Navigation and Access to MAT
5. Expanding access to recovery support services (i.e. housing, peer supports, job assistance and supportive recovery programming) and
6. Increasing public access to real-time prevention, treatment and recovery resources to create a real “no-wrong door” approach
7. Major focus on populations with disparities
8. Expanding prescriber training and public awareness campaigns

# Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant Year One, May 1, 2017 – April 30, 2018

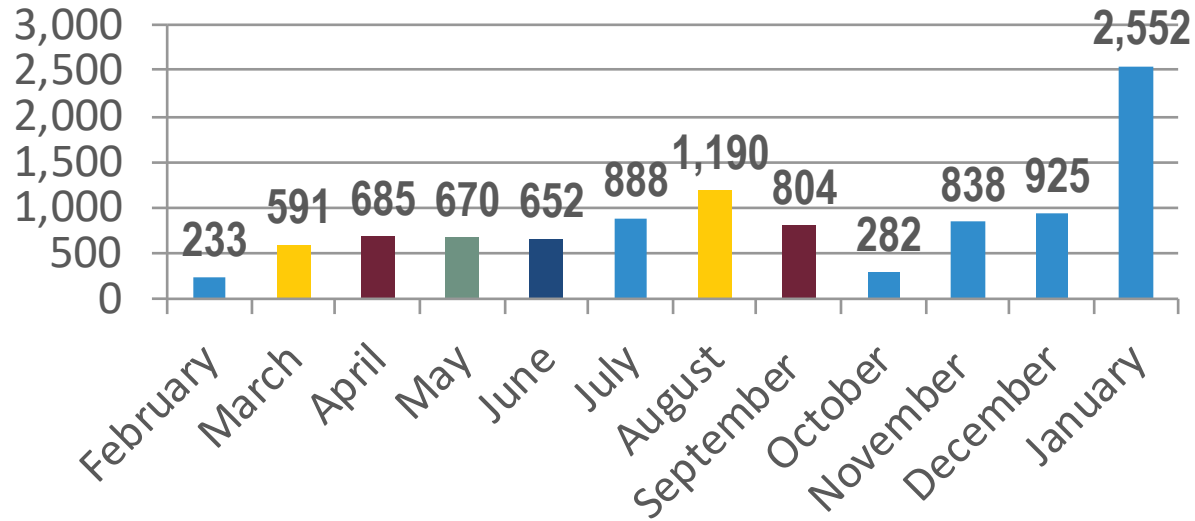


# Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant Year Two, May 1, 2018 – January 31, 2019

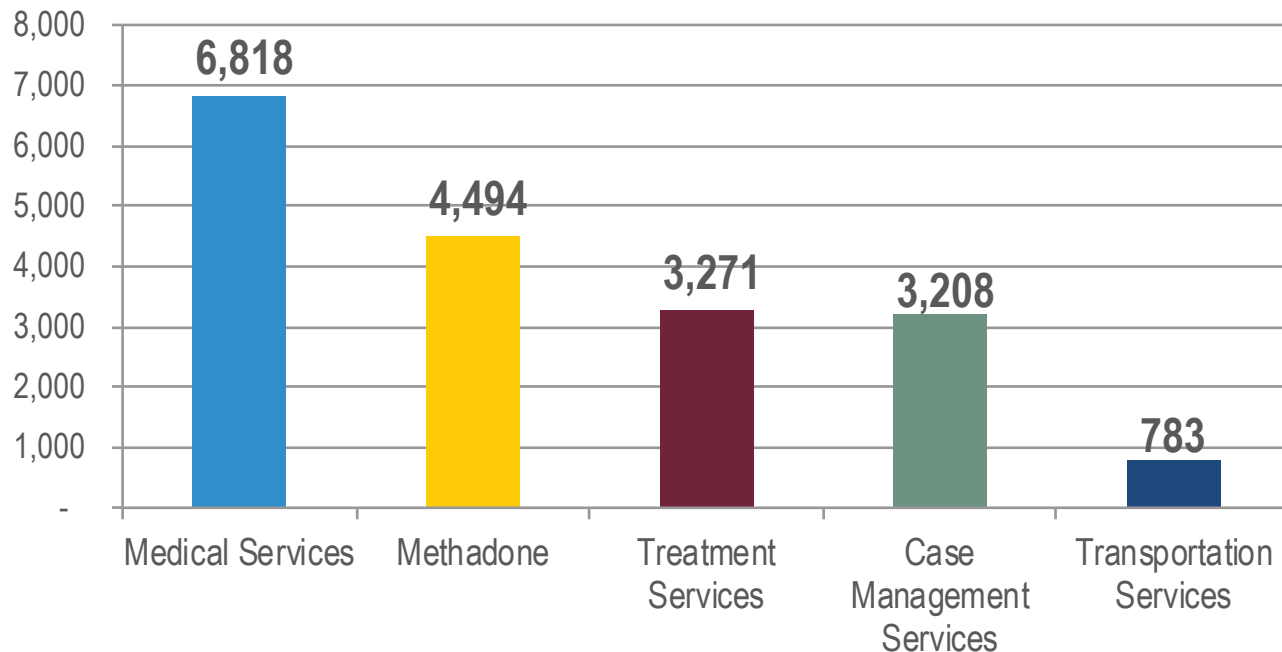


# Number of Individuals Served, Governor's Substance Use Disorder Services (GO SUDS) Fund, February 1, 2018 – January 31, 2019

**10,310**  
**TOTAL PERSONS SERVED**



# Top 5 Services, GO SUDS Fund, February 1, 2018 – January 31, 2019





# Sonoran Prevention Works Community Distribution, January 1, 2017 – January 31, 2019

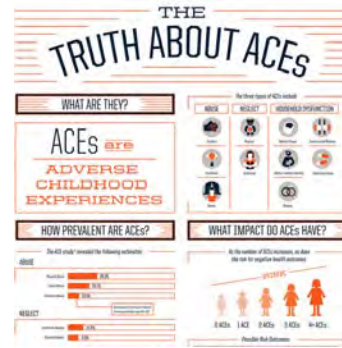
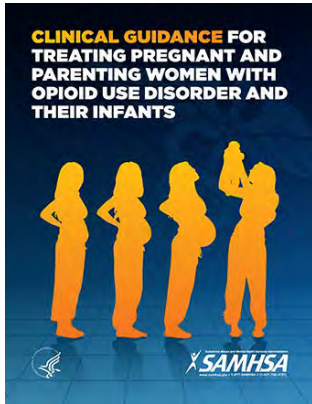
Number of Naloxone Kits	
Number of kits to Law Enforcement	710
Number of kits to all others	89,037
<b>Total Number of Kits Distributed</b>	<b>89,747</b>
<b>Total Number of Reversals</b>	<b>6,320</b>



**So, Now What?**

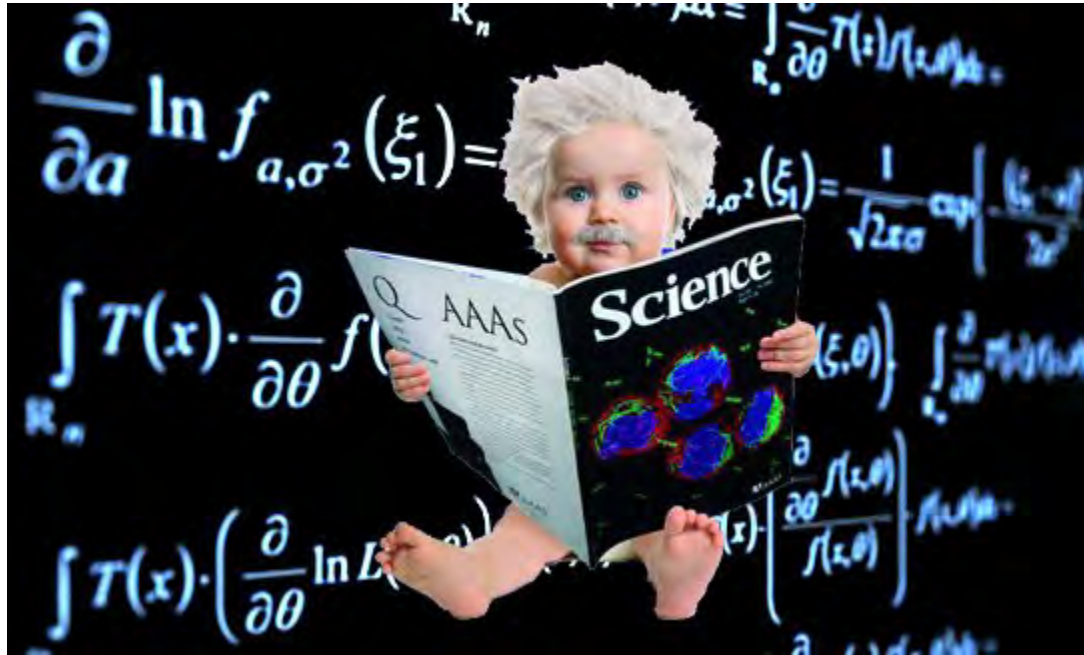


# Priority Populations

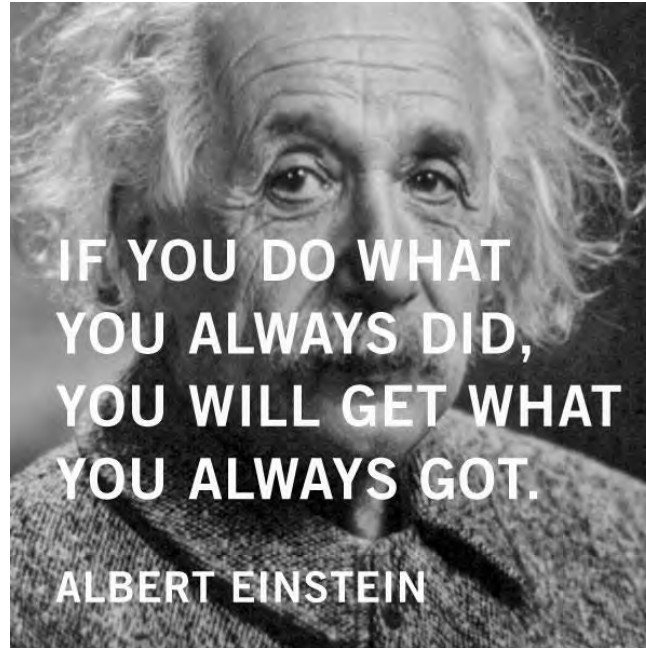


Reaching across Arizona to provide comprehensive quality health care for those in need

# Use What Works!



# Try Something New!



# Six 24/7 Centers of Excellence

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- Southwest Behavioral Health Services, Kingman Recovery and Observation Unit 1301 W. Beale Street, Kingman, AZ 86401, 928-263-6515
- West Yavapai Guidance Clinic, Crisis Stabilization Unit 8655 E. Eastridge Drive, Prescott Valley, AZ 86314, 928-445-5211
- Community Medical Services 2301 W. Northern Avenue, Phoenix, AZ 85021, 602-866-9378
- Community Bridges, East Valley Addiction Recovery Center 560 S. Bellview, Mesa, AZ 85204, 480-461-1711
- CODAC Health, Recovery and Wellness 380 E. Ft. Lowell Road, Tucson, AZ 85705, 520-202-1786
- Intensive Treatment Systems, 4136 N. 75<sup>th</sup> Ave #116, Phoenix, AZ 85033, 623-247-1234

# Medication Units and OTPs

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- Casa Grande and Safford are open
- Coming Soon: Sierra Vista (MU), Lake Havasu (MU), Nogales (MU), Kingman (OTP), Show Low (OTP), San Tan Valley (OTP), Yuma (OTP), Buckeye (Satellite); expanded hours in existing OTPs
- Others opening outside of STR and SOR





# Thank You

[Shana.Malone@azahcccs.gov](mailto:Shana.Malone@azahcccs.gov)



# Arizona Neonatal Abstinence Syndrome Action Plan

## Preventing NAS Learning Lab

*A project of the National Governor's Association (NGA)*

### The Arizona Substance Abuse Partnership Meeting

Governor's Office of Youth, Faith and Family

February 26, 2019



ARIZONA DEPARTMENT  
OF HEALTH SERVICES



# NGA Core Team Members

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## Team Members

- **Brandy Madrid**, RN, BSN, MCH/EPSTD Coordinator, Arizona Health Care Cost Containment System (AHCCCS)
- **Sara Rumann**, MA, Health Start and Pregnancy Wellness Manager, Bureau of Women's and Children's Health, Arizona Department of Health Services (ADHS)
- **Susan Smith**, M.Ed., Prevention Administrator, Arizona Department of Child Safety (DCS)
- **Sam Burba**, Director of Substance Abuse Initiatives, Governor's Office of Youth, Faith, and Family
- **Ronda Siefert**, RN, BSN, IBCLC, MCH/EPSTD Coordinator, Arizona Health Care Cost Containment System (AHCCCS)
- **Dan Greenleaf**, MA, Grants Manager, Arizona Health Care Cost Containment System (AHCCCS)
- **Dawna Allington**, Former Program Administrator, Governor's Office of Youth, Faith, and Family

# Current Landscape

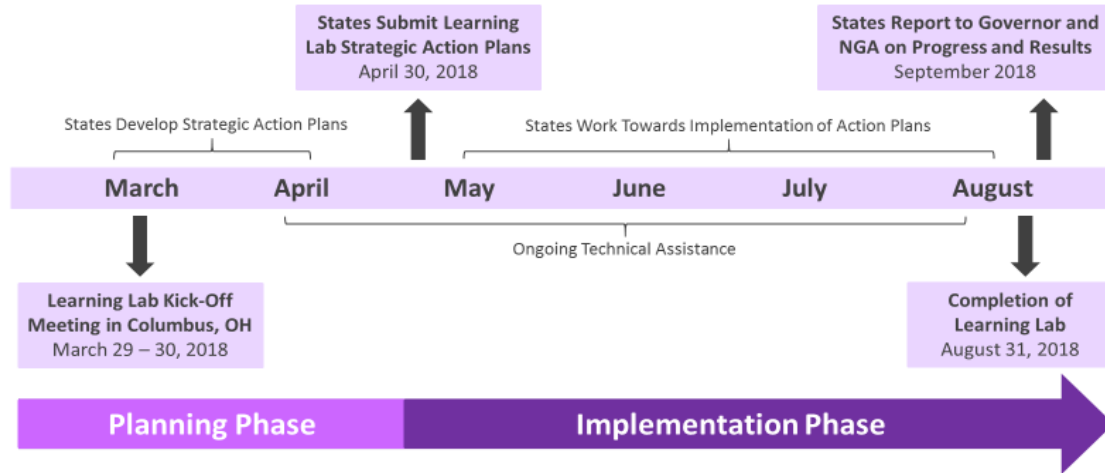
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## Data Overview

- Incidence of NAS cases increased by 31% from 2015 to 2016
- Maternal opioid use was identified in 7% of 86,228 hospital births in 2016
- 846 Arizona babies were born with possible drug-related withdrawal symptoms in SFY18\*
- 395 Arizona babies have been born with possible drug-related withdrawal symptoms in SFY19\*
- DCS had over 4,300 reports of SEN in FY18

\* NAS Surveillance MEDIS System

# Learning Lab Timeline: March 2018 – August 2018





# Framing the Call to Action: Arizona Project Vision Statement

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*Establish a coordinated approach to increase awareness and improve outcomes for families impacted by opioid use and substance use during pregnancy.*



## May 30, 2018 Planning Meeting Objectives

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- Provide Opioid and NAS Update
- Review and Obtain Feedback on 3 Year Draft
- Plan Vision and Goals
- Identify Additional Action Steps
- Establish a Timeline for Next Steps



# May 30, 2018 Planning Meeting Challenges

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- Challenges Identified
  - Lack of training specific to the treatment of pregnant women with OUD/SUD
  - Provider reluctance to identify, treat and/or refer pregnant women who have an OUD/SUD
  - Inconsistent identification of substance exposed infants at hospitals
  - Lack of collaboration among medical providers, MAT and behavioral health treatment providers and home visiting programs
  - Creating/expanding gender specific treatment services that address unique needs of women of reproductive age

# Development of the Arizona NAS Action Plan

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## Arizona NAS Action Plan

**Addressing Maternal Opioid Use Disorder to Prevent and Reduce the Effects of Neonatal Abstinence Syndrome (NAS): Preventing NAS Learning Lab**

**October 2018**

(Final Draft: Approved 1/2/2019)







# NAS Action Plan Goals Summary

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1. Coordinate across state agencies to ensure buy-in and the most effective response.
2. Increase the knowledge base of healthcare providers regarding screening, diagnosis, and treatment of OUD and substance use in pregnant and postpartum women.
3. Increase the implementation of a family centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting.

# NAS Action Plan Key Performance Metrics

## **Goals Summary**

**1. Coordinate across agencies to ensure buy-in and the most effective response.**

*Key Performance Metrics:*

*1. By October 2019, identify any additional SUD/ODU and MAT service providers by county and neonatal abstinence syndrome (NAS) resources that may be included on the [www.substanceabuseaz.gov](http://www.substanceabuseaz.gov) website.*

**2. Increase the knowledge base of healthcare providers and behavioral health providers regarding screening, diagnosis and treatment of OUD and substance use in pregnant and postpartum women.**

*Key Performance Metrics:*

*1. By June 2019, develop a series of training modules and/or webinars on SUD/ODU NAS for physicians, nurses, other healthcare providers, SUD treatment and MAT providers, home visitors, and county court judges.*

*2. By June 2019, ensure current and existing media campaigns include raising awareness and reducing stigma around SUD/ODU and women.*

**3. Increase implementation of a family centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting.**

*Key Performance Metrics:*

*1. By June 2020, expand/increase temporary transitional housing resources for SUD/ODU pregnant women and women with children and include case management and wrap around services such as job training and transportation.*

*2. By June 2020, expand the use of Peer Support Specialists at SUD/ODU and MAT treatment sites including on-going training.*

# NAS Action Plan

Goal # 1: Coordinate across agencies to ensure buy-in and the most effective response.					
Action Steps	Timeline/Due Date	Agency/Point Person(s)	Needed Resources	Notes	Progress to Date
<p>1. Identify any additional SUD/ODU/ MAT providers by county that provide services for women of reproductive age including pregnant/postpartum women with children:</p> <p>a. Provide a list of service provider updates and/or stakeholder websites links to the GOYFF for consideration to be added to the Prevention Treatment and Recovery Locator website;</p> <p>b. Explore adding Neonatal Abstinence Syndrome resources and home visiting services links under the Resources tab of the Prevention Treatment and Recovery Locator website.</p>	October 2019	<p>Arizona Department of Health Services (ADHS)</p> <p>Arizona Health Care Cost Containment System (AHCCCS)</p> <p>Arizona Department of Child Safety (DCS)</p> <p>Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (Substance Exposed Newborn Prevention Task Force)</p> <p>Department of Education (DOE)</p> <p>Arizona Alliance for Community Health Centers) (AACHC)</p>	<p>The Governor's Office of Youth, Faith and Family (GOYFF) Treatment Locator is already in place.</p> <p><a href="http://www.substanceabuseaz.gov">www.substanceabuseaz.gov</a></p> <p>No cost to put links on stakeholder websites to key websites including: <a href="http://www.azhealth.gov/opioid">www.azhealth.gov/opioid</a></p>	<p>GOYFF Treatment Locator in place.</p> <p>Stakeholders and Task Force to provide any updates and NAS information to be considered.</p> <p>Information would be shared with the Arizona Substance Abuse Partnership (ASAP) led by the Governor's Office of Youth, Faith and Family (GOYFF) as needed.</p>	<p>GOYFF to do updates to website; include an NAS TAB and Inventory of Providers; some resources on NAS</p> <p>Quarterly Substance Abuse Treatment Capacity Reporting is being conducted through a Treatment Availability Survey Initiated by ADHS which may provide additional provider resources.</p>

# NAS Action Plan

Goal # 2: Increase the knowledge base of healthcare providers and behavioral health providers regarding screening, diagnosis, and treatment of OUD/SUD in pregnant and postpartum women					
Action Steps	Timeline/Due Date	Agency/Point Person(s)	Needed Resources	Notes	Progress
<p>1. Develop a series of training modules and/or webinars as needed on the following:</p> <ul style="list-style-type: none"> <li>a) overview of Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) and effects on women/infants;</li> <li>b) screening for SUD/OUD of women of reproductive age including motivational interviewing, stigma, ACEs, Trauma Informed Care;</li> <li>c) information on referral resources and home visiting programs;</li> <li>d) offer CME and /or Certificate of Completion to physicians, nurses other medical providers, SUD treatment and MAT providers, home visitors, county court judges</li> </ul>	June 2019	AHCCCS GOYFF Arizona Department of Economic Security (DES) Courts ADHS	State Targeted Response Carry-Forward funds.	<p>Training may be provided as a “train the trainer” model and provided in person. The training would be sustained via on-line webinar modules which may include enhancement of existing on-line training or development of new modules.</p> <p>Resource list for referrals needs to be developed and provided as part of training</p> <ul style="list-style-type: none"> <li>• Need provider champions from ACOG/AAP and Arizona Perinatal Trust</li> </ul>	State Targeted Response Carry-Forward funds to be utilized to develop NAS/SEN Trauma Informed Care training including An online course for home visitors. A Video Series will be developed to provide training for medical providers, ACE’s, trauma informed care , MAT and to reduce stigma in caring for women and NAS babies,
2. Promote universal screening of women of reproductive age, pregnant women at prenatal and well woman appointments	June 2020	AACHC – Federally Qualified Health Centers (FQHC’s) ADHS - Family Planning Services – Title V and Title X Centers for Medicare and Medicaid Services (CMS) Certified Rural Health Clinics	NGA provided information on payment options for screening services.	Steward Health formally (HCIC) is receiving SBIRT funding to do screening and brief intervention training/implementation in Flagstaff at North Country and university health centers; using NIDA quick screen and the Opioid	Substance Abuse Service Expansion HRSA Grant administered by AACHC will provide SBIRT training

# NAS Action Plan

Goal # 3: Increase implementation of a family centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting.					
Action Steps	Timeline/Due Date	Agency/Point Person(s)	Needed Resources	Notes	Progress
<p>1. Develop Opioid Case Management System at all Health Plans to provide integrated perinatal care case management</p> <p>a. Pair MAT providers with OB/GYN Providers for referrals</p> <p>b. Explore use of universal ROI</p>	June 2020	AHCCCS Behavioral Health Providers MAT Providers OB/GYN Providers	Funding is needed.	Implementation of AHCCCS Complete Plans will provide linkages to physical and behavioral health services.	Research on this is required since it is a complicated process.
2. Explore and promote the implementation of the Banner Hospital System Family Centered NAS Care Program at most Arizona Banner birth hospitals with a Special Care Nursery or Neonatal Intensive Care Unit	December 2019	Arizona Banner Hospital System	Banner staff	Arizona Banner Hospitals that are on-board and want the program at their facility.	New Banner grant award of \$100,000 to Banner Tucson to train and implement the ESC model at other hospitals.

# NAS Action Plan

<p>3. Expand temporary/transitional housing for SUD/ODU pregnant women and postpartum women and their children</p> <p>a. Include wrap around services such as job training, transportation resources</p>	<p>June 2020</p>	<p>AHCCCS GOYFF</p>	<p>Funding is needed. Community Partners</p>	<p>Contract with Oxford House is pending; Homes may open by May 2019</p>	<p>Funds are being allocated to develop/enhance availability of transitional housing for pregnant women and their children.</p>
<p>4. Train Peer Support Specialists and expand use of Specialists at SUD/ODU and MAT Treatment sites including on-going training</p> <p>a. Provide training workshops statewide especially in targeted rural areas</p>	<p>June 2020</p>	<p>AHCCCS Behavioral Health Providers</p>	<p>Funding is needed.</p>		<p>State Targeted Response Carry-Forward funds are planned to be utilized to expand training and availability of Peer Support Specialists.</p>
<p>5. Increase behavioral health provider workforce in rural areas</p>	<p>June 2019</p>	<p>ADHS /Bureau of Women's and Children's Health, Primary Care Office Loan Repayment System</p>	<p>NHSC funding is available for Substance Abuse Counselors; Sites must have SAMHSA Certification.</p>	<p>Certified sites are contacted and must meet requirements of loan repayment program.</p>	
<p>6. Expand the DCS SENSE (Substance Exposed Newborn Safe Environment) Program and expand collaboration with all home visiting programs in high risk areas</p>	<p>June 2019</p>	<p>DCS Home Visiting Programs 7 counties not being served; 8 counties being served ADHS – HRPP/NICP and Health Start</p>	<p>Funding is needed. In-kind staff time and resources.</p>	<p>Nursing and home visiting services are planned to be provided to NAS babies and their families as needed.</p>	<p>State Opioid Response funding has expanded SENSE nursing visits and Nurse Consultant staff. Added. State Targeted Response Carry- Forward funds are utilized to expand ADHS Home Visiting services through NICP and Health Start.</p>
<p>7. Develop process for education of MAT providers on importance of home visiting services for pregnant women</p> <p>a. Convene and obtain buy-in from key MAT providers</p>	<p>June 2019</p>	<p>DCS MAT Providers/ Arizona Opioid Treatment Coalition (AOTC) ADHS</p>	<p>Funding is needed. In-kind staff time and resources.</p>	<p>Meeting with AOTC and agency meetings on referral processes, etc. can be avenues for development or coordination on this issue.</p>	



# Impact of Substance Misuse on Child Welfare

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Overview of Child Abuse Hotline and the  
Comprehensive Addiction Recover Act (CARA)

# Statutes

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- A.R.S.13-3620e the requirement that health care professionals report substance exposure in infants to DCS.
- A.R.S.13-3401 lists 150+ possible substances.
- SFY 2015 the Child Abuse Hotline received 3,594 reports with a tracking characteristic of SEN, SFY 2016 reports were up to 4,059 received w/SEN tracking characteristic, and SFY 2017 increased to 4,234.





# Comprehensive Addiction Recovery Act (CARA)

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- Signed into law August 2016 to address SEN's
- Plans for safe care for infants identified as being affected by substance abuse or withdrawal symptoms.
- States report number of infants affected, number of infants with safe care plans and number of infants for whom service referrals were made including services to parents and caregivers.



## Infant Care Plans Elements

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- Plan should address substance abuse treatment for parents, medical care for infant, mental health of parents and baby, safe sleep, knowledge of parenting and infant development, living arrangements, child care and social connections.
- Plan should be reviewed and reassessed during staffing's, CFT, SENSE staffing's and other meetings
- Develop Aftercare plan prior to case closure



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# Thank you

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