Abstract

The overarching goal of the Arizona Opioid State Opioid Response project is to increase access to MAT treatment, coordinated and integrated care, OUD recovery support services and opioid prevention activities to reduce the prevalence of OUDs and opioid-related overdose deaths. The project approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices to comprehensively address the full continuum of care related to opioid misuse, abuse and dependency. The proposed activities within the Arizona Opioid State Opioid Response project will work synergistically with existing efforts to reduce OUDs and opioid-related deaths by: (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 through 24/7 access points, Medication Units, new OTPs and extended hours OTPs; (5) expanding access to recovery support services - including housing, peer supports, job assistance and supportive recovery programming; (6) increasing public access to real-time prevention, treatment and recovery resources to create a "no wrong door" approach to opioid resources in Arizona. Measureable objectives to reduce OUDs and opioid-related deaths will include: number of naloxone kits disseminated; MAT utilization and retention; use of the CSPMP; rates of opioid prescribing; rates of individuals in prescribed doses in excess of 50 MEDDs; rates of new opioid prescriptions in excess of five day supplies; community knowledge and prevention behavior; ED utilization; and rates of fatal and non-fatal overdose. Target population will, at minimum, serve: individuals re-entering the community from correctional settings; individuals in rural and isolated areas; individuals experiencing homelessness; tribal populations; veterans, military service members and military families; pregnant women and parents with OUD; and individuals who have experienced trauma, toxic stress or adverse childhood experiences (ACEs).The project will serve one million unduplicated individuals between year one and year two under prevention activities and serve 7,604 unduplicated individuals with treatment and recovery services in year one and an additional 8,872 unduplicated individuals in year two, for a total project reach of 16,476 unduplicated individuals.

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Other Attachment File 1:

Attachment 1: Data Collection Instruments/Interview Protocols

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HHS 690 Form

Charitable Choice Form SMA 170

Biographical Sketches and Position Descriptions

Confidentiality and SAMHSA Participant Protection/Human Subjects

Additional Forms:

SF424

Project/Performance Site Location(s) Form

Budget Form SF424a

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Disclosure of Lobbying Activities (SF-LLL) Form

Project Abstract Summary

HHS Checklist Form

Section A: Population of Focus and Statement of Need

A1: Population of Focus, Geographic Catchment Area and Coordinated Funding. 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; individuals in recovery; and youth, parents, community members and health consumers unaware of the potential risks of opioid misuse and abuse. Based on data from the Opioid STR needs assessment and other statewide strategic planning efforts to combat the opioid epidemic in Arizona, the following sub-populations have also been identified for targeted activities in SOR: individuals re-entering the community from correctional settings; individuals in rural and isolated areas; individuals experiencing homelessness; tribal populations; veterans, military service members and military families; pregnant women and parents with OUD; and individuals who have experienced trauma, toxic stress or adverse childhood experiences (ACEs).

To ensure all SOR activities are supplemental to existing funding streams, coordination of funds will be as follows: Year 1 of SOR will sustain current STR activities identified as high impact activities starting 5/1/2019. New and expansion projects on SOR will begin 9/30/2018. All SOR activities will supplement existing grants, including the MAT-PDOA, Substance Abuse Block Grant (SABG) and STR grants. Additionally, all SOR prevention projects have been strategically chosen as new activities or those that supplement current CDC funded activities, current SABG prevention activities and those funded by Drug Free Communities.

A2: The Problem, Service Gaps and Needs. According to the Opioid Emergency Response Report issued by the Arizona Department of Health Services (ADHS), there were 949 opioid-related deaths in 2017 - a 20% increase from 2016. Approximately 64% of these deaths involved prescription and synthetic opioids, while approximately 36% involved heroin. Real-time emergency surveillance data (ADHS) collected between June 15, 2017 and August 2, 2018 indicates that there have been 10,401 possible opioid overdoses and 1,613 suspected opioid deaths. These data indicate "hotspots" throughout the metro Phoenix and metro Tucson areas, as well as in the rural Mohave, Yavapai, Pinal, Gila, Navajo, Yuma and Coconino Counties.

Access to Medication Assisted Treatment (MAT), though dramatically improving in Arizona, still remains an issue for the underserved rural areas of the state and for the hardest hit areas of the Phoenix and Tucson metro areas. MAT utilization is below 5% in Apache, Cochise, Gila, Graham, Greenlee, La Paz, and Navajo Counties. Utilization falls below 10% in Pinal and Santa Cruz Counties and is less than 25% in Yavapai (15.3%), Coconino (19.1%), Mohave (21.7%) and Yuma (24.5%) Counties. For Maricopa and Pima Counties – Arizona's most populated counties – MAT utilization is at 30.3% and 33.7%, respectively. According to the most current Provider Repository List monitored by AHCCCS, there are 41 Opioid Treatment Programs (OTPs) and 2 Medication Units contracted with AHCCCS in Arizona. The majority of the OTPs (66%) are located in Maricopa County, with 6 located in Pima County. This includes Arizona's two 24/7 OTP Centers of Excellence. However, no OTPs currently exist in the West Valley areas of Phoenix – an area with several growing overdose "hotspots" - and the current 24/7 OTP in Phoenix has grown so rapidly that additional OTPs or extended hours in current OTPs are needed to cover the demand.

Options in rural Arizona have increased through the STR grant; however, there still remains an urgent need to provide access to those living in the most isolated rural areas of the state – areas where new OTPs and Medication Units are not cost justifiable. Arizona has focused on enlisting new Buprenorphine-waivered providers to cover these gaps. There are now currently 258 waivered providers in Arizona and 52% of them are located in rural counties. However, the majority of the new providers are not actively prescribing buprenorphine, indicating a need for mentorship and consultation from seasoned providers. Moreover, very few providers who are actively prescribing buprenorphine are accessible to the vulnerable populations described above.

Section B: Proposed Implementation Approach

B1: Goals and Objectives. The overarching goal of the project is to increase access to OUD treatment, coordinated and integrated care, recovery support services and prevention activities to reduce the prevalence of OUDs and opioid-related overdose deaths. The project approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices to comprehensively address the full continuum of care related to opioid misuse, abuse and dependency.

Prevention

Goal 1: Increase prevention activities to reduce OUDs and opioid-related deaths.

Objective 1.1: Decrease opioid-related overdose deaths by purchasing and distributing naloxone kits for law enforcement, community public health agencies and tribal communities.

Objective 1.2: Increase local community knowledge, awareness and preventative action on opioid misuse and abuse by implementing a suite of multi-systemic strategies from the Arizona Opioid toolkit.

Objective 1.3: Increase the number of providers trained and implementing Triple P and other supportive parenting programs to mitigate the number of individuals and families at high-risk for opioid misuse and abuse.

Treatment

Goal 2: Improve access and retention in comprehensive Medication Assisted Treatment (MAT) services to treat OUD.

Objective 2.1: Increase providers, consultation and resources for MAT providers through in-person DATA-waivered trainings, practice consultation platforms and material dissemination.

Objective 2.2: Sustain and enhance services in regional 24/7 Centers of Excellence, rural Medication Units and extended hours in existing OTPs to ensure timely access to intake, assessment, inductions and ongoing medication and psychosocial services for MAT.

Objective 2.3: Sustain and enhance services to conduct outreach and navigation of individuals with OUD and opioid-related events into treatment and ancillary resources.

Recovery

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

Objective 3.1: Increase access to recovery support services by sustaining and expanding the OUD peer support network and providing community-based recovery support that includes family support services, work placement and employment assistance, life-skills training and supportive programming for recovery success.

Objective 3.2: Increase access to recovery and supportive housing by standing up additional units in underserved areas and increasing options for rental assistance for individuals entering OUD treatment and for those in recovery.

Objective 3.7: Increase recovery supports for pregnant women and parents receiving OUD treatment, through nurse home visiting programs for parents involved with the Department of Child Safety (DCS).

Activities that Transverse Prevention, Treatment and Recovery

Goal 4: Decrease stigma related to OUD, MAT and the recovery process

Objective 4.1: Implement a statewide stigma reduction campaign to educate the public on the medical model of OUD, the efficacy of MAT and to promote recovery success.

Goal 5: Increase trauma-informed prevention, treatment and recovery activities

Objective 5.1: Increase knowledge, build skills and create trauma-informed action among Arizona providers, stakeholders and local communities by conducting trainings and disseminating trauma-informed action materials about the role of trauma, toxic stress and ACEs in the opioid epidemic.

Goal 6: Increase capacity to provide timely prevention, treatment and recovery resources to the public

Objective 6.1: Develop, disseminate and market statewide resources, coinciding call-lines, websites and iOS and Android applications to the public to create a "no wrong" door approach for accessing timely resources.

Unduplicated Number of Individuals Served

Prevention: The Arizona SOR project will reach 500,000 unduplicated individuals with prevention activities in year one and an additional 500,000 unduplicated individuals in year two, for a total project reach of one million unduplicated individuals. These numbers include those reached by public information and marketing materials.

Treatment and Recovery: The Arizona SOR project will reach 7,604 unduplicated individuals with treatment and recovery services in year one and an additional 8,872 unduplicated individuals in year two, for a total project reach of 16,476 unduplicated individuals.

B2: Implementation of Required Activities

Naloxone: The ADHS will purchase and distribute naloxone to law enforcement, corrections and faith-based and health agencies across Arizona to assist in community efforts to reduce opioid overdose. Through CDC and STR funded projects, ADHS has established a 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 tribal partners and treatment providers.

Trauma Informed and Community Based Prevention Strategies: The Governor's Office of Youth, Faith, and Family (GOYFF) will administer a competitive request for grant applications (RFGA) to community based substance abuse prevention coalitions that have the capacity to support the full implementation of the Arizona Opioid Toolkit in their communities. Coalition funding will also support trauma informed substance abuse prevention messaging. Coalition members will be trained as trauma-informed prevention trainers and will serve to gather partners and to organize trainings and support ongoing, community wide organizational change with community partners including schools, behavioral health providers, law enforcement, healthcare providers, substance use treatment providers, faith communities and business sectors. There will be an emphasis on the inclusion and expansion of referral strategies and community resources that support coalitions in linking individuals experiencing OUD to supportive services. There

will also be an emphasis on understanding how these referrals act as primary prevention for substance misuse and abuse in later life. Priority will be given to coalitions that demonstrate the ability to collect outcome data and programmatic need in the community that they are serving, and have experience and demonstrated ability to partner with local schools.

GOYFF will also oversee implementation of activities to expand the evidence-based Triple P parenting program as an OUD prevention strategy in Arizona. The primary goal is to offer parents the necessary tools and strategies to help mitigate their own trauma as a strategy to prevent substance use. GOYFF will work with Prevent Child Abuse Arizona, who is the state-wide Triple P coordinator in Arizona, to ensure the implementation of an OUD prevention-focused initiative that will be targeted to high risk populations.

Other trauma-informed efforts will occur through the DCS, to include education and consultation for healthcare professionals on ACEs and the importance of trauma-informed care as it relates to the opioid epidemic for children and families involved with the child welfare system. These efforts will focus on the role of ACEs in the opioid epidemic; screening and referral; and comprehensive relationship-based approaches between child and parent that promote trusting relationships, coping skills and resiliency.

Stigma Reduction: GOYFF will build on existing media campaigns and platforms to raise public awareness on the medical model of opioid addiction with the goals of reducing stigma, promoting science-based messaging on the benefits of utilizing MAT, increasing treatment seeking behavior and promoting recovery. Over the two years of the grant, GOYFF will expand its collaborative partnerships, which will be equipped with marketing content to help enhance and expand on this marketing campaign. As a part of the campaign, sustainable social media concepts will be developed, which will support sustained ongoing media messaging. GOYFF will also continue to incorporate stigma reduction materials and messaging into ongoing prevention strategies and programs.

Access to MAT: AHCCCS will continue to work with the Regional Behavioral Health Authorities, Tribal Regional Behavioral Health Authorities and their contracted providers to sustain and enhance activities to provide access to all three forms of the FDA approved medications for MAT on the AHCCCS formulary. These activities will include sustaining and enhancing service delivery in the regional 24/7 Centers of Excellence, the rural Medication Units, standing up new OTPs and extending hours in existing OTPs to ensure timely access to inductions and ongoing medication and psychosocial services.

Outreach and navigation to MAT treatment will also be sustained and enhanced through projects that include street-based outreach to active heroin users; pre-and post-booking diversion and incarceration alternatives partnerships with law enforcement; “reach in” and “reach out” coordination for individuals re-entering the community from correctional settings; coordinated hospital and ED discharge processes; and coordination with first responders for on-scene response during opioid-related events.

The collective work between AHCCCS, ADHS, Arizona State University, the University of Arizona and the Arizona Chapter of the American Society of Addiction Medicine will work

towards increasing in-person trainings to enlist new buprenorphine-waivered providers and towards developing consultation platforms and resource material to mentor and support the work of these providers. Activities will include a Project ECHO for MAT providers hosted by Health Choice Integrated Care and a similar consultation platform hosted by the University of Arizona for providers treating pregnant and lactating women with OUD.

Access to Recovery Supports: AHCCCS will work with the RBHAs, TRBHAs and contracted providers to sustain and enhance activities to provide 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 enhancing home-visiting recovery supports for pregnant women and parents receiving OUD treatment who are involved with DCS; launching a regionally-based employment assistance project; and standing up a Recovery Health and Wellness Center in the metropolitan Phoenix area that will provide a myriad of programming to promote social support, physical health and social determinants of health in the after-care and recovery process.

As part of the continuum of care needed for recovery success, AHCCCS will also contract with vendors to increase access to recovery and supportive housing. These efforts will include standing up additional recovery housing units specifically for pregnant women and parents with dependent children. Efforts will also include a rapid re-housing model to provide rental assistance to individuals entering OUD treatment who have limited income for safe and secure housing or who have not yet met the criteria for a traditional "sober living" environment.

Public Access to Prevention, Treatment and Recovery Resources: AHCCCS will contract with a vendor to develop and market a "one stop" portal that houses a daily census and capacity for available OUD treatment options. The intent of this project is to eliminate "wrong doors" for individuals seeking OUD treatment, recovery and ancillary services. The contractor will be responsible for building an electronic system for treatment providers to 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). The contractor will also use funds to maintain an iteratively updated repository of all ancillary, recovery support resources and prevention resources throughout the state. Supplemental access of the resource will occur through iOS and Android applications built by Arizona State University and through connection with the state OAR line.

Three data analytic projects will 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 HIDTA that couples public health and public safety data together to identify emerging patterns and "hotspot" events for drug seizures or opioid overdose; (2) the development and use of Agent-Based Models and dynamical modeling by Arizona State University to identify scenario-based outcomes and needs relative to current parameters; and (3) the Overdose Fatality Review projects led by ADHS to examine and improve 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 will

contract with a vendor or affiliated government agency 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.

Sustainability: The majority of the Arizona SOR activities proposed are projects that will inherently live past the life of the grant. This includes the wealth of training and material development on the prevention side, as well as the MAT access points, the real-time repository and the new recovery housing units. The STR and SOR grants are devised to launch start up activities and critical treatment and recovery access points, sustain them through the grant period, and become self-sustaining through TXIX Medicaid direct service dollars and NTXIX SABG and state dollars for direct treatment service by 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 transverse all SUDs and those that address common root causes and ever-evolving trends of substance use in Arizona.

B3: Implementation Timeline

Months post grant award	Key Activities/Milestones	Responsible Staff
One week post award	1. AHCCCS will finalize and provide funding allocation notification to RBHAs, TRBHAs and state agencies	Shana Malone, Hazel Alvarenga
One month post award	2. Initiate Request For Proposals and RFGAs	Consultant, Shana Malone, Hazel Alvarenga, GOYFF
	3. Initiate contracts for sub-grantees	AHCCCS, GOYFF, ADHS, DCS, ADC
	4. Set up stigma campaign focus groups and gather input from providers on core messaging	GOYFF
Two months post award	5. Finalize contracts with sub-grantees	AHCCCS, GOYFF, ADHS, DCS, ADC
	6. RBHAs and TRBHAs will finalize contracts with identified providers	RBHAs and TRBHAs
	7. Orientation for sub-grantees	AHCCCS, all contractors
	8. Finalize Treatment Evaluation Plan and data collection methodology	External Evaluator, Shana Malone, Hazel Alvarenga
	9. Hire and train additional positions related to project	RBHAs, TRBHAs, all contractors
	10. Conduct stigma campaign focus groups and ready materials	GOYFF
Three months post award	11. Tribal needs assessment complete	External Evaluator
	12. MAT service gap assessment complete	AHCCCS, ADHS
	13. Begin treatment and recovery support service delivery and prevention activities	All contractors

Six months post award	14. Progress Report	Shana Malone, Hazel Alvarenga, External Evaluator
Monthly	15. Conduct trainings, education and outreach activities	AHCCCS, all contractors
	16. Implement MAT and recovery support service delivery	AHCCCS, relevant contractors
	17. Project oversight phone call (occurring at minimum monthly for the first 6 months)	AHCCCS, all contractors
	18. Collect performance and evaluation measures	External Evaluator, Hazel Alvarenga, Shana Malone
	19. Receive, analyze, and respond to monthly summary report	Hazel Alvarenga Shana Malone,
Quarterly	20. Access project impact	Shana Malone, Hazel Alvarenga, External Evaluator
Yearly	21. Progress Report	Shana Malone, Hazel Alvarenga, External Evaluator

Section C: Proposed Evidence-Based Service/Practice

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

MAT: Numerous years of research have shown that medication in combination with psychosocial engagement (the MAT model), are the most effective intervention to treat individuals with OUD and are more effective than stand-alone interventions[1]. Further findings display that the MAT model significantly reduces illicit opioid use compared with non-medication approaches and indicates that increased access to MAT services can also reduce overdose fatalities[2].

Motivational Interviewing: MI is a semi directive, client-centered counseling style that elicits behavior change by helping clients explore and resolve ambivalence. It facilitates the development of the trusting relationship and the decision to make a change. Past research has supported that a brief motivational intervention delivered in a walk-in healthcare clinic by peer counselors was associated with improved abstinence rates and reductions in opioid and cocaine use[3]. Provider staff will use motivational interviewing techniques to build rapport and engage individuals beginning during outreach and continuing throughout course of treatment. The use of MI will be critical for engaging MAT eligible individuals into treatment.

Cognitive Behavioral Therapy: To ensure a comprehensive MAT strategy that includes the use of evidence-based psychosocial approaches, the use of CBT will be endorsed as the psychosocial therapy of choice for the majority of the population. This model of therapy helps individuals with OUDs and other substance use disorders to recognize and challenge dysfunctional thoughts and behaviors that can lead to a relapse, including coping with cravings and cue exposures, relaxation training and social skill and problem solving skill training. CBT

[1] ASAM Criteria http://www.asam.org/quality-practice /guidelines-and-consensus-documents/the-asam-criteria

[2] Schwartz et al., (2013) "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995-2009," American Journal of Public Health 103, no. 5 (2013): 917–22, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670653.

[3] Bernstein, J., Bernstein, E., Tassiopoulos, K., Heeren, T., Levenson,S.,& Hingson,R. (2005). Brief motivational intervention at a clinic visit reduces cocaine and heroin use. Drug and Alcohol Dependence, 77, 49-59.

has been identified by the National Institutes of Health as the highest rated form of psychosocial therapy for efficacious OUD treatment and for increasing the effectiveness and adherence to opioid replacement therapy[4].

ED-BNI + Buprenorphine for Opioid Dependence: This model is designed for adults who present with moderate-to-severe OUD in the Emergency Department or other healthcare settings. The model has been shown to be effective for decreasing opioid use and OUDs.[5] The model has also demonstrated ability to increase retention in MAT treatment compared to referral only or brief intervention models[6]. To ensure fidelity to the model, selected Emergency Departments in Arizona, will be trained to use the model, including training or technical assistance needed for the following components: conducting the Mini-International Neuropsychiatric Interview (MINI), motivational engagement for post-discharge treatment, identifying obstacles to treatment, induction of the medication and facilitated follow up appointment with a community based MAT provider within 72 hours.

The American Society of Addiction Medicine Criteria: The ASAM Criteria requires clinicians to effectively assess at individual's admission, service planning, treatment and discharge or transfer to higher or lower levels of care. Through utilizing the ASAM Criteria, provider staff will recognize the dimensional interaction and holistic treatment approach that is essential to effective integrated treatment. Under the ASAM Criteria, an individual's care is delivered along a flexible continuum, tailored to the needs of the individual, and guided by a collaboratively developed treatment plan[7]. Utilizing The ASAM Criteria will allow individuals to feel engaged and that they have a voice in their treatment planning.

Triple P: Triple P is listed as an evidence-based program on SAMHSA's National Registry of Evidence-based Programs and Practices. Triple P has over 35 years of ongoing research and has demonstrated ability to lower parental stress, depression, and anxiety and to decrease child behavior problems and enhance prosocial behavior. Triple P will be expanded and geared towards OUD prevention in Arizona. The primary goal is to offer parents the necessary tools and strategies to help mitigate their own trauma as a strategy to prevent opioid use.

Section D: Staff and Organizational Experience

D1: Capacity and Experience of Applicant Organization and Partner Organizations. In addition to overseeing the managed care organizations that provide Medicaid-funded physical health care services, AHCCCS serves as the Single State Authority on substance abuse. AHCCCS is responsible for matters related to behavioral health and substance abuse and provides oversight, coordination, planning, administration, regulations, and monitoring of all facets of the public behavioral health system in Arizona. With the integration of physical and behavioral health services within one state agency, AHCCCS is the best positioned agency to expand MAT treatment, increase recovery supports and help our partner agencies drive impactful prevention activities. AHCCCS has strong ties to grassroots and community-based organizations that are rooted in the culture and language of the OUD population. Several AHCCCS staff have

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[4] NIH: Evidence Based Psychosocial Interventions in Substance Use https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4031575/
[5] SAMHSA's National Registry of Evidence-based Programs and Practices, ED-BNI + Buprenorphine for Opioid Dependence http://nrepp.samhsa.gov/ProgramProfile.aspx?id=132#hide1
[6] Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. https://www.ncbi.nlm.nih.gov/pubmed/25919527
[7] ASAM Criteria http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria

built strong relationships with local substance abuse prevention coalitions, substance abuse treatment organizations, local advocacy groups, local law enforcement, re-entry programs and recovery programs operating at the community level.

ADHS has taken the state lead on developing and marketing safe opioid prescribing guidelines, prescriber education and critical enhancements to the state Controlled Substance Prescription Monitoring Program (CSPMP). ADHS also has access and knowledge of critical data on opioid-related mortality and morbidity, and a history of data-driven decision-making on strategies to combat the opioid epidemic in Arizona. ADHS is the leader in the state on coordinating efforts around chronic pain management and naloxone training for law enforcement.

GOYFF has also played a critical role in streamlining efforts across opioid-related prevention and treatment activities in the state by coordinating tasks among the Arizona Substance Abuse Partnership, the Substance Abuse Taskforce and the Arizona Rx Drug Misuse and Abuse Initiative's Rx Core Group. GOYFF is also the implementation agency for the SABG prevention funding and have expanded primary prevention activities targeting youth and parents across the state, as well as the broader general public through media and marketing methods.

D2: Staff and Key Personnel

Project Director: Shana Malone is responsible for the oversight, strategic planning and implementation of the AHCCCS initiative to reduce OUDs and OUD deaths. Ms. Malone has over 16 years of experience managing federal grant-based projects, and has led state and community efforts on the opioid epidemic for the past six years. Ms. Malone has also been the Project Director on the Opioid STR grant since the inception of the project. Ms. Malone will dedicate 50% of her time to this project and will be responsible for overseeing all deliverables, performance measures and implementation strategies to ensure the success of this project.

State Opioid Coordinator: Hazel Alvarenga will dedicate 100% of her time to ensure that there is coordination among the various streams of federal funding coming into the state to address the opioid crisis. Ms. Alvarenga will also coordinate training, education and outreach activities; stakeholder involvement; fidelity monitoring; and assistance with required grant deliverables and reporting requirements. Ms. Alvarenga has a master's of public health degree in research epidemiology and global health and has been assisting the Project Director with data, program requirements and project coordination on the Opioid STR grant.

Opioid Health Program Manager: Matthew Fallico will dedicate 25% of his time to this project and will assist the Project Director and State Opioid Coordinator to oversee the implementation and monitoring of the project, ensuring the key activities and milestones are met in the identified communities. Mr. Fallico has a master's degree in Social Work with a concentration in Policy Administration and Community Practice. Mr. Fallico was the Project Coordinator on the MAT-PDOA grant and has previous experience working at an OTP and with harm reduction coalitions.

Program / DBF Grant Accountant: The DBF Grant Accountant position in the Division of Business and Finance and the Program Accountant in the Office of the Director will each dedicate 50% of their time to the project through 4/30/2019 and 100% of their time from

5/1/2019 to 9/29/2019. These positions 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. Project data collection will include the required GPRA performance measures, as well as process, impact and outcome measures tied to the indicated goals and objectives to increase prevention activities, MAT treatment and recovery support services. An external evaluator will be responsible for GPRA data collection, analysis and reporting. Data will be collected through a web-based log for providers to use in order to track administration of intake GPRA, 3 and 6-month follow-up and discharge. The log will be monitored by the evaluator to ensure an 80% rate. The Evaluator will analyze the GPRA data on a monthly basis providing AHCCCS with a summary report including the following GPRA performance measures: abstinence from use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness. Frequency analysis and descriptive statistics will be utilized to confirm patterns associated with certain risk and protective factors. Frequency analysis will be used to provide demographic information. The monthly reports will be sent to AHCCCS and shared with the providers during the regularly scheduled monthly meetings. The follow-up rates will be calculated at the appropriate time periods, and a summary of GPRA findings will be generated on a quarterly basis. Content analysis of monthly process narratives completed by the provider will be utilized to identify characteristics of recruitment/retention plans, factors that facilitate/hinder implementation and resolutions. This report will also be used to identify effective recruitment and retention and program implementation. The evaluator will also assist with the compilation of the biannual reports.

For localized evaluation on prevention and treatment activities, a formal process, impact and evaluation model will be developed by the Project Director and State Opioid Coordinator to align with SAMHSA performance measures for SOR. Standardized matrix report forms will be used to tabulate number of individuals reached by mode, type of service, and type of provider across geographic and demographic groups. Contracted providers will submit monthly reports to the State Opioid Coordinator. Impact and outcome measures will consist of MAT utilization and retention; use of the CSPMP; rates of opioid prescribing; rates of individuals in prescribed doses in excess of 50 MEDDs; rates of new opioid prescriptions in excess of five day supplies; community knowledge and prevention behavior; ED utilization; and rates of fatal and non-fatal overdose.

In order to identify progress towards meeting target numbers and objectives in the implementation plan, the Project Director and State Opioid Coordinator will conduct monthly and quarterly reviews of performance measures and available impact measures. The quarterly results will be summarized by the State Opioid Coordinator into a progress report and highlight any sub-population disparities in access, retention or service utilization. The State Opioid Coordinator will work with contractors to develop plans to correct any disparities identified. The quarterly progress reports will also be reviewed by an inter-agency workgroup. These data will be used to guide any alterations, amplifications or redirections needed in the corresponding statewide strategic plan and implementation activities.