Arizona Substance Abuse Partnership

Tuesday, February 26, 2019

State Capitol Executive Tower
2nd Floor Conference Room

Arizona Substance Abuse Partnership

[State Seal]
Arizona’s Opioid Epidemic:
Data Update

February 26, 2019

Sheila Sjolander, MSW
Assistant Director
Opioid Surveillance

June 15, 2017- February 21, 2019

2,426 suspect opioid deaths
15,772 suspect opioid overdoses
1,263 neonatal abstinence syndrome
39,555 naloxone doses dispensed
11,285 naloxone doses administered

Updates posted at 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
Verified Fatal & Not Fatal Opioid Overdoses by Age & Gender, 2018

Male
- Not Fatal
- Fatal

Female
- Not Fatal
- Fatal
83% of verified opioid overdoses were unintentional in 2018.
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
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.
Number of Opioid Prescriptions Filled July 1, 2017 - December 31, 2018

The chart shows the number of opioid prescriptions filled from July 1, 2017, to December 31, 2018. The data is represented on the y-axis, with the number of prescriptions ranging from 0 to 450,000, and the months from July 2017 to December 2018 on the x-axis. The graph indicates fluctuations in the number of prescriptions filled over the specified period.
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
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

Percent of Prescribers who Checked the CSPMP at Least Once in Month
REDUCING OPIOID DEATHS
WE KNOW THIS FIGHT IS FAR FROM OVER

AZ Drug Overdose Death Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
<th>Ranking in U.S.</th>
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<tbody>
<tr>
<td>2013</td>
<td>18.7</td>
<td>10th highest</td>
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<tr>
<td>2014</td>
<td>18.2</td>
<td>14th</td>
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<tr>
<td>2015</td>
<td>19.0</td>
<td>18th</td>
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<tr>
<td>2016</td>
<td>20.3</td>
<td>25th</td>
</tr>
<tr>
<td>2017</td>
<td>22.2</td>
<td>24th</td>
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</table>
For more information

[Link: azhealth.gov/opioid]

Questions/Comments: [Email: azopioid@azdhs.gov]
Update on STR, SOR and SUDs

Strategies to Combat the Opioid Epidemic
Opioid State Targeted Response

- 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

- Number of Persons Served for Opioid Use Disorder Treatment Services: 4,362
- Number of Persons Served for Opioid Use Disorder Recovery Support Services: 3,379
- TOTAL PERSONS SERVED (UNDUPLICATED COUNT): 6,143

AHCCCS
Arizona Health Care Cost Containment System
Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant Year Two, May 1, 2018 – January 31, 2019

Number of Persons Served for Opioid Use Disorder Treatment Services: 8,356
Number of Persons Served for Opioid Use Disorder Recovery Support Services: 8,228

12,121
TOTAL PERSONS SERVED (UNDUPLICATED COUNT)
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

- Medical Services: 6,818
- Methadone: 4,494
- Treatment Services: 3,271
- Case Management Services: 3,208
- Transportation Services: 783

Reaching across Arizona to provide comprehensive quality health care for those in need.
# Sonoran Prevention Works Community Distribution, January 1, 2017 – January 31, 2019

<table>
<thead>
<tr>
<th>Number of Naloxone Kits</th>
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<tbody>
<tr>
<td>Number of kits to Law Enforcement</td>
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<tr>
<td>Number of kits to all others</td>
</tr>
<tr>
<td><strong>Total Number of Kits Distributed</strong></td>
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<tr>
<td><strong>Total Number of Reversals</strong></td>
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</table>

Reaching across Arizona to provide comprehensive quality health care for those in need
So, Now What?
Priority Populations

Reaching across Arizona to provide comprehensive quality health care for those in need
Use What Works!
Try Something New!

IF YOU DO WHAT YOU ALWAYS DID, YOU WILL GET WHAT YOU ALWAYS GOT.

ALBERT EINSTEIN

Reaching across Arizona to provide comprehensive quality health care for those in need
Six 24/7 Centers of Excellence

- 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. 75th Ave #116, Phoenix, AZ 85033, 623-247-1234
Medication Units and OTPs

- 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
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
NGA Core Team Members

Team Members

• **Brandy Madrid**, RN, BSN, MCH/EPSDT 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/EPSDT 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
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

- **March 2018**
  - Learning Lab Kick-Off Meeting in Columbus, OH
    - March 29 – 30, 2018

- **April 2018**
  - States Develop Strategic Action Plans
    - April 30, 2018

- **May 2018**
  - States Work Towards Implementation of Action Plans

- **June 2018**
  - Ongoing Technical Assistance

- **July 2018**
  - States Report to Governor and NGA on Progress and Results
    - September 2018

- **August 2018**
  - Completion of Learning Lab
    - August 31, 2018

**Timeline Phases:**

- **Planning Phase**
- **Implementation Phase**
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

• 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

• 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

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

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.
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/OUD 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/OUD 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/OUD 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/OUD 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/OUD 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.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Timeline/Due Date</th>
<th>Agency/Point Person(s)</th>
<th>Needed Resources</th>
<th>Notes</th>
<th>Progress to Date</th>
</tr>
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<tbody>
<tr>
<td>1. Identify any additional SUD/OUD/MAT providers by county that provide services for women of reproductive age including pregnant/postpartum women with children:</td>
<td>October 2019</td>
<td>Arizona Department of Health Services (ADHS)</td>
<td>The Governor’s Office of Youth, Faith and Family (GOYFF) Treatment Locator is already in place. <a href="http://www.substanceabuseaz.gov">www.substanceabuseaz.gov</a></td>
<td>GOYFF to do updates to website; include an NAS TAB and Inventory of Providers; some resources on NAS</td>
<td>GOYFF to do updates to website; include an NAS TAB and Inventory of Providers; some resources on NAS</td>
</tr>
<tr>
<td>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;</td>
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<td>Arizona Health Care Cost Containment System (AHCCCS)</td>
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<tr>
<td>b. Explore adding Neonatal Abstinence Syndrome resources and home visiting services links under the Resources tab of the Prevention Treatment and Recovery Locator website.</td>
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<td>Arizona Department of Child Safety (DCS)</td>
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<td>Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (Substance Exposed Newborn Prevention Task Force)</td>
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<td>Department of Education (DOE)</td>
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<td>Arizona Alliance for Community Health Centers (AACHC)</td>
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<td>The Governor’s Office of Youth, Faith and Family (GOYFF) Treatment Locator is already in place. <a href="http://www.substanceabuseaz.gov">www.substanceabuseaz.gov</a></td>
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The Governor’s Office of Youth, Faith and Family (GOYFF) Treatment Locator is already in place. [www.substanceabuseaz.gov](http://www.substanceabuseaz.gov)

No cost to put links on stakeholder websites to key websites including: [www.azhealth.gov/opioid](http://www.azhealth.gov/opioid)

Quarterly Substance Abuse Treatment Capacity Reporting is being conducted through a Treatment Availability Survey Initiated by ADHS which may provide additional provider resources.
## 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**

<table>
<thead>
<tr>
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<th>Progress</th>
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<tbody>
<tr>
<td>1. Develop a series of training modules and/or webinars as needed on the following: a) overview of Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) and effects on women/infants; b) screening for SUD/OUD of women of reproductive age including motivational interviewing, stigma, ACEs, Trauma Informed Care; c) information on referral resources and home visiting programs; d) offer CME and/or Certificate of Completion to physicians, nurses other medical providers, SUD treatment and MAT providers, home visitors, county court judges</td>
<td>June 2019</td>
<td>AHCCCS GOYFF Arizona Department of Economic Security (DES) Courts ADHS</td>
<td>State Targeted Response Carry-Forward funds.</td>
<td>Training may be provided as a &quot;train the trainer&quot; 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. Resource list for referrals needs to be developed and provided as part of training. • Need provider champions from ACOG/AAP and Arizona Perinatal Trust</td>
<td>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,</td>
</tr>
<tr>
<td>2. Promote universal screening of women of reproductive age, pregnant women at prenatal and well woman appointments</td>
<td>June 2020</td>
<td>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</td>
<td>NGA provided information on payment options for screening services.</td>
<td>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</td>
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</tbody>
</table>
## 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.

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<thead>
<tr>
<th>Action Steps</th>
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<th>Notes</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop Opioid Case Management System at all Health Plans to provide integrated perinatal care case management</td>
<td>June 2020</td>
<td>AHCCCS Behavioral Health Providers, MAT Providers, OB/GYN Providers</td>
<td>Funding is needed.</td>
<td>Implementation of AHCCCS Complete Plans will provide linkages to physical and behavioral health services.</td>
<td>Research on this is required since it is a complicated process.</td>
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<tr>
<td>a. Pair MAT providers with OB/GYN Providers for referrals</td>
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<td>b. Explore use of universal ROI</td>
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<tr>
<td>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</td>
<td>December 2019</td>
<td>Arizona Banner Hospital System</td>
<td>Banner staff</td>
<td>Arizona Banner Hospitals that are on-board and want the program at their facility.</td>
<td>New Banner grant award of $100,000 to Banner Tucson to train and implement the ESC model at other hospitals.</td>
</tr>
<tr>
<td>Action Plan</td>
<td>June 2020</td>
<td>AHCCCS GOYFF</td>
<td>Funding is needed.</td>
<td>Contract with Oxford House is pending; Homes may open by May 2019</td>
<td>Funds are being allocated to develop/enhance availability of transitional housing for pregnant women and their children.</td>
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<tr>
<td>3. Expand temporary/transitional housing for SUD/OUD pregnant women and postpartum women and their children a. Include wrap around services such as job training, transportation resources</td>
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<td>4. Train Peer Support Specialists and expand use of Specialists at SUD/OUD and MAT Treatment sites including ongoing training a. Provide training workshops statewide especially in targeted rural areas</td>
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<tr>
<td>5. Increase behavioral health provider workforce in rural areas</td>
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<td>6. Expand the DCS SENSE (Substance Exposed Newborn Safe Environment) Program and expand collaboration with all home visiting programs in high risk areas</td>
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<td>7. Develop process for education of MAT providers on importance of home visiting services for pregnant women a. Convene and obtain buy-in from key MAT providers</td>
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</table>
Overview of Child Abuse Hotline and the Comprehensive Addiction Recover Act (CARA)
Statutes

- A.R.S.13-3620e the requirement that health care professionals report substance exposure in infants to DCS.


- 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 with SEN tracking characteristic, and SFY 2017 increased to 4,234.
Comprehensive Addiction Recovery Act (CARA)

- 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

- 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
Thank you

Contact Information:

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Susan Smith:  Susan.Smith@azdcs.gov