ARIZONA HOUSE OF REPRESENTATIVES
Fifty-fifth Legislature - Second Regular Session

TEEN MENTAL HEALTH HOUSE AD HOC COMMITTEE

Report of Interim Meeting
Monday, July 11, 2022
House Hearing Room 1 -- 9:00 A.M.

Convened 9:04 A.M.
Recessed
Reconvened
Adjourned 11:53 A.M.

Members Present
Representative Osborne, Chairman
Representative Grantham
Ms. Blalock
Ms. Breitwieser Cutshall
Ms. Coggins
Ms. Corieri
Ms. Espino
Ms. Goebheere
Mrs. Harrison
Ms. Jones Mellon
Ms. McPherson
Ms. McWilliams
Mr. Sampson
Sergeant Tyler

Members Absent
Dr. Chhatwal
Ms. Guy
Representative Hernandez
Dr. Kirkilas
Pastor Nunez

Agenda
Original Agenda -- Attachment 1

Committee Attendance
Report -- Attachment 2

Presentations

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Attachments (Handouts)</th>
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<tbody>
<tr>
<td>Colonel Silbert</td>
<td>DPS</td>
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<tr>
<td>Courtney Acosta, Jean</td>
<td>ADE</td>
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<td>Ajamie, Rebecca Astorga</td>
<td>ADHS</td>
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<tr>
<td>Sheila Sjolander</td>
<td>AHCCCS</td>
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<tr>
<td>Dr. Megan Woods</td>
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Julie Ryberg, Committee Secretary
July 11, 2022

(Original attachments on file in the Office of the Chief Clerk; video archives available at http://www.azleg.gov)
ARIZONA HOUSE OF REPRESENTATIVES
INTERIM MEETING NOTICE
OPEN TO THE PUBLIC

TEEN MENTAL HEALTH HOUSE AD HOC COMMITTEE

Date: Monday, July 11, 2022
Time: 9:00 A.M.
Place: HHR 1

AGENDA
1. Call to order
2. Roll call
3. Welcome & introductions
4. Presenters:
   - Department of Public Safety
     o Colonel Silbert, Director
   - Arizona Department of Education—ADE Supports for Student Mental Health
     o Courtney Acosta, Director of Policy and Legislative Affairs
   - Arizona Department of Health Services – Youth Mental Well-Being
     o Sheila Sjolander, Assistant Director, Public Health Prevention Services
   - Arizona Health Care Cost Containment System – Behavioral Health Services
     o Dr. Megan Woods, Integrated Care Administrator
5. Committee discussion
6. Next steps
7. Adjournment
Members:

Representative Joanne Osborne, Chair
Representative Travis W. Grantham, Co-Chair
Representative Alma Hernandez
Jennifer Blalock
Lisa Breitwieser Cutshall
Dr. Jasleen Chhatwal
Bernadette Coggins
Christina Corieri
Candy Espino
Gina Godbehere

Kristina Guy
Sally Harrison
Shelley Jones Mellon
Dr. Gary Kirkilas
Katey McPherson
Kimberly McWilliams
Pastor Ryan Nunez
Solomon Sampson
Sergeant Sean Tyler

07/05/2022

People with disabilities may request reasonable accommodations such as interpreters, alternative formats, or assistance with physical accessibility. If you require accommodations, please contact the Chief Clerk's Office at (602) 926-3032 or through Arizona Relay Service 7-1-1.
<table>
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<tr>
<th>COMMITTEE ON</th>
<th>AD HOC COMMITTEE ON TEEN MENTAL HEALTH</th>
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<tbody>
<tr>
<td>CHAIRMAN</td>
<td>Joanne Osborne VICE-CHAIRMAN: Travis Grantham</td>
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<td>Hernandez, A</td>
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<td>Ms Blalock, J</td>
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<td>Ms Breitwieser-Cutshall, L</td>
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<td>Dr. Chhatwal, J</td>
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<td>Ms Coggins, B</td>
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<td>Ms Espino, C</td>
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<td>Ms Godbehere, G</td>
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<td>Ms Guy, K</td>
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<td>Ms Harrison, S</td>
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<td>Ms Jones Mellon, S</td>
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<td>Dr. Kirkilas, G</td>
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<td>Ms McPherson, K</td>
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<td>Ms McWilliams, K</td>
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<td>Pastor Nunez, R</td>
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<td>Mr Sampson, S</td>
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<td>Sgt. Tyler, S</td>
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<td>Grantham T, Vice-Chairman</td>
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<tr>
<td>Osborne, J, Chairman</td>
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✓ Present  --- Absent  exc Excused
NORMALIZATION

STIGMATISM

SUPPLY

CONTRIBUTING FACTORS
NORMALIZATION: MARIJUANA

2020: Recreational

2010: Medical
STIGMATISM: MARIJUANA
STIGMATISM: FENTANYL
SUPPLY: FENTANYL
"Meth today is stronger, cheaper and far more plentiful than the old home-cooked variety."
QUESTIONS?
Ad Hoc Committee on Teen Mental Health

July 11, 2022

Support for Student Mental Health
Mental health is the #1 issue the Student Advisory Council brings to us every year.

The following are solutions that our Student Advisory Council focused more on when our Student Advisors spoke at the monthly State Board of Education meetings.

- Suicide prevention training and first aid
- Expand peer support groups
- Additional school counselors
- Advocate for: Mental health is consistently a topic of concern.

Mental health is more important than any other topic.
School Safety & Social Wellness

Section 2

AD HOC COMMITTEE ON TEEN MENTAL HEALTH
Addressing mental health needs of students
School Health & Wellness/Arizona School Nurse Access Program

- 12 state trainers' sponsoring one workshop/month during SY22-23
- Threat assessment team protocol
- 35 workshops in SY22-23 in at least 3 regions of the state
- 22 state trainers; 6 trainings in May/June; 14 trained
- Crisis intervention and response

Emergency Preparedness Program

- Escalation, role of the school counselor/social worker
- Topics: community resources, MTSS, family engagement, verbal de-
- 467 school mental health professionals trained

Educator & Community Training
Supportive environments: Normalize the conversation of mental health; creating safe and engaging partnerships and collaborations to strengthen.

+ Confidence to respond
  + Nearly 90% reported increased knowledge
  + 32,000 trained in mental health prevention/promotion.

Community awareness and suicide prevention for school personnel & the professional development & training: Including mental health infrastructure. Removing barriers to mental health support.

Resilience in Education & Advancing Wellness AWARE Project.
School & BH Partnerships Guide

A Resource Guide

Health Partnerships:
School & Behavioral

Provide Best Practices & Resources

Project AWARE State & National Partnerships

Mental Health & Wellness

Achieving a Healthier Community (AHC) System

Schools can use SHARE for:
- Use the State School Mental Health Report to assess several school mental health indicators including:
  - Monitor progress in school mental health across districts and schools in the state
  - Learn more about the quality of school mental health in schools and districts the state

School Health and Performance Evaluation System

- Engage other school mental health teams in meaningful data-driven, strategic quality improvement
- Document mental health services across levels of support
- Evaluate strengths and identify areas of growth using the School Mental Health Quality Assessment

Resources can use SHARE for:
- Lea a robust resource center and quality guides to guide school mental health quality improvement efforts

TheSHAREsystem.com
Mental Health Quality Assessment in the School through annual completion of the School Improvement Plan, documentation of process improvement.

- Development of aligned goals and activities
- Health Promotion, Early Intervention
- Progress towards comprehensive systems
- Outcomes

AWARE Partner School
2021 Senior from the Arizona School of Arts

Claire Novak

So many students across the state, resources for schools are going to make a huge difference. For counselors and social workers, these newly funded students and teachers also need the support of professionals... Now, more than ever is when my fellow Arizona students need
Rebecca A. Astorga, School Safety & Social Wellness Specialist
Jean Almarine, Deputy Associate Superintendent of School Safety & Social Wellness
Courtney Acosta, Director of Policy & Legislative Affairs

Thank You
Mortality Rate per 100,000 Children due to Suicide by Gender, Ages 10-17 Years, Arizona, 2011-2020

2020 Child Fatality Review Program Report
An adolescent death (10-17 years) that is due to a self-directed intentional behavior where the intent is to die because of that behavior.

There were 42 adolescent suicides in 2021.

Approximately 3% of all suicides in Arizona are to adolescents.

There were 49 suicides in 2020.

There was a 30% increase in the suicide rate from 2019 to 2020.

100% of suicides were preventable.

1. cause: Strangulation (n= 25)
2. cause: Firearm injury (n= 18)
3. cause: Poisoning (n= 4)

Of the suicides, 71% were male and 29% were female.

65% of suicides occurred in children ages 15-17 years.

American Indian/Alaskan Native, Black/African American and White children were disproportionately affected. American Indian/Alaskan Native, Black/African American and White children made up 16%, 8% and 43% of suicides but only make up 6%, 5% and 41% of the total population, respectively.

20% of suicides involved substance use.
## Factors that may have contributed to the Child’s Despondency Prior to Suicide, Arizona, 2020

<table>
<thead>
<tr>
<th>Risk Factors*</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Relationship Problems</td>
<td>34</td>
<td>69%</td>
</tr>
<tr>
<td>Access to Firearm</td>
<td>18</td>
<td>37%</td>
</tr>
<tr>
<td>History of Maltreatment</td>
<td>18</td>
<td>37%</td>
</tr>
<tr>
<td>Child Mental Health Disorder</td>
<td>18</td>
<td>37%</td>
</tr>
<tr>
<td>School Issues</td>
<td>16</td>
<td>33%</td>
</tr>
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*More than one risk factor may have been identified for each death*
Non-Fatal Overdose and Opioid Deaths among Children (0-17 yrs) per Year

In 2021 there were...

56 verified non-fatal opioid overdose events in children ages 0-17

46 opioid deaths occurred in children ages 0-17

Arizona - Medical Electronic Disease Surveillance Intelligence System (MEDSIS)
Child Substance Use Related Deaths

Substance use related deaths are where the child or any individual involved in the death of the child used or abused substances, such as alcohol, illegal drugs, and/or prescription drugs and this substance use was a direct or contributing factor in the child's death.

There were 157 substance use related deaths in 2020.

There was a 32% increase in the substance use related death rate from 2019 to 2020.

100% of substance use related deaths were preventable.

#1 cause: Poisoning (n=66)
#2 cause: Firearm (n=22)
#3 cause: MWC (n=21)

Of the substance use related deaths, 66% were male and 34% were female.

53% of substance use related deaths occurred in children ages 15-17 years.

American Indian/Alaska Native and Black/African American made up 15% and 13% of substance use related deaths, respectively, but only make up 5% and 6% of the total population, respectively.

Of the 66 poisoning deaths, 60 were opiate overdoses and fentanyl was responsible for 57 of opiate poisonings.
### Risk Factors for Substance Use Related Deaths, Ages 0-17, Arizona, 2020

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Prior History with CPS</td>
<td>90</td>
<td>57%</td>
</tr>
<tr>
<td>Parent History of Substance Abuse</td>
<td>73</td>
<td>46%</td>
</tr>
<tr>
<td>Poverty</td>
<td>47</td>
<td>30%</td>
</tr>
<tr>
<td>History of trauma</td>
<td>41</td>
<td>26%</td>
</tr>
<tr>
<td>Housing Insecurity</td>
<td>23</td>
<td>15%</td>
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*More than one risk factor may have been identified for each death*
Percentage of High School Students Who...

- × Felt Sad or Hopeless
- ♦ Seriously Considered Attempting Suicide
- ▲ Made a Plan About How They Would Attempt Suicide


31.3 34.3 32.5 34.9 33.6 36.4 34.2 36.4 40.6
18.5 20.7 16.1 17.3 18.7 19.2 18.6 19.2 20.9
13.1 16.1 12.3 12.1 16.3 17.4 17.0 14.6 16.1

Arizona - Youth Risk Behavior Survey - 2019
Youth Mental Well-being

Highlighted Actions
Arizona Health Improvement Plan
Mental Well-being Priority

- Opioid use & overdose fatalities
- Social Isolation & Loneliness
- Suicide

azdhs.gov/azhip
Suicide Prevention Action Plan

- **Recommendation 1:** Promote the availability of state crisis resources

- **Recommendation 2:** Disseminate information inside of Arizona to inform communities about current best practices, innovative approaches to address suicide, and available prevention training and resources

- **Recommendation 3:** Increase access to resources and services for individuals and communities that have experienced suicide

- **Recommendation 4:** Increase number of passive suicide sensors in Arizona
Suicide Prevention Action Plan

- **Recommendation 5:** Enhance suicide mortality data collection and expand surveillance systems to identify current community trends

- **Recommendation 6:** Priority Populations

- **Recommendation 7:** Engage stakeholders through event promotion and community-level prevention

- **Recommendation 8:** Improve the resilience of individuals and communities through upstream interventions

ARIZONA DEPARTMENT OF HEALTH SERVICES
PREVENTION SERVICES
Bullying Prevention

What Kind are You...
Youth Mental Health First Aid

- 32 Health Educators certified
- $1,000 stipend per training
- Inter Tribal Council of Arizona Program
- Annual certification training
ADHS/ADE
Adolescent & Young Adult Behavioral Health CoHIN

AYA
- Connecting youth and young adults to services in clinical settings
  * Focus on increasing depression screenings and follow-up
  * Focus on young people ages 12-25

SMH
- Connecting youth to mental health services in school settings
  * Focused on development of school mental health systems
  * Focused on school-aged youth

Improving youth mental health outcomes through engagement with youth and families
ADHS/ADE
Adolescent & Young Adult Behavioral Health CollN

- Stigma reduction campaign
- Resource website designed by youth for youth
- Recognition for participating CollN schools & clinics
What’s Next
For More Information

azdhs.gov/suicide
azdhs.gov/opioid

Sheila Sjolander, MSW
Assistant Director
Division of Public Health - Prevention

sheila.sjolander@azdhs.gov
Behavioral Health Initiatives for Children & Adolescents

Dr. Megan Woods, Integrated Care Administrator

House Ad Hoc Committee on Teen Mental Health
June 24, 2022
AHCCCS-Covered Behavioral Health Services Include:

- Behavioral Health Day Programs including supervised day programs, therapeutic day programs, medical day programs;
- Crisis Services including mobile team services, telephone crisis response, urgent care;
- Inpatient Services including hospital, sub-acute, and residential treatment;
- Rehabilitation Services including living skills, cognitive rehabilitation, supported employment, and education support;
- Health Promotion – Prevention, Education and Medication Training – education and standardized training for the purpose of increasing an individual’s behavioral knowledge of a health related topic such as medication management, the nature of an illness, relapse and symptom management, stress management, parenting skills and health lifestyles;
AHCCCS-Covered Behavioral Health Services Include:

• Residential Behavioral Health Services including a range of up to 24hr/day services in a structured living environment for individuals needing support;

• Support Services including case management, personal assistance, Family & Peer Support, therapeutic foster care, respite, housing support, interpreter services, transportation, assistance accessing community resources and locating and applying for benefits, child care connections; and

• Treatment Services including counseling, consultation, assessment and specialized testing, and substance abuse treatment.
AHCCCS System of Care Initiatives

- Child and Family Team (CFT) Training and Fidelity
- National Wraparound Initiative
- Behavioral Health Clinical Chart Audits
- Published new AHCCCS policies for additional guidance in children’s behavioral health services
- Whole Person Care Initiative
- Adolescent mobile crisis team pilot
- AZ Educator Peer Support Program
- Developing Youth Peer to Peer Support
- Implementation of service acuity assessment
AHCCCS School Based Initiatives

- Jake's Law (Children's Behavioral Health Services Fund)
  *For uninsured and underinsured

- Crisis services for all children in Arizona

- Open Care (known as Medicaid School Based Claiming)

- Medicaid covered Behavioral Health services for members in schools & other settings, (i.e., clinic or home)
  *For uninsured and underinsured

- Grant-funded behavioral health services for members with SED
Jake’s Law
(Children’s Behavioral Health Services Fund)

- SB 1523 (2020) appropriated $8M for behavioral health services for uninsured/underinsured children when referred to services from participating schools.
- Since June 2021, 260 schools have sent in referrals, resulting in 670 total referrals.
- The number of children served has increased significantly each month
  - In May 2022 there were 551 children served.
Medicaid School Based Claiming (MSBC)

As of October 1, 2021:

- Broadened array of health care services is available
- MSBC now covers services for all Medicaid enrolled students, those with Individualized Family Service Plans and those with other plans of care for medically necessary services, in addition to an Individualized Education Program
- Addition of several provider specialties
Project A.W.A.R.E

3 Goals of the AWARE Grant

GOAL#1: Build and expand capacity at the state and local levels to improve access to mental health services and supports.

GOAL#2: Conduct outreach and training to increase mental health literacy and reduce stigma.

GOAL#3: Connect youth, families, and school staff to mental health services.
Questions?
Thank You.