MARICOPA COUNTY
Substance Use Prevention & Response
Strategic Plan FY2024–2029
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I am pleased to present our county’s first substance use strategic plan, a comprehensive blueprint detailing goals and strategies aimed at reducing drug and tobacco related disease and death in Maricopa County. We are deeply grateful to the cross-section of public and private partners who provided critical input on how to help people move across the care continuum and to the individuals with lived experience who helped us better understand system gaps and needs.

For decades, Public Health has been working to reduce tobacco initiation and offer support services to those who want to quit. More recently, primarily through the award of CDC’s Overdose Data to Action grant in 2019, we have begun to address the opioid, stimulant, and polysubstance use crisis. This combined plan recognizes the complex spectrum of substance use disorder experiences our providers serve along the care continuum. Youth prevention coalitions, for example, often include tobacco, vaping products, marijuana, alcohol, and fentanyl in their programs. Primary and specialty care settings provide interventions to help detect unhealthy tobacco, alcohol, and other drug use among patients. By taking an integrative approach to our work, we hope to maximize our resources and improve outcomes to achieve healthier, more resilient communities.

National settlements involving opioids and e-cigarettes present new opportunities to broaden our impact and assist more individuals and families disproportionately affected by addiction. Effective stewardship of settlement funds demands careful planning and coordination. We are fully committed to transparency, trustworthy practices, and demonstrating evidence-based decision-making.

This strategic plan sets forth a five-year vision with a one-year action plan detailing current initiatives based on the latest evidence to support our work. Along the way, we will be working closely with our internal and external stakeholder groups to reduce duplication of efforts and identifying ways to incorporate resident feedback into our processes to ensure our plan is representative of community needs.

To learn more about our work, I encourage you to visit Maricopa.gov/SubstanceUse.

Sincerely,

Jeanene Fowler, Director
While this is Maricopa County’s first strategic plan, addressing substance misuse has been a priority for multiple County departments over the past decade. A few recent highlights from our tobacco and opioid-related work are included in the section that follows.

**Correctional Health Services & Maricopa County Sheriff’s Office**

- Nearly 2,000 individuals received Medication Assisted Treatment (MAT) during the first six months of expansion of the Opioid Treatment Program which began in early 2023. This initiative allows for earlier identification and treatment for patients with Substance Use Disorder (SUD) and includes expanded types of MAT medications available to incarcerated persons.

- Expanded naloxone availability in all jail settings and increased training on naloxone use to include mental health professionals working in the Mental Health Unit and all nursing staff with plans to continue this expansion of naloxone education for all disciplines.

- Correctional Health Services partnered with the Maricopa County Sheriff’s Office (MCSO) to develop REDEEM (Recovering and Enduring with Dignity through Education, Empowerment, and Mindfulness), a program providing intensive substance use treatment to sentenced inmates. REDEEM began taking its first inmate patients in October 2023.
Maricopa County Attorney’s Office (MCAO)

» MCAO established the Felony Diversion Program (FDP) for certain lower-level felony offenders in May 2020. The program consists of cognitive-behavioral group and/or individual counseling, case management and random drug testing. As of September 2023, 4,777 offenders have enrolled into the FDP for substance use services, and 1,918 have successfully completed the program.

» Exclusive to county Family Violence trial attorneys, an opioid-use felony diversion program pilot launched in November 2022 providing an alternative to prosecution for eligible offenders charged with child abuse, neglect, endangerment, or a similar offense, and when the circumstances of the offense are related to substance use, particularly opioids. The offender receives comprehensive substance use treatment, including family wraparound services, with an emphasis on child welfare in the home environment. Eighteen offenders have enrolled since February 2023, with six graduating successfully as of September 2023. MCAO intends to expand the use of this program following its three-year pilot period.

» Since July 2022, MCAO has hosted multiple community fentanyl awareness forums across Maricopa County reaching more than 700 attendees. MCAO also offers educational presentations on other substance misuse including vaping.
Maricopa County Department of Public Health

» Established a novel surveillance system designed to collect risk factor and circumstance information surrounding nonfatal opioid overdoses among Maricopa County residents.

» Funded a contractor to develop trainings and resources for faith-based leaders to support their efforts to address substance use disorders in their communities.

» Developed a Youth Advisory Council that includes diverse youth (14-18 years old) who give their own perspective on different healthcare topics and inform public health programming during the academic year.

» Funded a contractor to develop and launch an interactive growth platform designed to give justice-involved youth a voice in their recovery journey, support case management, enhance protective factors, and facilitate a positive shift aimed at decreasing recidivism.

» Funded a contractor to expand training to primary care providers and clinicians, including a 3-part video series to combat stigma amongst healthcare providers featuring lived experience.

» Collaborated with City of Phoenix Parks and Recreation to implement practices and signs that address tobacco and vaping concerns in parks.
Maricopa County Human Services Department

Funded a series of solutions over the past two years totaling more than $500 million to provide housing options along a continuum of needs ranging from urgent, short-term shelter needs for people experiencing homelessness to programs that rescue families from eviction and provide financial assistance to stimulate homeownership opportunities, particularly among low-income buyers. Accomplishments include:

- 45,000 households received rental and utility assistance
- 11,400 people served across all shelter types
- 1,300 homeless client move-ins across 780 new properties through the threshold landlord engagement program
- 70% positive exit from County bridge housing
- 300 households received rapid rehousing vouchers
- 600+ individuals helped with outreach and navigation

Acknowledgments

Maricopa County is grateful for the opportunity to work with numerous community organizations, municipalities, as well as County staff and other stakeholder groups who participated in various stages of this Plan’s development.

We look forward to a continued partnership as we carry out the Plan and evaluate our progress.
This document serves as a comprehensive inventory of existing programs and activities addressing substance use in Maricopa County, functioning as the blueprint for the County’s first substance use prevention and response plan. Valuable insights from various County agencies and individuals with firsthand experiences have played a crucial role in pinpointing areas within the local continuum of tobacco, opioid, and polysubstance use-related programs and activities that require enhancement to better meet the community’s needs.

With numerous programs and activities already in progress through federal grants and other state and local funding sources, a primary emphasis will be on optimizing and expanding upon existing initiatives. Funding resulting from opioid and e-cigarette settlements will offer additional resources. To reduce duplication of work and maximize impact, sustained collaboration across various government agencies, tribes, and community partners remains crucial.

To reduce duplication of work and maximize impact, sustained collaboration across various government agencies, tribes, and community partners remains crucial.
According to the Centers for Disease Control and Prevention (CDC), tobacco use remains the leading cause of preventable death in the United States. CDC estimates that more than 10 times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by the United States. All this despite decades of policies, systems and environmental changes that have been implemented to interrupt how tobacco is sold and consumed.

Challenges continue to exist in reducing high tobacco use rates within and across specific population groups due to factors like tobacco industry influence, emerging and novel products, barriers in availability of and access to tobacco cessation treatments, and a lack of comprehensive tobacco control policies.

The state of Arizona has implemented many laws since the Tobacco Master Settlement was signed in 1998 along with local ordinances that additionally, protect non-smokers from secondhand smoke.

Similar to national and state trends, Maricopa County experienced a noticeable decline in cigarette smoking between 2011-2021 (See Figure 1).

**FIGURE 1:**
Adults vs. Youth who smoke cigarettes in Arizona, 2011-2021

Source: CDC Behavioral Risk Factor Survey System and Youth Risk Behavior Survey data
While considerable progress has been made in reducing cigarette smoking in all ages, electronic vaping product (EVP) use among U.S. middle and high school students increased 900% during 2011-2015.¹ Vaping among youth poses significant harms, including nicotine addiction, potential lung damage, adverse effects on brain development, and a gateway to traditional cigarette smoking.

According to the 2021 Youth Risk Behavior Survey, 24% of the state’s 12th grade students reported currently using electronic cigarettes as compared to 4% who reported smoking cigarettes. While adults in Arizona smoke cigarettes at higher rates than high school students, teens use EVPs at nearly twice the rate of adults (See Figure 2).

In response to aggressive marketing tactics that fueled a youth vaping epidemic, a class action lawsuit was filed against Juul Labs Inc. and Altria. In 2023, Maricopa County settled its lawsuit with Juul.

Additional data on tobacco and electronic vaping products use and related health outcomes can be found on the Arizona Department of Health Services website.

FIGURE 2:
Use of E-Cigarettes Among Adults vs. Youth in Arizona, 2021

8.8% 17.2%

Source: Arizona High School YRBS and Arizona BRFSS, 2021

¹https://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeon-general-advisory/
Arizona Tobacco Control Policies

Arizona’s tobacco control landscape underwent significant changes following key policy initiatives. In 2002, Proposition 300 was approved by Arizona voters, resulting in a $0.60 increase in the tax on tobacco products, bringing the total sales tax to $1.18 per pack. Proposition 201, known as the Smoke-Free Arizona Act, was passed in 2006. This legislation banned smoking in most enclosed public places and places of employment and placed an extra $0.02 sales tax on cigarettes. That same year, voters also passed Proposition 203, the First Things First Act, which placed an additional $0.80 tax on cigarettes to support early childhood education and health programs.

The current state sales tax on cigarettes in Arizona stands at $2.00 per pack.

The Smoke-Free Arizona Act carries comprehensive restrictions, prohibiting smoking in government and private workplaces, schools, childcare facilities, retail stores, recreational/cultural facilities, restaurants, bars, and casinos/gaming establishments, albeit with certain exemptions.

It is important to note that tribal reservations, being Sovereign Nations, are not subject to the provisions of the Smoke-Free Arizona Act. Smoking is permitted in instances associated with religious ceremonies, as protected by the American Indian Religious Freedom Act of 1978.

In 2006, Proposition 201, known as the Smoke-Free Arizona Act banned smoking in most enclosed public places and places of employment.
County Response Efforts & State Strategic Plan

The Maricopa County Office of Tobacco Use Prevention and Cessation seeks to prevent the initiation of tobacco and vaping product use among young individuals and encourage cessation among both adults and youth. The program aims to improve health outcomes related to tobacco use by eradicating exposure to secondhand smoke and reducing health disparities linked to tobacco. This is accomplished through prevention, community development, targeting disparate populations, and education/technical assistance to businesses and worksites.

In February 2022, ADHS released its first standalone, **statewide commercial tobacco control plan** in over a decade following a comprehensive needs assessment process involving 40 hours of work groups, listening sessions, and input from over 200+ partners at the national, state, and local levels. This five-year strategic plan lays the foundation of work for Maricopa County’s tobacco prevention and control programming.
Opioids have played a significant role in the majority of overdoses in the U.S. over the past two decades. Initially, the opioid overdose crisis was primarily fueled by the misuse of commonly prescribed opioids such as oxycodone, later shifting towards heroin use. Since 2018, the presence of the synthetic opioid fentanyl in drug overdose deaths in Maricopa County has sharply increased as compared to commonly prescribed opioids. In 2021, nearly two-thirds (64%) of drug overdose deaths in Maricopa County involved fentanyl (see Figure 3).

FIGURE 3:
The presence of fentanyl in drug overdose deaths is steadily increasing as compared to commonly prescribed opioids and heroin in Maricopa County.
Deaths involving stimulants such as cocaine and methamphetamines are also increasing, mainly in combination with opioids. Because stimulants such as cocaine and methamphetamines can induce hyperthermia (i.e., overheating), Maricopa County has observed an increase in fatal overdoses during its hottest months, especially during the month of July. In 2022, 17.4% of the fatal overdoses that occurred in Maricopa County were in July. From 2019-2021 about 82% of overdose deaths that occurred in Maricopa County involved more than one drug. In 2021, 51.9% of overdose deaths involved methamphetamines (See Figure 4).

**FIGURE 4:**
While most drug overdose deaths involve opioids, the proportion of overdose deaths that involve methamphetamines has increased in Maricopa County.
Structural and community factors during the COVID-19 pandemic exacerbated repercussions of the opioid epidemic leading to increased overdose risk, especially among populations who suffer disproportionately from harms caused by opioid and substance use. In Maricopa County, from 2019 to 2021, the rate of American Indians/Alaskan Natives who died due to drug overdose doubled while the rate of Black individuals who died from overdose increased from a rate of 42.2 to 64.6 per 100,000 people (see Figure 5).

**FIGURE 5:**
The drug overdose death rate among American Indians/Alaskan Natives saw the largest increase among race/ethnicity groups from 2019 to 2021, doubling.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2019 Rate</th>
<th>2021 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>50.0</td>
<td>100.1</td>
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<tr>
<td>BLACK</td>
<td>42.2</td>
<td>64.6</td>
</tr>
<tr>
<td>WHITE</td>
<td>31.6</td>
<td>38.5</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>22.6</td>
<td>35.7</td>
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<tr>
<td>ASIAN</td>
<td>7.5</td>
<td>7.3</td>
</tr>
</tbody>
</table>

Racial and ethnic disparities related to access and continuation of treatment for SUD/OUD have been well documented. In a recent assessment of service needs among people who use drugs in Maricopa County, 44.1% of White non-Hispanic respondents reported currently being in treatment compared to 25% of Black respondents. Additionally, when asked about familiarity with the drug naloxone, 28% of Black and 25% of American Indian/Alaska Native respondents were not familiar with the overdose reversal medication, as compared to 6.9% of White respondents.

Findings from Needs Assessments

In July 2023, Maricopa County completed its first comprehensive provider needs assessment to identify current gaps and barriers in the county’s substance use response continuum of care. Data collection centered around provider organizations’ experiences with people who use drugs, care coordination, and regulations affecting substance use interventions. Approximately 500 community-based and governmental staff working in the response continuum representing more than 300 organizations in the public, private, and nonprofit sectors participated.

To ensure the voices of people who use drugs (PWUD) were also reflected within the strategic planning process, MCDPH completed a second assessment among PWUD in October 2023. This assessment focused on the service needs and experiences of PWUD, with an emphasis on the unique challenges of people experiencing homelessness or unstable housing. Community organizations who provide direct services to PWUD throughout Maricopa County served as host field sites for participant recruitment and data collection which included 525 surveys and 40 interviews with PWUD over a 3-month period.

“I think the problem is that we look down at people using drugs, instead of up at the system.”

- Provider, regional listening sessions
While findings and recommendations resulting from these needs assessments were unique, 10 reinforcing themes were identified:

» Stable, affordable housing is paramount to sustaining recovery.

» Providing basic needs (food, shelter, clothing, healthcare) is essential to combat illicit drug use as a coping mechanism.

» Improving access to safer use supplies and supports for basic needs among high-risk communities in areas where they congregate.

» Stigma is a major barrier to care.

» Justice-involved individuals and people experiencing homelessness are disproportionately affected by recovery service limitations.

» Variance in housing rules and eligibility create barriers to care, especially for people on MOUD and/or justice-involved.

» Limits on duration of care and prior authorization negatively affect treatment outcomes.

» Need for more connections to low-barrier treatment, including through mobile services or take home MOUD.

» Misconceptions about fentanyl and risk perceptions around use of naloxone and fentanyl test strips among PWUD, including messaging related to use of stimulants/fentanyl contamination and polysubstance use.

» More efforts/resources for early intervention are needed to stem substance use from escalating when young.

Many of these findings are being addressed through activities in our FY24 Action Plan.
National Opioid Settlements

Multiple federal and state sources are currently in place to fund abatement activities that address opioid and polypsuse use in Arizona. In August 2021, the State of Arizona and all its 90 cities and towns and 15 counties signed on to a framework called the One Arizona Distribution of Opioid Settlement Funds Agreement (“One Arizona Agreement”) to distribute funds across Arizona from all national opioid settlements.

The historic opioid settlements bring an unprecedented opportunity to save lives and reduce harms caused by substance use, especially among communities hardest hit by this epidemic.

As outlined on page 36 under Focus Area 6: Responsible Stewardship of this strategic plan, Maricopa County is collaborating with state and local governments to maximize coordination of opioid settlement spending and reduce duplication of work.

Public Health serves as the Lead Agency for administration of Maricopa County funds and is responsible for arranging payments to 25 municipalities within its regional area (see Figure 6 on page 17).
FIGURE 6: Regional map of Maricopa County

NORTHWEST (NW):
El Mirage, Glendale, Peoria, Surprise, Wickenburg, Youngtown

CENTRAL (PHOENIX):
Phoenix metro area

NORTHEAST (NE):
Carefree, Cave Creek, Fountain Hills, Paradise Valley, Scottsdale

SOUTHWEST (SW):
Avondale, Buckeye, Gila Bend, Goodyear, Litchfield Park, Tolleson

SOUTHEAST (SE):
Apache Junction, Chandler, Gilbert, Guadalupe, Mesa, Tempe, Queen Creek
County Response Efforts

To address the harms associated with opioids and other substances, Maricopa County has actively employed epidemiological surveillance, conducted assessments of affected individuals, formed partnerships with jurisdictions, and entered into contracts with community-based providers for services.

Overdose Data to Action

Since 2019, through funding from the CDC Overdose Data to Action program, Maricopa County has collaborated with state and local organizations. This collaboration has involved providing overdose tracking data, developing resources for healthcare providers, conducting educational webinars, and improving linkages to care for justice-involved populations. Additionally, the County established the SHIFT (Safe, Healthy Infants and Families Thrive) coalition, aiming to facilitate connections between pregnant and postpartum women and providers specializing in substance use and pregnancy.

In its current funding phase, OD2A is focused on implementing evidence-based strategies for prevention, harm reduction, linkage to and retention in care, that occurs in community, public safety, and clinical settings. Learning from past lessons, MCDPH is moving forward priorities such as:

- Expanding harm reduction services across Maricopa County for under-served populations with an emphasis on peer navigator projects, increased access to life-saving naloxone, and ensuring low barrier access to evidence-based treatment for OUD/StUD.

- Increasing the number of faith communities trained in trauma informed curricula that focus on faith, substance use awareness and prevention, and creating safe community.
» Expanding clinician trainings to increase provider capacity for delivering evidence-based and stigma reducing treatment for people who use drugs. This includes development of a Continuing Medical Education curriculum for providers of parents who use substances.

» Implementing an Overdose Fatality Review Board to assess risk factors among a sample of all overdose cases within Maricopa County and develop recommendations to reduce overdose fatalities.

**Opioid Settlement Funds**

Since 2023, the County has invested opioid settlement dollars to support community-based organizations in their efforts to expand youth prevention and treatment; add recovery programs; bolster harm reduction programs; and enhance processes for smoothly transferring a person from one service to another. Additionally, the County has allocated opioid settlement funds towards the expansion of a medication-assisted treatment program in Maricopa County jails. This program now allows many of those entering the jails the opportunity to begin an opioid treatment regimen that can be continued upon exiting the jail.
Maricopa County has aligned its plan framework around focus areas and strategies set forth through national strategic plans including the U.S. Health and Human Services Overdose Prevention Strategy, the White House National Drug Control Strategy, CDC’s Overdose Prevention Framework and the Arizona Department of Health Services Tobacco Control Strategic Plan.

This alignment helps create a unified, evidence-based, and sustainable approach to addressing the complexities of substance use disorders and tobacco and ensures our local efforts can contribute to broader state and national impacts. The plan also includes a focus area on Responsible Stewardship with activities that support Maricopa County’s goal to provide leadership in regionalized planning through fiscally responsible, coordinated efforts to achieve healthy, thriving communities.
Maricopa County will use six guiding principles in its planning:

**DATA TRANSPARENCY & ACCOUNTABILITY**
Share data to educate stakeholders, inform interventions, and track progress.

**COORDINATION OF FUNDING**
Strengthen impact through coordination of funding priorities.

**LEVERAGE EXISTING STRENGTHS**
Leverage organizational strengths and resources to accelerate impact.

**INCLUDE PEOPLE & FAMILIES WITH LIVED EXPERIENCES**
Engage people with substance use disorders and their families in the planning process.

**CULTURALLY & REGIONALLY RESPONSIVE**
Consider cultural and geographic needs to ensure responsive, inclusive approaches.

**TRAUMA-INFORMED**
Understand the prevalence of trauma and adversity and their impacts on health and behavior.
Certain groups may be at heightened risk for initiating drug use or may face increased stigma or barriers to harm reduction and/or treatment services. By prioritizing specific sub-populations and marginalized groups, we can foster a more comprehensive and inclusive approach to addressing substance use, ultimately working towards healthier and more resilient communities. County interventions will address the unique needs of these communities through accessible and culturally sensitive prevention, treatment, harm reduction and recovery services.

The priority populations for the plan include, but are not limited to the following:

» Youth and families
» People who inject drugs
» Justice-involved/incarcerated individuals
» Pregnant and postpartum people
» Individuals with co-occurring mental health and substance use disorders
» Unsheltered individuals and people in extreme poverty
» Communities of color
» LGBTQIA+ communities
For purposes of the Plan, the term “tobacco” is used to reference commercial tobacco, which is manufactured and sold by the commercial tobacco industry. The term “electronic vapor product (EVP)” or “vaping” is inclusive of various devices such as electronic nicotine delivery systems, e-cigarettes, and other products used to inhale an aerosol. The term “opioid” is used to reference commonly prescribed opioids such as oxycodone and hydrocodone as well as illicitly manufactured opioids such as synthetic fentanyl.

The terminology below should be considered when reviewing the 5-Year Strategic Plan Overview and the accompanying One-Year Action Plan on the following pages:

» **GOAL:** The overarching outcome desired after completion of the plan in FY29

» **FOCUS AREAS:** The pillars, or focus areas, that serve to organize our prioritized objectives to meet our goal and guide us to success

» **OBJECTIVES:** Broad statements of what we intend to accomplish related to the focus area

» **KEY ACTION AREA:** The key populations, settings, or areas of work

» **STRATEGIES AND PARTNERSHIPS:** Strategies are the approaches we are taking to achieve our objectives and what key partners are involved in related activities

» **SAMPLE INDICATORS:** Examples of types of data that will be collected to measure progress of activities within key action areas

This 5-year plan is effective from July 1, 2023 through June 30, 2029. One-year action plans with current funded initiatives will be updated annually and published on our website at Maricopa.gov/SubstanceUse.
## FIVE-YEAR STRATEGIC PLAN OVERVIEW

### FY2024-2029

**GOAL:** Reduce drug- and tobacco-related disease and death across all populations in Maricopa County

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>OBJECTIVE</th>
<th>KEY ACTION AREAS</th>
<th>SAMPLE SOURCES FOR MONITORING PROGRESS</th>
</tr>
</thead>
</table>
| **PREVENTION & EDUCATION**     | Increase community awareness about the risks and effects of substance use to promote healthy decision making, reduce stigma, and empower individuals to lead healthier lives.                                    | Youth and Family Empowerment  
Provider Training  
Community Awareness | Arizona Youth Survey  
Behavioral Risk Factor Surveillance Survey  
State Opioid Response and Substance Abuse Block Grant annual reports  
Maricopa County Overdose Data to Action and Opioid Settlement funded contracts annual reporting |
| **EARLY INTERVENTION & TREATMENT** | Identify and address substance misuse as early as possible and increase access to appropriate treatment options.                                                                                       | Screening and Referral Services  
Community-based Treatment  
Justice-Involved Treatment | State Opioid Response and Substance Abuse Block Grant annual reports  
Maricopa County Overdose Data to Action and Opioid Settlement funded contracts annual reporting  
Justice-involved treatment reporting for county correctional health  
ASHLine, AHCCCS reporting |
| **HARM REDUCTION AND RESCUE**  | Reduce deaths and other harms caused by substance use through increased awareness and access to effective interventions.                                                                                  | Provider Training & Capacity-Building  
Community-based Distribution and Outreach  
Justice-Involved and Unsheltered Distribution & Outreach | Maricopa County Overdose Fatality Review Board Annual Report  
Maricopa County Overdose Data to Action and Opioid Settlement funded contracts annual reporting  
State Opioid Response and Substance Abuse Block grant annual reports  
Prescription Monitoring Data (naloxone dispensing), Arizona State Board of pharmacy  
AZ-PIERS, EMS reporting |

See Year One Action Plan on Page 26 for FY24 strategies and activities.
**GOAL:** Reduce drug and tobacco related disease and death across all populations in Maricopa County

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>OBJECTIVE</th>
<th>KEY ACTION AREAS</th>
<th>SAMPLE SOURCES FOR MONITORING PROGRESS</th>
</tr>
</thead>
</table>
| RECOVERY & RESILIENCY | Increase access to relapse prevention and recovery support aimed at helping individuals make and sustain positive lifestyle changes. | » Community-based Care Linkages and Support  
» Care Linkages and Support for Justice-Involved  
» Care Linkages & Support for Unsheltered | State Opioid Response and Substance Abuse Block grant annual reports  
Maricopa County Overdose Data to Action and Opioid Settlement funded contracts, Human Services contracts annual reporting |
| DATA AND MONITORING   | Increase ability to identify emerging trends, monitor progress, and guide evidence-based decision making to develop targeted interventions. | » Surveillance and Reporting  
» Community Oversight  
» Data Sharing & Education | Maricopa County Office of the Medical Examiner, Public Health, Correctional Health Services, Human Services  
Arizona Department of Health Services tobacco and opioid-related reporting  
Arizona Healthcare Cost Containment System (Medicaid)  
Non-fatal overdose hospital reports |
| RESPONSIBLE STEWARDSHIP | Increase coordination of work and communication among government and community-based organizations to maximize resources and more effectively target saving lives and reducing harms from substance use. | » Regional Knowledge-Sharing  
» Community Engagement  
» Public Reporting  
» Distribution & Outreach | Quarterly reports/ minutes from regional meetings; evaluation survey data  
County spending reports from national opioid and e-cigarette settlements  
Website and social media analytics |
The Year One Action Plan includes a more detailed presentation of activities that support the overall 5-year plan outlook to address substance use.

**Strategies selected for the following Year One Action Plan are based on:**

- Analysis of substance use epidemiology data and surveillance collected by county and state agencies
- Review of current opioid, tobacco and related substance use strategies supported by state and federal funds, including whether these strategies could be successfully expanded or enhanced with additional funds
- Identified needs not currently funded by Maricopa County due to limited resources or other barriers
- Strategic priorities outlined in the Arizona Tobacco Control Program (ATCP) Five-Year Strategic Plan (2022–2026)
- Findings and recommendations for action published in the July 2023 Substance Use Provider Needs Assessment and October 2023 Assessment of Service Needs of People Who Use Drugs reports

The Year One Action Plan is effective July 1, 2023 through June 30, 2024. Action plans will be updated annually based on plan evaluation, available funding, data trends, and stakeholder input.
1. PREVENTION AND EDUCATION

**OBJECTIVE:** Increase community awareness about the risks and effects of substance use to promote healthy decision making, reduce stigma, and empower individuals to lead healthier lives.

<table>
<thead>
<tr>
<th>Key Action Area</th>
<th>FY24 Strategies</th>
<th>Supporting Agencies</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training and Education</strong></td>
<td>Provide county juvenile probation staff updated training on substance use trends and working with justice-involved youth</td>
<td>Public Health, MC Juvenile Probation</td>
<td>Number of clinicians and professional staff who complete curriculum</td>
</tr>
<tr>
<td></td>
<td>Expand training and education to clinicians, schools, and faith-based organizations in stigma reduction and trauma-informed care practices</td>
<td>Public Health, AACHC, Maricopa SHIFT, Arizona Adverse Childhood Experiences Consortium, The Faithful City, Banner Poison and Drug Information Center</td>
<td>Increased provider knowledge and awareness of substance use trends and prevention practices</td>
</tr>
<tr>
<td></td>
<td>Include youth council members in tobacco program planning in an advisory capacity and provide educational support to youth serving organizations</td>
<td>Public Health</td>
<td>Increased provider knowledge and awareness of trauma informed care practices and the role of stigma</td>
</tr>
<tr>
<td><strong>Youth and Parent Empowerment</strong></td>
<td>Expand school- and community-based classes for adolescents and teens to build healthy coping/decision-making skills and provide positive alternative activities</td>
<td>Public Health, Skye’s the Limit Foundation, Chicanos por la Causa, Neighborhood Ministries, Rise Up! Glendale Coalition, notMYKid</td>
<td>Number of trainings and curriculum taught by location</td>
</tr>
<tr>
<td></td>
<td>Expand access to parent drug education forums and classes to strengthen parenting skills and prevent child risk-taking behaviors</td>
<td>Public Health, Chicanos por la Causa, NotMYKid</td>
<td>Increased knowledge of tobacco/drug use risks and effects reported by program participants</td>
</tr>
<tr>
<td></td>
<td>Expand youth-led tobacco initiatives in the community to develop advocacy skills for personal, family, and community, tobacco-free health, and pilot prevention programs for tobacco and vaping</td>
<td>Public Health</td>
<td>Increase in protective factors or parenting skills reported by program participants</td>
</tr>
</tbody>
</table>
# 1. Prevention and Education

**Objective:** Increase community awareness about the risks and effects of substance use to promote healthy decision making, reduce stigma, and empower individuals to lead healthier lives.

<table>
<thead>
<tr>
<th>Key Action Area</th>
<th>FY24 Strategies</th>
<th>Supporting Agencies</th>
<th>Sample Indicators</th>
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<tr>
<td>Community Education</td>
<td><strong>Expand public awareness of local information and referral services for substance use, ensuring that individuals and communities have easy access to accurate, up-to-date, and reliable resources that can guide them towards appropriate support and treatment options</strong></td>
<td>Public Health, Banner Poison and Drug Information Center</td>
<td>Number of new locations where free, community-based SUD prevention programming is offered</td>
</tr>
<tr>
<td></td>
<td><strong>Increase access points for community outreach &amp; education on drug awareness and prevention with high-risk communities</strong></td>
<td>Public Health, MC Attorney’s Office, Banner Poison and Drug Information Center, Neighborhood Ministries, Terros, NotMYKid, RiseUp!Glendale</td>
<td>Number of people who receive information on substance use prevention, referral and treatment</td>
</tr>
<tr>
<td></td>
<td><strong>Work with schools, youth-serving organizations, the faith-based community, and law enforcement to reduce risk factors such as early substance use through risk education and information outreach to youth and families in the community.</strong></td>
<td>Public Health, RiseUp! Glendale coalition</td>
<td>Number of people served through tobacco awareness events</td>
</tr>
<tr>
<td></td>
<td><strong>Increase community readiness and awareness for tobacco prevention and cessation resources for targeted audiences.</strong></td>
<td>Public Health</td>
<td></td>
</tr>
</tbody>
</table>
## 2. EARLY INTERVENTION & TREATMENT

**OBJECTIVE:** Identify and address substance misuse as early as possible and increase access to appropriate treatment options.

<table>
<thead>
<tr>
<th>Key Action Area</th>
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<tr>
<td><strong>Screening and Referral Services</strong></td>
<td>Expand OB/GYN provider credentialing and use of evidence-based 4P’s screening tool for pregnant women in high overdose areas and providers serving Native American populations</td>
<td>Public Health, Maricopa SHIFT, Arizona Alliance of Community Health Centers</td>
<td>Number of OB/GYN providers trained in 4 P’s screening tool</td>
</tr>
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<td></td>
<td>Increase capacity for peer navigators to assist with screenings, treatment referrals, and coordination of services in settings that serve people at higher risk for SUD/OUD. Also includes referrals to ASHLine for smoking cessation</td>
<td>Public Health, Correctional Health Services, Human Services Campus, Maricopa County Sheriff’s Office</td>
<td>Number of peer navigators in high-risk settings</td>
</tr>
<tr>
<td><strong>Community-based Treatment Support</strong></td>
<td>Increase access to treatment and care for adolescents, teens, and families through expanded counseling and clinical services, peer support programs, and school-based early intervention programs</td>
<td>Public Health, NotMYKid, Banner Health Foundation, Community Bridges</td>
<td>Number of youth with tobacco /substance use disorder referred to appropriate intervention, treatment, and recovery services</td>
</tr>
<tr>
<td></td>
<td>Implement evidence-based, culturally appropriate community interventions to promote quitting among adults and youth by incorporating Arizona Smokers’ Helpline (ASHLine) cessation services into providers protocols/ workflow</td>
<td>Public Health, ASHLine</td>
<td>Number of culturally-appropriate trainings delivered to providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of people enrolled in AHCCCS (Medicaid) receiving treatment for a substance use disorder</td>
</tr>
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# 2. EARLY INTERVENTION & TREATMENT

**OBJECTIVE:** Identify and address substance misuse as early as possible and increase access to appropriate treatment options.

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<td>Justice-involved Treatment Services</td>
<td>Increase clinical capacity of Correctional Health Services to provide medications for treatment of opioid use disorder and peer workers to support care and transitions upon release</td>
<td>Public Health, Correctional Health Services</td>
<td>Number of clinical providers at CHS to provide MOUD</td>
</tr>
<tr>
<td></td>
<td>Increase supports for pre-arrest and pre-trial diversion programs and specialty courts</td>
<td>Public Health, MC Attorney’s Office, MC Superior Court</td>
<td>Number of individuals who initiate treatment in a CHS jail; Number of individuals provided care transitions upon release; Number of individuals referred to treatment through county diversion programs; number who successfully complete program requirements</td>
</tr>
</tbody>
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# 3. HARM REDUCTION & RESCUE

**OBJECTIVE:** Reduce deaths and other harms caused by substance use through increased awareness and access to effective interventions.

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<td><strong>Systems, Training and Capacity-Building</strong></td>
<td>Ensure people are protected from secondhand smoke exposure in enclosed public places by conducting inspections and on-site educational visits at public places of employment</td>
<td>Public Health</td>
<td>Number of smoke-free inspections conducted</td>
</tr>
<tr>
<td></td>
<td>Increase capacity for workforce with lived experience and diverse representation in settings serving high-risk populations including people who are unsheltered, people who inject drugs, people of color and other marginalized communities.</td>
<td>Public Health, Shot in the Dark, Sonoran Prevention Works</td>
<td>Number of new high-risk people reached due to added capacity in harm reduction outreach</td>
</tr>
<tr>
<td></td>
<td>Establish a Community Advisory Board to improve attitudes and knowledge about stigma against individuals with SUD and to increase equitable delivery of services to support long-term recovery</td>
<td>Public Health, Sonoran Prevention Works</td>
<td>Increased knowledge of training curriculum</td>
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## 3. HARM REDUCTION & RESCUE

**OBJECTIVE:** Reduce deaths and other harms caused by substance use through increased awareness and access to effective interventions.

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<td>Community-based Distribution and Outreach</td>
<td>Expand locations for targeted harm reduction street outreach to serve more high-overdose risk areas and populations</td>
<td>Public Health, Sonoran Prevention Works</td>
<td>Number and types of harm reduction items distributed</td>
</tr>
<tr>
<td></td>
<td>Increase access points for naloxone, fentanyl test strips and other harm reduction services in high overdose areas including public events, schools, pharmacies, and community health centers</td>
<td>Public Health, MC Attorney’s Office, MC Human Services, Sonoran Prevention Works, Shot in the Dark, Terros, Chicanos por la Causa, RiseUp! Glendale, Arizona Alliance for Community Health Centers, Banner Poison and Drug Information Center, Community Bridges, Arizona Pharmacy Association</td>
<td>Number of new access points and locations for harm reduction supplies</td>
</tr>
<tr>
<td>Justice-Involved and Unsheltered Outreach</td>
<td>Install harm reduction vending machines at sites serving high-risk populations (i.e., people experiencing homelessness) to reduce barriers to life-saving supplies like naloxone and fentanyl test strips</td>
<td>Public Health, Human Services Campus</td>
<td>Number and types of harm reduction items dispensed</td>
</tr>
<tr>
<td></td>
<td>Increase capacity to provide overdose prevention education and naloxone to inmates with SUD/OUD prior to re-entry</td>
<td>Public Health, Correctional Health Services</td>
<td>Number of inmates receiving overdose education and naloxone kits upon release/re-entry</td>
</tr>
</tbody>
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## 4. RECOVERY & RESILIENCY

**OBJECTIVE:** Increase access to relapse prevention and recovery support aimed at helping individuals make and sustain positive lifestyle changes.

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<td><strong>Community-based Care Linkages and Support</strong></td>
<td>Increase peer support services for teens and adults struggling with substance use issues to provide connections to care and support resiliency</td>
<td>Public Health, NotMYKid, Human Services Campus, Arizona Alliance of Community Health Centers</td>
<td>Number of youth receiving peer support services</td>
</tr>
<tr>
<td></td>
<td>Expand life skills and recovery programming for low-income women to attain economic-self sufficiency for long-term stability</td>
<td>Public Health, Live and Learn</td>
<td>Number of adults receiving peer support services</td>
</tr>
<tr>
<td></td>
<td>Provide system-wide training to health care teams within urgent, emergency, and acute care settings to raise health care professionals’ awareness of the services available through Banner Behavioral Health and understand how to refer children and youth for services.</td>
<td>Public Health, Banner Health Foundation</td>
<td>Number of women who complete life skills/resiliency program</td>
</tr>
<tr>
<td></td>
<td>Increase access to recovery supports and linkages to the full continuum of care and services for individuals with SUD and their families</td>
<td>Public Health, Terros, NotMYKid, Live and Learn, Neighborhood Ministries, Shot in the Dark, Skye's the Limit! Foundation, Chicanos por la Causa, Community Bridges, The Faithful City, Arizona Alliance for Community Health Centers, Sonoran Prevention Works</td>
<td>Number of individuals referred to substance use care and recovery supports, type of referrals, location of initial contact, substance use services distributed/provided and referred.</td>
</tr>
<tr>
<td></td>
<td>Maintain current peer-to-peer youth programming to empower youth leadership and engagement via the Students Taking a New Direction (STAND), the statewide anti-tobacco youth coalition</td>
<td>Public Health, STAND</td>
<td></td>
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# 4. Recovery & Resiliency

**Objective:** Increase access to relapse prevention and recovery support aimed at helping individuals make and sustain positive lifestyle changes.

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<tr>
<td><strong>Justice-Involved and Unsheltered Outreach</strong></td>
<td>Increase capacity for peer navigators at Correctional Health Services to support inmates with SUD/OUD with care transitions upon release</td>
<td>Public Health, Correctional Health Services</td>
<td>Number of inmates receiving care plans upon release</td>
</tr>
<tr>
<td></td>
<td>Increase participation of justice-involved youth in Teen Intervene/journey.do program in juvenile detention; broaden access to program for youth and their families supervised in the community</td>
<td>Public Health, MC Juvenile Probation, LifeLab Studios</td>
<td>Number of teens and family members participating in Journey Do program Pre/post-surveys of program participants</td>
</tr>
<tr>
<td><strong>Housing Support &amp; Care Linkages for Unsheltered</strong></td>
<td>Expand housing options for people experiencing homelessness, including bridge housing, partnerships with property owners, construction of shelter beds and other affordable housing</td>
<td>MC Human Services, municipalities</td>
<td>Number of individuals with SUD/OUD referred to recovery support services by type of service</td>
</tr>
<tr>
<td></td>
<td>Provide access to low-barrier wraparound services and supports such as mental and physical health services, treatment for substance use, transportation, and food benefits to help people successfully transition out of homelessness and thrive</td>
<td>MC Human Services</td>
<td>Number of individuals with SUD who enroll in a recovery support service by type of service</td>
</tr>
</tbody>
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5. DATA & MONITORING

**OBJECTIVE:** Increase ability to identify emerging trends, monitor progress, and guide evidence-based decision making to develop targeted interventions.

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<td><strong>Enhance Surveillance</strong></td>
<td>Identify capabilities for potential data sharing with Correctional Health to improve monitoring of overdose outcomes in justice-involved populations</td>
<td>Public Health, Correctional Health Services</td>
<td>Data sharing agreement established</td>
</tr>
<tr>
<td></td>
<td>Enhance the frequency and timeliness of surveillance reporting of nonfatal overdose trends to adapt more quickly to emerging trends</td>
<td>Public Health, Arizona Department of Health Services</td>
<td>Analyzed data and summary reports (countywide, regional and city-specific)</td>
</tr>
<tr>
<td></td>
<td>Enhance the capabilities of surveillance reporting of fatal overdose trends to include demographic and regional disparities as well as risk factors.</td>
<td>Public Health, Office of the Medical Examiner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop a surveillance report on neonatal abstinence syndrome trends in Maricopa County</td>
<td>Public Health, Arizona Dept of Health Services</td>
<td></td>
</tr>
</tbody>
</table>
| **Community Oversight** | Establish Maricopa County Overdose Fatality Review Board to strengthen multi-sectoral partnerships between public health, public safety, and other stakeholders, including people with lived experience | Public Health, Office of the Medical Examiner, Maricopa County Sheriff’s Office, AHCCCS, Banner Health University of Arizona Phoenix Campus – Emergency Medicine, Banner Poison and Drug Information Center, Intensive Treatment Services, Lost Boys Found, Native Health, Pascua Yaqui Tribe, Shot in the Dark, Sonoran Prevention Works | Monthly Board meetings
Published annual report |
| **Use Data to Inform and Educate** | Develop a public-facing dashboard summarizing County overdose trends | Public Health | Published dashboard
Protocol for dashboard updates |
6. RESPONSIBLE STEWARDSHIP

**OBJECTIVE:** Increase coordination of work and communication among government and community-based organizations to maximize resources and more effectively target saving lives and reducing harms from substance use.

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<td><strong>Regional Knowledge-sharing</strong></td>
<td>Establish a quarterly schedule for cities and towns to come together regionally to share practices and learn from each other</td>
<td>Public Health, municipalities</td>
<td>Quarterly scheduled dates of meetings for FY23-24</td>
</tr>
<tr>
<td></td>
<td>Promote evidence-based practices and resources to cities and towns in order to maximize regional impacts</td>
<td>Public Health, municipalities</td>
<td>County staff and community-based org presentations of best practices in local substance use programming interventions</td>
</tr>
<tr>
<td><strong>Community Engagement</strong></td>
<td>Implement a community engagement strategy with at least 4 annual community facing opportunities for input and feedback from people with lived experience and their families</td>
<td>Public Health, Maricopa County Attorney’s Office, and other county departments</td>
<td>Number of community members and people with lived experience who attend and participate in regional substance use related coalition meetings</td>
</tr>
<tr>
<td></td>
<td>Build a public-facing pathway for collecting ongoing community input on the plan and recommendations for Year 2 Action Plan items.</td>
<td>Public Health, Maricopa County Attorney’s Office, and other county departments</td>
<td>Develop community engagement plan</td>
</tr>
<tr>
<td></td>
<td>Engage regional community coalitions to coordinate and collaborate on shared priorities, strategies, and initiatives towards the prevention and/or cessation of tobacco and vaping products</td>
<td>Public Health, Maricopa County Attorney’s Office, and other county departments</td>
<td>County task force meeting reports</td>
</tr>
<tr>
<td></td>
<td>Convene County Task Force to review settlement funding reports, track progress, and review recommendations</td>
<td>Public Health, Maricopa County Attorney’s Office, and other county departments</td>
<td></td>
</tr>
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