



Notes

Collaboration Meeting Group

Tuesday, November 15, 2022

2:00-3:30 pm

TEAMS

Present

<u>Name</u>	<u>Organization</u>
Elizabeth Stamm	PCHD
Mark Person	PCHD
Sara Lind	PCHD
Mayra Jeffery	PCHD
Arisia Lee	PCHD
Hollie Watson-Smith	PCHD
Alex Fernandez	CODAC
Christina Saxton-Valdez	Arizona Complete Health
Claudia Adams	Arizona Complete Health
Jennifer Kent	Arizona Complete Health
Danielle T. Vince	Arizona Complete Health
Scott W. Van Valkenburg	
Kristin Lindberg	
Sarah Graham	Oxford House
Monecia Hill	
Edna M. Adams	
Sonie Lee	
Shawn Wooll	
Joseph Stockman	CODAC 380
Edna M. Adams	

Welcome/Overview of Today's Meeting

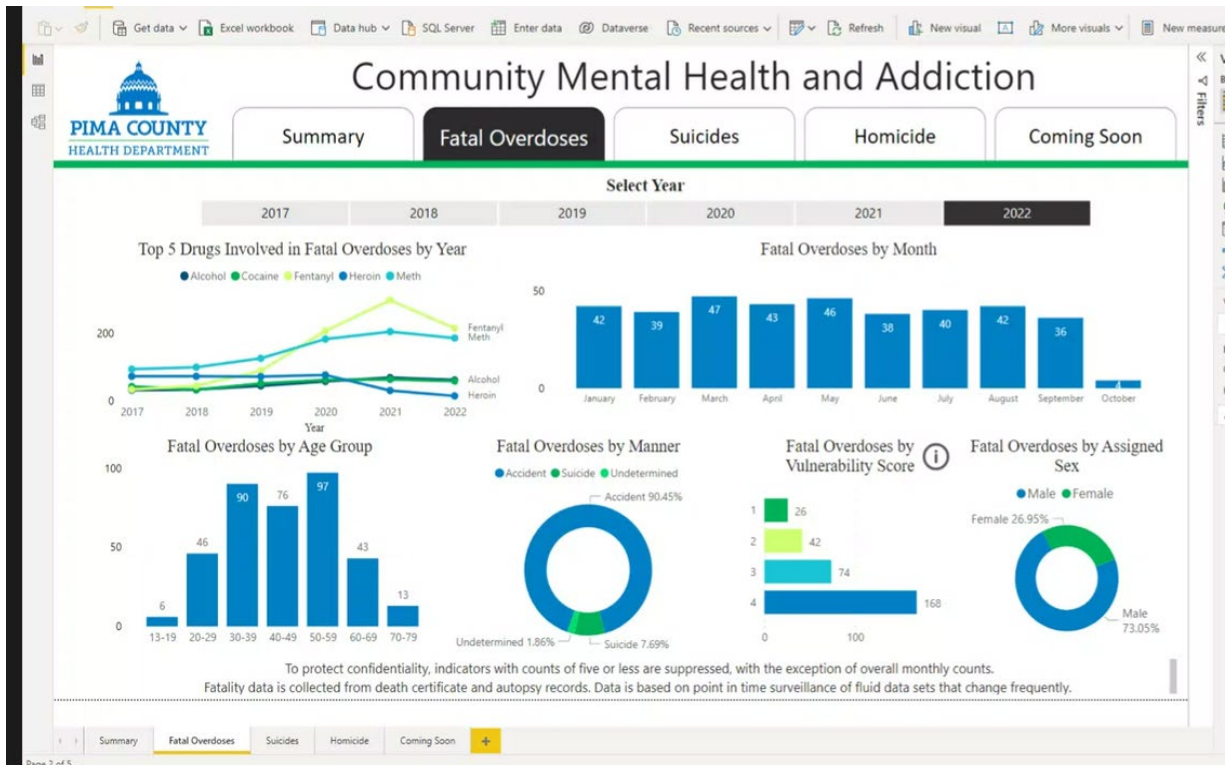
- Alex Fernandez, CODAC

SUD Updates

- AZ Complete Health: Claudia Kent & Jennifer Kent
 - SABM – still funding for people who lose AHCCCS
 - If you know of someone who has gaps in their service, have them reach out to AZ Complete Health

Data Sharing

- Mark Person, PCHD
- Hollie Smith-Watson, PCHD



Fatal Overdoses

- The information for fatal overdoses comes from surveillance of fatality death certificates. The CHMA team constantly reviews and looks at trends and aggregate data.
 - All data is pulled from death certificates.
 - The data for 2022 is pretty much real time with a little lag. It is up-to-date through September is complete and October is in the process of being completed.
- 2022
 - Most of the trends have not reached totals of 2021.

Top 5 Drugs Involved in Fatal Overdoses by Year

- Fentanyl is at the top.
- Meth is a close second.
- Alcohol and Cocaine numbers are basically identical and below Meth.
- Heroin is at the bottom.
- Drugs and trends change rapidly
 - 2017 – Opioid epidemic
 - 2019 – Illicit fentanyl really took off
 - 2020 – Fentanyl sky rocketed to 200 deaths
 - 2021 - Fentanyl deaths reached 300
 - 2022- Estimate is similar to 2021. It is projected that there will be a small decrease from 2021, which is a win. It is encouraging to see a plateau and not a 4th record-breaking year of deaths due to fentanyl.



Fatal Overdoses by Month

- During 2022, there have been minor changes from month-to-month.
- In 2021, fluctuations were a lot different.

Fatal Overdoses by Age Group

- Teens: there were a few deaths. In 2020 & 2021, the deaths were high from this group. The data show that people in the younger age group were hit hard from fentanyl.
- As the years progressed, fentanyl hit teens hard.
 - 2021: all teens had fentanyl in their system at the time of their death.
- 2022: The highest numbers of deaths were seen in people the 30's and 50's age groups, followed by people in the 40's, and then 20's age groups.
 - Age group trends have changed since 2017.
 - In prior years, people in the 20's age group had the most deaths from fentanyl and now in 2022, people in the middle age groups have the highest deaths from fentanyl.

Fatal Overdoses by Manner

- The vast majority of deaths are accidental.
- It is rare to have undetermined deaths. This occurs when the Medical Examiner does not have enough evidence to determine the cause of death.
- 2022: Intentional death is at 7%.
 - A death is determined to be an intentional suicide when a note or physical evidence shows that it was a suicide.
 - This number usually fluctuates between 7-13%.

Fatal Overdoses by Vulnerability Score

- This is the number of overdose deaths in socially vulnerable communities.
- The social vulnerability index takes the location where the person was when they overdosed. If a person overdosed at a hospital the address/location of the hospital is not used. If a person is not homeless, their home address is used as the location where the overdose occurred. If a person is homeless, the address of where the body was found is used.
- 1 = lowest vulnerability.
 - For example, Catalina Foothills and Oro Valley have a low SVI and poverty is less significant in these areas.
- 4 = highest vulnerability.
 - For example, the 85705 community is really impacted by poverty, homelessness, overdoses, and the underinsured.

Fatal Overdoses by Assigned Sex

- 26.9 % female.
- 23.05% male.

General Information

- Medical Examiner does a toxicology screen on all deaths. However, doing a post mortem sample is rare.



- It is rare that a physician misses that drugs were involved in a death and does not refer the death to the Medical Examiner.
- Some cases are reviewed after the fact, but the Medical Examiner cannot review every case that didn't get referred to them.
- The State has a role in Vital Statistics too.
- Seeing co-occurring use of meth and fentanyl.
- Meth and Fentanyl account for the majority of all the deaths.
 - All deaths have meth and/or fentanyl involved.
 - About half of the deaths have both meth and fentanyl together. The other half is fentanyl by itself or meth by itself.
 - Deaths from meth are expected to be higher than last year.
 - Deaths from fentanyl is about the same as last year.
 - In 2022, The amount of deaths from fentanyl and the amount of deaths from meth are closer to each other this year.
 - Local law enforcement does not report that fentanyl is mixed when it enters the United States. It is frequently mixed with other drugs once it is in the United States and starts travelling up north.
 - Fentanyl test strips show that a lot of what people thought were other drugs has fentanyl in them.

Action Plan: Policy Recommendations

- Arisia Lee, PCHD
 - Action Plan Re-Cap: [Collaboration Meeting Group Action Plan](#)

Wrap Up

- Alex Fernandez, CODAC

Next Meeting

TBD 2:00-3:30, Teams

Data Sharing

Action Plan: Review & Finalize



Three-Part Series: How to Advocate For Change

Behavioral Health Coalition & PIH-US Pima County

Thursday 9/15, 9/29, & 10/13 at 11am-12pm MST

Registration Link: https://pih.zoom.us/join/joinmeeting/register/tJlud-ChpzoiGtRA0_osVFib0LbLT6FjnCzU

Brief Description:

A key skill of partners in the Behavioral Health Coalition is to understand and advocate for the needs of the individuals and communities they serve. Partners In Health's 3-part training series "How to Advocate for Change" will provide partners with an opportunity to sharpen their advocacy skills and learn how to best leverage influences of power to drive change that reflects their community's needs. In the first training, participants will learn the five components of power as they relate to advocacy and will be guided through constructing an advocacy strategy using a provided template. Each strategy will be designed to meet specific goals outlined by each partner and will include a power mapping exercise to identify stakeholders—including potential allies and opponents—and decision makers to target. We will expand on this in the second training. Going into the third training, participants will have a strong framework to finish outlining their strategy and think through effective actions.

- **9/15 - Module 1: Introduction to Advocacy**
 - What is advocacy
 - Misconceptions around advocacy
 - POWER!
 - Strategy chart (provided as a tool to use throughout the series, and beyond)
 - Campaign Goals
 - Organizational considerations
 - Lobbying rules
 - Campaign considerations during an election year
- **9/29 - Module 2: Targets, Allies, Constituents, Opponents**
- **10/13 - Module 3: Tactics, messaging, and strategy – real world examples**

Objectives for the Presentation:

1. Partners will be able to build out and workshop an advocacy strategy plan using a template provided in the presentation.
2. Partners will be able to identify stakeholders, including allies and opponents, to incorporate in their advocacy strategy plan.
3. Partners will be able to name ways that advocacy should be rooted in power, and begin mapping power for effective strategy, messaging, and tactics for change that is representative of community needs.

How will you engage the audience?

In this training series, we would like to engage the audience through the polling feature, the chat box, and by encouraging participants to unmute themselves when prompted, if they feel comfortable doing



so. We will spend a good amount of the time working with the audience to fill out an example advocacy strategy plan, and these features will allow participants to actively engage with the presenter, and even each other, throughout the presentation.