Project AzRORI: Arizona Rapid Opioid Response Implementation

Applicant Organization: Arizona Alliance for Community Health Centers (AACHC)

Project Director/Principal Investigator: Bridget Murphy, DBH, Research Program Administration Officer I & Program Coordinator

Overall Project Summary & Goals
AACHC was awarded a grant from the Health Resources and Services Administration (HRSA) to:

(1) target and tailor treatment and prevention resources in areas of most need within the state;

(2) provide training to the rural target service area for OUD prevention and treatment providers, law enforcement and community members around OUD and overdose prevention, Medication-Assisted Treatment (MAT) and coordinated and integrated care models;

(3) increase access to Naloxone kits to prevent opioid overdose deaths;

(4) expand navigation and access to MAT and integrated treatment and recovery systems through new venues, new providers, new model processes, and by increasing the number of high risk individuals served;

(5) increase the ability to ensure the likelihood of recovery success by expanding peer support services, recovery homes, and recovery supports to pregnant and parenting women; and

(6) disseminate trainings, policies, procedures, resources, and lessons learned to community partners and county health departments in rural communities.

CPAC’s Role: Summary & Goals
The CPAC’s mission is to improve pain management, and prevent and address substance misuse and addiction. CPAC’s strategic plan outlines four initiatives. Our collaboration with AACHC is within strategic initiative 2.3 C: Work with Prescribing Providers of Controlled Substances to Prevent Substance use Disorder and Reduce the Morbidity and Mortality. As part of Project AzRORI, CPAC is collaborating with AACHC to offer state-wide training and technical assistance with a focus on Gila, Graham, and Mohave counties.

(continued)
More specifically, Project AzRORI goals are aligned with CPACs strategic plan and aim to:

**Goal 1: Prevention/Core Activity 3 (manage).** Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals, who are able to identify and treat SUD/OUD.

**Goal 1: Prevention/Core Activity 9 (manage).** Support providers to serve as on-hand consultants for their colleagues in topics essential to quality integrated SUD, mental health, and OUD treatment services (e.g., diagnosing co-occurring mental health conditions, providing MAT, patient engagement, care coordination, hepatitis virus treatment).

**Goal 2: Treatment/Core Activity 1 (support):** Increase the number of providers, including physicians, nurse practitioners, clinical nurse specialists, certified nurse-midwives, certified registered nurse anesthetists, and physician assistants who are trained, certified, and willing to provide MAT, including by providing opportunities for existing rural providers to obtain DATA 2000 Drug Enforcement Agency waivers.

For more information, please contact Alyssa Padilla, MPH, at alydilla@arizona.edu or visit our website at: www.cpac.arizona.edu/23-c.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $2.275 million funded by HRSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.