



THE UNIVERSITY OF ARIZONA  
COLLEGE OF SOCIAL & BEHAVIORAL SCIENCES

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## U-MATTER

Program Sustainability

Focus Group Report – January 2021

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# BACKGROUND AND METHODOLOGY

## U-MATTER (Unified Medication Assisted Treatment Targeted Engagement Response) Project

**U-MATTER** is a collaboration between Pima County Administration, Criminal Justice Reform Unit; Tucson Police Department (TPD); CODAC Health, Recovery, and Wellness, Inc. (CODAC); the University of Arizona's (UA) Southwest Institute for Research on Women (SIROW); and Pretrial Services of Arizona Superior Court in Pima County. **U-MATTER** is focused on identifying, engaging, and retaining individuals with opioid use disorder (OUD) in comprehensive medication assisted treatment (MAT) and recovery support services and facilitating these individuals' long-term recovery. **U-MATTER** is enhancing and expanding access to MAT services for adults in Pima County, AZ with an OUD by increasing capacity and infrastructure to 1) identify and connect adults with OUD who are appropriate for MAT to existing comprehensive MAT and related recovery support services, including those of historically health disparate groups; and 2) provide ongoing peer support in the community to support retention and re-engagement in MAT.

**U-MATTER** engages in multiple strategies to reach these goals. **U-MATTER** supports the TPD Deflection Program, which aims to address misuse of opioids and other substances as well as related issues, such as criminality, by identifying individuals with substance misuse issues, encouraging them to get treatment, and immediately transporting them to a treatment provider. Under the Deflection Program, police officers and co-responding behavioral health peer support Outreach and Engagement Specialists (OES) identify and deflect individuals with substance use problems who are willing to consider treatment. That is, they connect them to a partnering treatment provider, ideally transporting them immediately to the provider, in lieu of arresting them. The partnering provider, CODAC, is an integrated healthcare clinic with a 24/7 MAT clinic providing immediate initiation of treatment for OUD, other SUDs, and related health problems. The **U-MATTER** team has also developed a partnership with Pretrial Services of Arizona Superior Court in Pima County to further expand screening and active linkage to comprehensive MAT and recovery support services. **U-MATTER** also provides outreach to community members to promote **U-MATTER**, access to MAT, and to coordinate referrals to treatment.

CODAC clinic staff assess the individuals and enroll them in appropriate treatment offered by the clinic or transport them to other service providers as needed. The clinic offers 24/7 MAT utilizing methadone, suboxone, and naltrexone with prescription and induction by psychiatric addiction specialists. It also provides comprehensive substance abuse treatment and recovery support services to adults with OUD. These services include, for example, evidence-based practices to address substance use (including tobacco use) and mental health issues; primary care services; an array of recovery support services; case management; HIV/AIDS testing and counseling; viral hepatitis testing and treatment, and linkages to other services (e.g., housing).

The **U-MATTER** project team utilizes ongoing monitoring and evaluation of **U-MATTER** to inform ongoing quality improvement of the project and its implementation.



## U-MATTER Project Partner Focus Group

The **U-MATTER** SIROW evaluation team conducted a focus group with the leadership of current project partners (TPD, CODAC, Pima County Administrator's Criminal Justice Reform Unit, Pretrial Services, and SIROW) to assess the long-term sustainability of **U-MATTER**. The specific goals of this focus group were to discuss 1) sustainability goals, including what aspects of the current program will be sustained and how, and aspirations for enhancements or expansions of current program activities; 2) challenges to sustainability; and 3) next steps for project partners to achieve these goals.

## Protocol and Structure

### Participants

The target population for this focus group were the leaders within the respective organizations that manage, implement, and evaluate all or a main component of **U-MATTER**. Focus group participants included three representatives from TPD, two representatives from CODAC, three representatives from Pima County (two from Pima County Administrator's Criminal Justice Reform Unit and one from Pretrial Services of Arizona Superior Court in Pima County), and one representative from SIROW. The focus group lasted approximately 90 minutes and was conducted online using the Zoom platform due to the COVID-19 pandemic. Participation was voluntary and the audio and video of the focus group discussion were recorded with the permission of the participants.

### Facilitation

The SIROW **U-MATTER** evaluation team designed the focus group session to cultivate conversation, allow participants to express their views, and elicit in-depth feedback through open-ended questions. An experienced SIROW research evaluator moderated the session and a second SIROW **U-MATTER** evaluation team member assisted with note taking and monitoring the chat function on Zoom. The facilitator began the session by providing background and context for the focus group itself. The facilitator then guided participants in a discussion using a pre-planned script.

## Data Analysis

To begin the data analysis process, the SIROW **U-MATTER** evaluation team reviewed the notes and recordings of the focus group to identify themes and areas of agreement among the project partners.



# RESULTS

## Current Program Components and Activities that Should Continue

Focus group participants were asked to reflect on the components or activities of the Deflection Program, **U-MATTER**, and established partnerships that they think should continue. Overall, focus group participants mentioned effectively all of the major components of the Deflection Program and **U-MATTER** as activities that they hoped would continue. There was no mention at any point in the focus group of any activities or components that should not continue.

A representative from TPD expressed, in reference to TPD's deflection program, "I would hope that this is not going to go away, we need to continue with deflection." A representative from CODAC also expressed their<sup>1</sup> hope that the deflection program would continue and that CODAC would continue to receive deflected individuals. There was no indication from TPD's representatives that moving away from the use of deflections is even being considered, rather there was substantial discussion of potential expansions to the existing Deflection Program. There was strong agreement among the focus group participants about the importance of sustaining the co-located behavioral health peer support Outreach and Engagement Specialists (OES) at both TPD and Pretrial Services. A CODAC representative described sustaining the co-located peers as their "primary goal" and "primary hope." A TPD representative described continuing this component as "really important" and a Pima County representative described this as a "high priority item." This individual also expressed that they would like to see a continuation of TPD's Substance Use Resource Team's (SURT) practice of providing targeted outreach to individuals who have experienced an opioid overdose.

There was little explicit discussion of sustaining established partnerships, but this appeared to be mostly a product of an assumption that the most critical established partnerships would continue. In the case of the central relationship between CODAC and TPD, there were multiple references to continuing to work together on specific issues. In the context of discussing the possibility of expanding relationships to more treatment providers, a TPD representative qualified this suggestion with the statement, "knowing that CODAC is always going to be our primary provider." A Pima County representative, in reference to **U-MATTER** activities connected to Pretrial Services, offered that, "the model we have right now with CODAC and the peer support specialist we have been working with has been pretty good for us." Adding further that,

[i]t's tough for us. The people that are coming through that fit the profile for the work that's being done in **U-MATTER** or other programs... ..their success rates are lower than most other individuals because they are dealing with a lot of things. Having someone who can build that connection, rebuild that trust between them and the court is where we really need to focus on, that is big.

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<sup>1</sup> Throughout this report we will use gender neutral pronouns to maintain the anonymity of focus group participants.



## Sustaining Current Program Activities and Partnerships

Focus groups participants were then asked about what resources would be needed to sustain these program components and activities, and what needs to be done to secure these resources.

### Sustaining Co-located Peer Support OES

In the short term, the components of current program activities that were identified as the most vulnerable were the co-located peer support OES and evaluation activities. In both cases the vulnerability is due to the fact that the majority of these activities are currently supported by grant funding. A CODAC representative, focusing specifically on the issue of securing funding to support co-located peer support OES, expressed that the unpredictability of grant funding has motivated them to think about how to secure a more dependable revenue stream to support these activities. Along similar lines, in a personal communication following the focus group, a participant representing Pima County also expressed an interest in finding funding mechanisms or sources that better align with and support the wide range of efforts that comprise current program activities (a concern being that the specific performance indicators used by current funding sources only capture a fraction of those efforts).

The CODAC representative expressing wariness about the dependability of grant funding, suggested that the needed funding support might come from multiple sources such as, health insurance plans, the Substance Abuse Prevention and Treatment Block Grant (SABG a component of Arizona Health Care Cost Containment System [AHCCCS]), and other state and federal funding sources that could be accessed to support the salaries of peer support OES. Key to accessing funds from health insurance plans and substance abuse block grants is credentialing staff so that they can bill for services (e.g., making sure they are certified to conduct clinical assessments), and identifying what of the OES' work can be converted into billable services. This CODAC representative expressed confidence that most of the OES' work could be appropriately categorized as various billable services. At this point, the SIROW representative offered that this group of partners may want to strategize at a later point about how they could participate in efforts to shift what are considered billable recovery support services to a "broader continuum of services" (reasonably including, for example, employment supports).

However, the CODAC representative cautioned that for this approach to work individuals need to be enrolled and active in a health insurance plan or AHCCCS, which can be a challenge. They further noted that the enrollment process itself can be a barrier to accessing treatment. An individual is required to fill out an extensive questionnaire and to spend an hour to an hour and a half on this enrollment at the beginning of the intake process. They suggested that there might be a way to negotiate this barrier with health plans or perhaps directly with AHCCCS. They also suggested, as an example, that it might be possible for AHCCCS to provide some block grant funding and move away from a billable services model. A Pima County government representative expressed strong support for this approach. The SIROW representative then suggested that since this step is critical to the OES being self-financed through billable services, this should be considered a core component of program sustainability and, consequently, this group should focus attention on how to better facilitate enrollment and retention in health insurance programs.

The CODAC representative also mentioned that there are additional state grants such as State Opioid Response grants that could potentially be used to support the OES, but whether such funds

will be available or not, and to what degree, is completely unknown. A Pima County representative also offered that it might be possible to secure some funding from organizations that benefit from the operation of programs like **U-MATTER**. They provided the example of the Tucson Fire Department's Tucson Community Collaborative Care (TC3) program that receives support from hospitals and insurance companies.

### **Sustaining Evaluation Activities**

The CODAC representative also expressed that it is important to continue to support evaluation activities and that these activities assist with the long-term sustainability of these programs. The SIROW representative further emphasized that the evaluation and research components are important for ongoing program improvement, improvement of implementation, and coordination between partners. In addition, the assessment of program impacts can be useful in marketing the program to community members and building partnerships with community agencies, the city, the county, and other stakeholder groups, including potential funders. In response to this view, a representative from Pima County offered that, in their experiences soliciting funds from the County or community partners, the ability to show concrete improvements in program performance or reductions in negative outcomes (such as hospitalizations) is extremely helpful to those efforts. They stated, "...so anytime we can specifically quantify cost savings, and not to discount the human, how do we quantify a life saved? That really makes it easier when we are trying to justify it [funding] either internally or externally." There was little specific discussion of how to fund these evaluation activities.

### **Sustaining TPD's Deflection Program**

In the longer term, a TPD representative expressed concern that in recent years they have watched the police workforce shrink over time and that social pressure for reform of policing may result in law enforcement pulling back in some areas and handing responsibilities over to social workers and other specialists. These trends, plus recent state and local budget shortfalls (e.g., a recent \$40 million loss reported by the City of Tucson), give them concern about the long-term sustainability of programs like the Deflection Program. A Pima County representative expressed similar fears, and a CODAC representative also expressed concern about the state cutting funding for behavioral healthcare in order to balance the budget. A Pima County representative asked whether state tobacco funding could potentially be a resource and volunteered to look into that.

## **Enhancing and Expanding Current Program Activities**

A large number of ideas and suggestions for enhancements and expansions of current program activities were suggested by focus group participants.

### **Enhancing and Expanding TPD's Deflection Program**

A TPD representative provided a number of specific examples of enhancements that could be made to the Deflection Program. They raised the possibility of peer support OES going into the community in teams, without officers, when they feel comfortable doing that. They also suggested that outreach teams could be accompanied by a paramedic or a member of the Tucson Fire Department. Another TPD representative agreed that involving the Tucson Fire Department in SURT activities and



overdose outreach could be extremely useful. Expanding on this, they explained that having the CODAC peer support OES located at TPD allows them to discuss how to staff cases and determine who is likely to be the most helpful to a particular individual. They suggested that the Tucson Fire Department could potentially be at the table with their team and perhaps bringing in someone to represent hospitals could be another program enhancement. Further, they suggested that there may be other established groups in the community, such as activist groups or faith-based communities, that might want to participate in SURT efforts as well. A representative from Pima County offered that having another peer support OES (in addition to the one currently) working with Pretrial Services would bolster their ability to engage in outreach and establish trust with clients.

### **Improving Engagement at CODAC**

A TPD representative offered that they have been thinking about how to increase the proportion of deflected individuals who end up actually engaged in treatment and wondered if there are things that they can do on their end, or if training is available for officers, to help increase engagement with treatment. A CODAC representative, agreeing that this is a challenge, explained that they think they need to incorporate more incentives into the program to help individuals complete the intake process and engage in treatment. They remarked, “[w]e really find that dangling that carrot and offering them that pot of gold at the end of the rainbow is really helpful.” In addition to providing more incentives, the CODAC representative offered that they could train staff further and utilize some motivational enhancement therapies/approaches, such as motivational interviewing. They plan on incorporating incentives, but mentioned that state funding limits incentives and you cannot offer anything over ten dollars. That said, they added that, “sometimes those small things work wonders.” Lastly, the CODAC representative stated that they should sit down with the staff, especially newer staff, and ask them what they think would work in terms of getting people to stay and complete the process.

### **Expanding to Juveniles**

Currently TPD’s Deflection Program is focused on identifying adults with substance use issues who fit particular criteria that make them eligible for deflection. A TPD representative stated that they are currently looking to expand the Deflection Program to juveniles, and noted that upon reviewing the numbers they were shocked to see how many 8–11-year-olds are being arrested. As substance use issues among juveniles increase, they think it would be preferable to have a place to refer juveniles and their parents to, instead of arresting them. That said, they were not sure if local providers have the capacity to treat juveniles with substance use issues.

### **Marketing TPD’s Angel Program**

Another area for improvement identified was the marketing of TPD’s Angel Program, which is a component of the Deflection Program by which community members can approach an officer in the community or at a TPD facility and request assistance getting connected to a substance abuse treatment provider with no risk of arrest or charges for current possession of illicit substances or paraphernalia. A TPD representative expressed that this program has been underutilized as a result of poor marketing. They expressed that a public relations campaign might be used to get the word out to the relevant at-risk population. A TPD representative added that this messaging should be meaningful and intentional and potentially from individuals with lived experience of addiction and substance misuse. This marketing might include a pamphlet that could be provided to the Tucson

Fire Department and staff in emergency departments in hospitals that would be given to individuals who have just experienced an overdose.

The SIROW representative recommended targeting the friends and family members of individuals struggling with substance use issues. In addition, they recommended giving thought to how to target and reach individuals who are less visible to law enforcement and first responders. These individuals may be relatively higher functioning and of a higher educational background, but still struggle with opioid use and this impacts their families and communities. A TPD representative offered that the SURT website has been updated and feels that this will help to educate individuals about what they are doing and potentially help increase trust in law enforcement and programs like the Angel Program.

### **Expanding Provider Networks and Partnership**

A TPD representative, stated, “when I think of sustainability, I think, well where is this program going to grow, and what other partners can we bring in?” They elaborated that they think about what additional providers they can bring in, in addition to CODAC, because in some cases it might be more appropriate to take an individual to a different type of treatment provider (e.g., a residential rehabilitation campus or a clinic that specializes in MAT for individuals who are pregnant). In addition to building more provider relationships, the TPD representative asked “what other partners are we not leveraging?” They then asked whether the group should be considering engagement with a wider range of potential community partners, including public and private medical facilities and neighborhood activist groups. A CODAC representative responded enthusiastically to this, stating,

“[e]xpanding everything, expanding both to [the Tucson Fire Department], expanding your provider network, all of that is important to sustainability, because in order to making this really just kind of endemic and part of what we do... ..It can’t depend on any one person, one agency, one program, anyplace. No one has that much capacity to be honest.”

### **Integration of Information Between Partners**

A TPD representative offered that it is well known that there are local organizations focused on issues such as housing, mental health, and substance misuse that are all working with similar populations independently in silos. They do not know, and often cannot find out, who is being engaged with or treated by other organizations or programs. They asked if there is some way to have an integrated system or dashboard that would allow information sharing about who is engaging with what services, without violating HIPAA restrictions. They continued that, ideally, such a system might also provide information on which locations have open beds at emergency shelters or low barrier bridge housing so that individuals could be connected to those services. They expressed that such a tool would be an enormous asset to their efforts. Another TPD representative offered that they are familiar with a system used in a city on the East Coast that allows users to enter information on individuals that have experienced an overdose in real time. They asked if it would be possible to purchase or build something like that for TPD,<sup>2</sup> and if so that would be an excellent idea to explore.<sup>3</sup> A CODAC representative stated that they would be very interested in

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<sup>2</sup> This is one example of a system provided by a TPD representative: <http://www.odmap.org/>

<sup>3</sup> A TPD representative also shared this article on the application of such a system in Lehigh County: <https://www.lvpnews.com/20180703/blue-guardian-2/>

seeing how other localities have avoided HIPAA barriers and mentioned that, in the past, information sharing between medical providers in Arizona has been extremely difficult.

### **Housing Support**

Upon being asked about ideas for expanding and enhancing current program activities there was unanimous and strong agreement among project partners about the need to address the housing deficits of program participants. A CODAC representative stated “[t]here is so much that could be better if we had any sort of housing for folks.” A Pima County representative expanded on this explaining that, “[w]e all want sustainable long-term supportive housing, for sure, but it’s difficult to even get folks into long-term housing when they are struggling with that transitional housing component.” They went on to suggest that we need to move past providing just a “put them in a halfway house” program component, and place people in a housing situation that has peer support and integration with treatment. And they offered that this could be accomplished through a partnership with programs like **U-MATTER**.

A CODAC representative strongly agreed with this and added that there is a huge need for short term crisis housing. This support might be for less than a month, or even less than a couple weeks in some cases. Explaining that individuals who only use stimulants do not qualify for detox programs, this creates a need for low barrier bridge housing where individuals can stabilize and then be enrolled in long-term programs. Multiple focus group members expressed strong agreement with the need for more availability of this specific type of housing. The CODAC representative went on to suggest that, ideally, such housing would include onsite peer support, visits from medical professionals, and a wide range of wraparound services provided by existing outpatient programs in town. They shared previous experiences with very successful transitional housing programs that allowed people to stabilize, get a job, save some money, and then successfully move out. They also offered that housing support is often critical to successful treatment, stating that, “you just can’t treat people when they go back and live under the bridge, again, at night.”

A brief discussion ensued about potential local partners for such housing support. CODAC has worked previously (pre-COVID-19) with Old Pueblo Community Services who provided a single crisis bed and would work with connecting that individual with long-term housing. A Pima County representative offered that Old Pueblo Community Services is already a partner with the Pima County Housing First program, and that The Earnest House is also a very frequent partner. The representative from SIROW also mentioned that this issue of housing may require further attention as the economic fallout from the pandemic will very likely cause significant disruption in the housing market and put additional strain on housing services, strain that may reduce the availability of services for the individuals eligible for programs like **U-MATTER**.

### **Transportation**

A representative from Pima County indicated that providing support for transportation to facilitate people getting to court could be extremely helpful for individuals.

### **Phones**

A representative from Pima County also suggested that it would be helpful, if possible, to provide phones so that defendants could be reached for court date reminders, and for generally staying in

touch. A CODAC representative suggested that the provision of smart phones could be extremely helpful, not just for keeping in touch with individuals, but that behavioral health treatment is increasingly shifting to telehealth (which can be accessible via smart phones).

### **Employment/Employment Support Services**

A CODAC representative also suggested that employment support services can be helpful to supporting individuals in becoming financially self-supporting.

## **How to Achieve Proposed Expansions and Enhancements**

### **Housing**

A CODAC representative agreed with the suggestion that achieving the goal of increased support for housing will involve partnerships with existing organizations and relevant agencies, but they also stressed that it would be helpful to know what resources are available. They offered that it was their impression that there are multiple funds available for housing, but each program appears to be very targeted in terms of who they can admit into their services. For example, in the case of behavioral health funds for housing, the person must have mental health issues and the support can only be used for long-term housing, not the short-term needs discussed in this focus group (emergency shelter or crisis housing).

A TPD representative offered that, in their experience, the city and county are now working in a more collaborative fashion and there is a broad recognition of the overlap of the issues of substance misuse, mental health issues, and homelessness with homelessness being a core issue. They also offered that the City of Tucson is focused on funding low barrier Housing First approaches to the exclusion of other approaches. They think that the short-term housing needs specific to the intersection of homelessness and substance use or mental health issues, may not be something that city leaders are as familiar with. They suggested writing a short collaborative white paper outlining the specific needs of **U-MATTER** underlining the need for housing support of this specific type. They suggested that this could have the potential to influence the allocation of some housing funding, especially given that the City of Tucson is currently developing a Community Safety Pilot program that is targeted at the same population served by programs like **U-MATTER**. They also expressed that they believe that the good reputation of the Deflection Program with the city and county may also assist with this effort. A CODAC representative expressed that this white paper could be a beneficial effort. They also mentioned that they were familiar with cases in the past where properties seized in conjunction with Racketeer Influenced and Corrupt Organizations Act (RICO) cases were then converted into supportive housing, and perhaps this could be a way to avoid the use of Housing First funds. A TPD representative expressed that the RICO process has changed and has been restricted significantly, so it might not be a viable option, but that it is something they can look into.

### **Transportation**

A CODAC representative offered that transportation has become increasingly difficult to access because the health plans and funders that pay for these services have become extremely restrictive in what they will cover (many of these restrictions are federal). MAT is a daily activity, and health

plans will fight covering these activities because it is expensive. The other CODAC representative also offered that the transportation companies that they rely on are currently extremely unreliable, in part due to stigma surrounding their clients.

The representative from SIROW asked about consideration of increasing the portability of services to bring them out to the community as a potential way to address transportation issues. They suggested the possibility of building out the outreach component to include other services and/or connections to other providers. A CODAC representative offered that, in part, due to COVID-19 the move towards telehealth has been in the direction of bringing their services to individuals. So exactly this type of portability of services is already happening, to some extent. They went on to explain that they are limited in terms of bringing MAT treatment to folks, as this is not currently possible without legal changes. That said, they can prescribe suboxone via telehealth, but not methadone. The CODAC representative remarked further, in regards to transportation issues, that there are quite few MAT providers in town. This fact may make transportation less of a barrier, the challenge then moves back to the issue of getting individuals enrolled in services.

### **Phones**

A CODAC representative offered that there have been many behavioral health programs that have involved the provision of phones, but they were highly restricted in terms of how you could use them. They stated that generally these programs were not successful. Challenges mentioned included: issues of theft, participants unlocking phones, and the fact that when people have limited minutes they tend to use them for purposes other than treatment. Lastly, they cautioned that such programs tend to be quite expensive.

### **Partnering with the Tucson Fire Department**

In regards to what would be needed to partner with the Tucson Fire Department, a TPD representative expressed that the delay in developing a partnership is mostly an issue of coordination and buy-in. They stated that the TC3 program is an excellent collaboration with local hospitals, a partnership from which TPD and **U-MATTER** could benefit. They expressed that the next steps in fostering this partnership are primarily an issue of engaging in building that relationship, a little funding might be required, but mostly relationship building.

### **Marketing the Angel Program**

The representative from SIROW suggested that there may be some private foundations that would provide funding for marketing and messaging campaigns that would draw on individuals' lived experiences. And suggested that this type of funding might be worth pursuing for this discrete project. A TPD representative suggested that if they develop a marketing pamphlet that they would then need to get in touch with hospital emergency departments and the Tucson Fire Department to see if they will collaborate on distributing them to overdose survivors.



# RECOMMENDATIONS BASED ON FINDINGS

This focus group identified a wide range of potential next steps to be pursued primarily by **U-MATTER** partners.

## Strategies for Sustaining Current Program Activities

In the context of widespread agreement to continue current program activities, the most immediate task is finding alternative revenue streams to support the work of the co-located behavioral health peer support OES at both TPD and Pretrial Services. Potential strategies proposed for this included:

### Supporting Peer Support OES Via Billable Services

- All peer support OES will need to be certified to conduct clinical assessments.
- Leadership at CODAC and TPD will need to coordinate to review workflows and categorize the activities of OES into the appropriate corresponding billable services.
- Partner leadership may want to strategize about how they might participate in broader efforts to expand the content of billable recovery support services.
- In order for this billable services strategy to be viable, program participants need to be enrolled in a health insurance plans against which services can be billed.
  - U-MATTER** partners, but especially CODAC, should investigate whether this enrollment barrier can be reduced either through negotiating with health plans or directly with AHCCCS.
  - Explore whether AHCCCS would consider allocating funds into a block grant and move away from billable services model for this population.
  - U-MATTER** partners should strategize other ways to support individuals with enrollment and retention in health insurance plans.

### Supporting Peer Support OES Via Other State Funds or Funds from New Partners

- U-MATTER** partners should investigate whether funding for peer support OES can be obtained from other state managed funds (such as the Substance Abuse Prevention and Treatment Block Grant) or from potential partners that benefit from program activities (e.g., hospitals or insurance companies).

### Sustaining Evaluation Activities

- U-MATTER** partners should strategize to secure funding to sustain evaluation activities.

## Strategies for Supporting Program Enhancements/Expansions

A wide range of enhancements and expansion of current program activities were suggested. At the highest level of abstraction there was agreement that current program partners would benefit substantially from expanding provider networks and partnerships.



## **Expanding Provider Networks and Partnerships**

-Leaders within each of the project partnering entities should engage in strategic planning to identify approaches for bringing in additional providers and partners.

-TPD has already identified the Tucson Fire Department as a logical and beneficial partnership, Pima County and TPD leadership should continue to cultivate this relationship.

-Leaders in their respective organizations will need to be responsible for developing partnerships, and engaging in those initial efforts to reach out to other agencies and organizations.

-Once these new connections are made, ***U-MATTER*** existing partners will need to identify how the new partnerships will be integrated into program activities.

## **Enhancing and Expanding TPD's Deflection Program**

-TPD should explore the implementation of changes to current practices, including:

-Allowing OES to go into the community without officers.

-Having outreach teams accompanied by a paramedic or a member of the Tucson Fire Department.

-Expanding the current Deflection Program to juveniles.

-TPD should strategize about how to identify and reach out to other community organizations that could play a useful role in collaboration with the SURT.

-Project partners might consider whether it would be possible to have an additional OES working with Pretrial Services.

## **Increasing Engagement with Treatment**

-CODAC should pursue suggested strategies to enhance engagement in treatment by deflected individuals, this might include:

-Securing funding for and introducing incentives to complete assessments and engage in treatment.

-Additional training of staff in motivational enhancement approaches.

-Checking in internally with staff for ideas on how to increase engagement.

## **Marketing the Angel Program**

-TPD should pursue the development of marketing for this program, and explore the possibility of seeking funding to support this effort.



-TPD might also explore ideas about how to reach individuals who do not fit a stereotypical profile of a **U-MATTER** participant with this marketing.

-TPD might pursue the development of a marketing pamphlet and make a plan for its distribution to the Tucson Fire Department and hospital emergency departments (for overdose survivors).

### **Sharing of Person-specific Information Between Partners**

-TPD (and potentially CODAC) should investigate what types of systems may be available for this effort to determine if it is feasible.

-If feasible, then funding and buy-in for the coordinated use of this new system would be necessary across partners.

### **Housing Support**

- Compile a list of available funding sources for housing.

-Housing support could also be accessed through strategic partnerships with existing housing providers (e.g. Old Pueblo Community Services, The Earnest House, etc.). Leaders in this groups might consider strategizing about who should reach out to which organizations.

-Lobby for the allocation of county or city funds to support short term crisis housing, ideally with onsite peer support and wraparound services.

-A short collaborative white paper could be drafted to explain the need for, and benefits of, this housing.

### **Transportation, Phones, and Employment Support Services**

-Explore whether there are existing programs that could potentially partner to provide these services.

### **Next Step**

The **U-MATTER** Project Director is compiling a list of program sustainability activities into an action plan based on the findings of this focus group. The Project Director and project partners will discuss the plan, modify it as needed, and finalize the plan, which will direct partner sustainability efforts during at least the next nine months.

