

**Arizona Department of Health Services
Division of Behavioral Health Services**

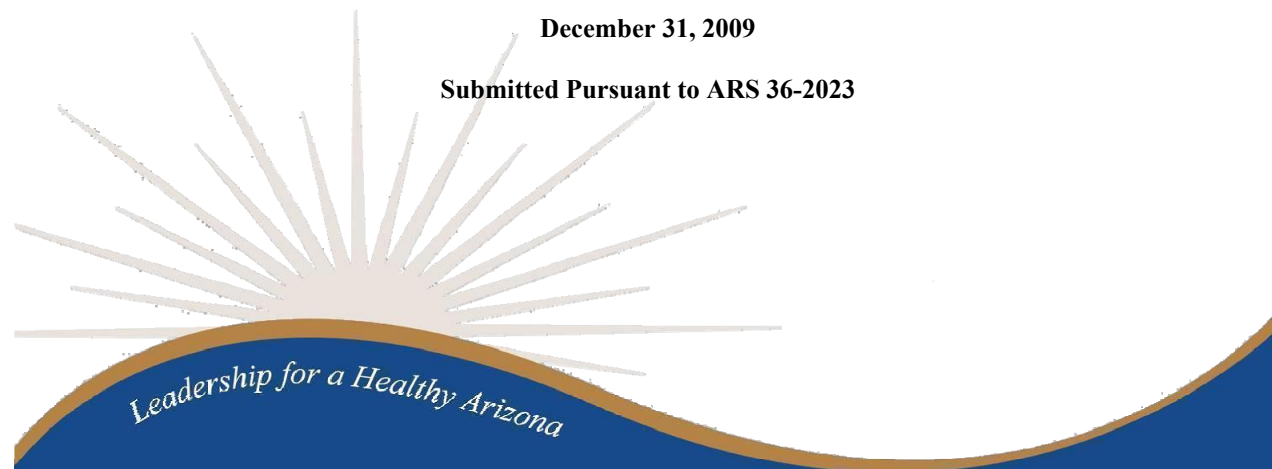


**Annual Report on Substance Abuse
Treatment Programs**

Fiscal Year 2009

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Executive Summary

The Arizona Department of Health Services' Division of Behavioral Health Services (ADHS/DBHS) has conducted an assessment of its substance abuse treatment programs. This review was done in accordance with the requisites outlined in Arizona Revised Statutes (A.R.S) 36-2023(B)(6) et seq., and includes information related to service types and geographic locations, funding sources and expenditures, numbers of clients served and their corresponding demographic information, and substance use patterns. A review of treatment outcomes, including changes in employment, criminal activity, homelessness, and substance use is also included, along with the Division's goals for the current fiscal year.

ADHS/DBHS has served as the Single State Authority on substance abuse, and has provided coordination, planning, administration, regulation and monitoring of all facets of the State public behavioral health system since 1986. During State Fiscal Year (SFY) 2009, ADHS/DBHS contracted with four Regional Behavioral Health Authorities (RBHAs) and three Tribal Regional Behavioral Health Authorities (TRBHAs) to provide a full continuum of services for individuals with substance use disorders. In addition, ADHS/DBHS has Intergovernmental Agreements (IGAs) with two additional Arizona Native American Tribes to deliver selected behavioral health services to persons living on the reservation. The T/RBHAs are responsible for developing and managing networks of community-based provider agencies to deliver substance abuse treatment services.

During SFY 2009, approximately \$128.5 million was spent providing treatment for over 69,000 adults and children enrolled with ADHS/DBHS for substance abuse or dependence conditions. ADHS/DBHS' data indicates that:

- Nearly 94% of those in the substance abuse treatment population were adults.
- 40% of all substance abuse treatment recipients were located within Maricopa County.
- 44% of all substance abuse treatment recipients were self-referrals, meaning they decided to enroll on their own, or on the recommendation of friends or family.
- Nearly 19% of those individuals treated for substance abuse had a co-occurring serious mental illness (SMI), while 26% had a co-occurring general mental health disorder (GMH).
- Alcohol was noted as a primary substance for 39% of all consumers; however,
- Marijuana was listed as the primary substance for 73% of children and adolescents in treatment.

In SFY 2009, ADHS/DBHS reported significant improvements in substance abuse treatment capacity and service innovations, including:

- Increasing child and adolescent substance abuse treatment penetration in Maricopa County;
- Enhancing the monitoring of substance abuse treatment service utilization;
- Coordinating with other State agencies and the Governor's Office to promote effective substance abuse treatment in Arizona; and
- Increasing the use of evidence-based practices in substance abuse treatment delivery.

ADHS/DHBS noted improvements in five monitored outcome domains: employment, housing, criminal activity, abstinence from alcohol, and abstinence from other drugs. Employment for this population increased by 2%, while the number of consumers being arrest-free increased by 4.7% at discharge, compared to treatment intake. Additionally, those consumers reporting living in a stable housing environment (not homeless) increased by 0.5%, and abstinence from alcohol and drug use increased by 4.2% and 3.7%, respectively.

A. Name and Location of Each Program

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) serves as the Single State Authority on substance abuse, providing oversight, coordination, planning, administration, regulation, and monitoring of all facets of the State public behavioral health system. ADHS/DBHS contracts with four Regional Behavioral Health Authorities (RBHAs) and three Tribal Regional Behavioral Health Authorities (TRBHAs) to provide a full continuum of services for individuals with behavioral health conditions, including substance use disorders. In addition, ADHS/DBHS has Intergovernmental Agreements (IGAs) with two additional Arizona Native American Tribes to deliver selected behavioral health services to persons living on the reservation, such as case management and prevention services.

Table 1: Service Delivery System

Geographic Service Area (GSA)/ RBHA	% of Enrollment	Counties
GSA: 1 Northern Arizona Regional Behavioral Health Authority (NARBHA)	15.9%	Apache County
		Coconino County
		Mohave County
		Navajo County
		Yavapai County
GSA: 2 Cenpatico Behavioral Health of Arizona (CBHS)	4.9%	La Paz County
		Yuma County
GSA: 3 Community Partnership of Southern Arizona (CPSA)	5.6%	Cochise County
		Graham County
		Greenlee County
		Santa Cruz County
GSA: 4 Cenpatico Behavioral Health of Arizona	6.6%	Gila County
		Pinal County
GSA: 5 Community Partnership of Southern Arizona	28.5%	Pima County
GSA: 6 Magellan of Arizona	39.5%	Maricopa County
TRBHA: Gila River Indian Community	3%	
TRBHA: Pascua Yaqui Tribe	0.4%	
TRBHA: White Mountain Apache Tribe of Arizona	1.3%	



B. Amount and Sources of Program Funding

During State Fiscal Year (SFY) 2009, ADHS/DBHS expended \$128,471,337 in service funding for individuals and families with substance use disorders. The single largest source of funding (69.22%) for substance abuse treatment was for individuals eligible for Medicaid (Title XIX & Proposition 204), followed by the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT) (18.56%). Additional funding included State appropriated monies, funds from Maricopa County for local detoxification services, funds from the City of Phoenix Local Alcohol Reception Center (LARC), and the Arizona Department of Corrections for persons on parole.

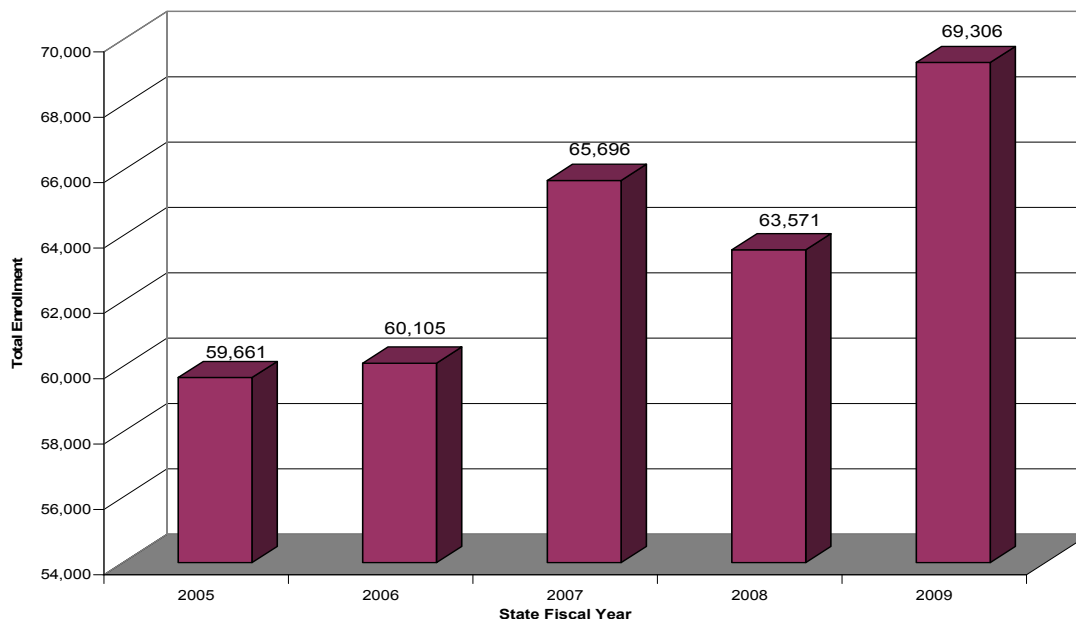
Table 2: Substance Abuse Treatment Funding Summary: SFY 2009

Fund Source	Dollar Amount	Percentage
Medicaid Funding (Title XIX & Proposition 204)	\$88,926,014	69.22%
Federal: Substance Abuse Prevention and Treatment Block Grant (SAPT) ¹	\$23,849,979	18.56%
State Appropriated	\$11,944,724	9.30%
Intergovernmental Agreements: Maricopa County; City of Phoenix Local Alcohol Reception Center (LARC); Arizona Department of Corrections Correctional Officer/Offender Liaison (COOL) ²	\$3,700,970	2.88%
Liquor Fees	\$49,650	.04%
TOTAL:	\$128,471,337	100%

C. Number of Clients who Received Services During the Preceding Fiscal Year

As illustrated in Figure 1, 69,306 consumers were enrolled in substance abuse treatment services during State Fiscal Year (SFY) 2009; the number of enrolled consumers increased by 8.3% between 2008 and 2009.

Figure 1: Trends in Statewide Substance Abuse Treatment Enrollment SFY 2005-2009

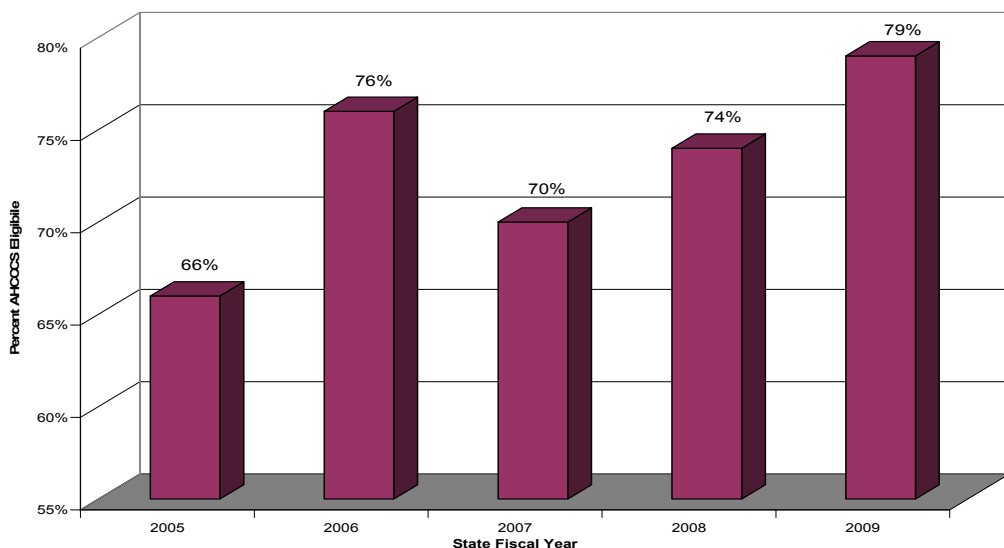


¹ Amount does not include SAPT funds allocated for Prevention programs.

² The Correctional Officer/Offender Liaison (COOL) program was terminated in February 2009.

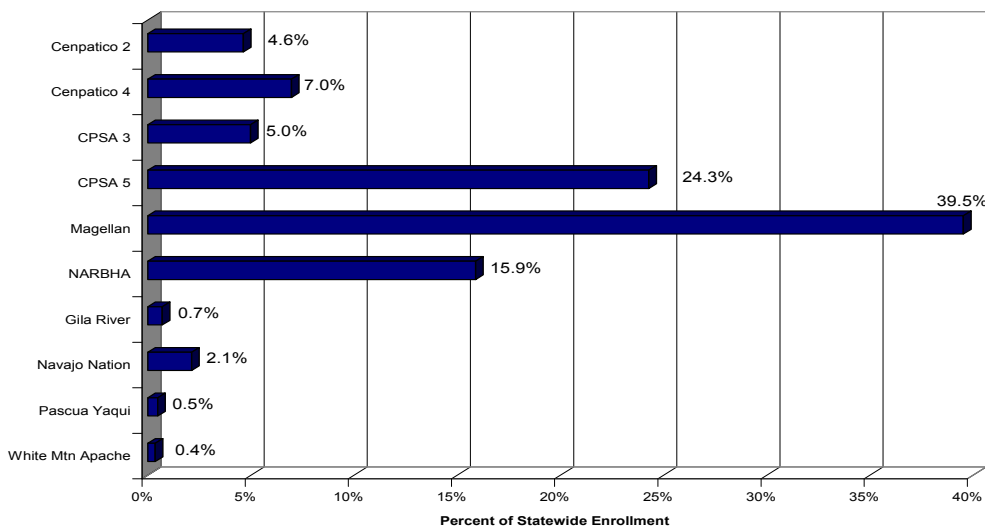
The Division is responsible for providing services to those individuals who qualify for Title XIX or Title XXI coverage – these consumers are often referred to as being “AHCCCS eligible” because their services are funded through the Arizona Health Care Cost Containment System (AHCCCS), the State’s Medicaid authority. Figure 2 shows that 79% of enrolled substance abuse treatment consumers were eligible for AHCCCS funding (54,513 individuals). The remaining 21% of substance abuse treatment consumers were funded through other means, including Federal Block Grant and State General Fund monies. There has been a steady increase in the percentage of enrolled consumers qualifying for AHCCCS eligibility over the past three fiscal years.

Figure 2: Trends in Title XIX/XXI Substance Abuse Enrollment SFY 2005-2009



In SFY 2009 there were 69,306 consumers enrolled in Arizona’s public Behavioral Health System for substance abuse treatment. Figure 3 (below) shows enrollment distribution throughout the State’s various service areas of Magellan, the Community Partnership of Southern Arizona (CPSA 3 and CPSA 5), the Northern Arizona Regional Behavioral Health Authority (NARBHA), and Cenpatico Behavioral Health Services, as well as the Gila River Indian Community, the Navajo Nation, Pascua Yaqui, and White Mountain Apache.

Figure 3: Substance Abuse Treatment Enrollees by T/RBHA



Similar to the overall population, Magellan accounted for the greatest percentage of children and adolescents enrolled in substance abuse treatment, followed by CPSA 5, NARBHA, and Cenpatico 4 (see Figure 4). In SFY 2009, the number of children and adolescents enrolled in Magellan increased by approximately 24%, compared to SFY 2008.

In SFY 2009 nearly 94% of the population in substance abuse treatment were adults, ages 18 and over; 40% of all adult consumers were enrolled in Magellan (see Figure 5), followed by CPSA 5 and NARBHA.

Figure 4: Enrolled Children and Adolescents in Substance Abuse Treatment by T/RBHA

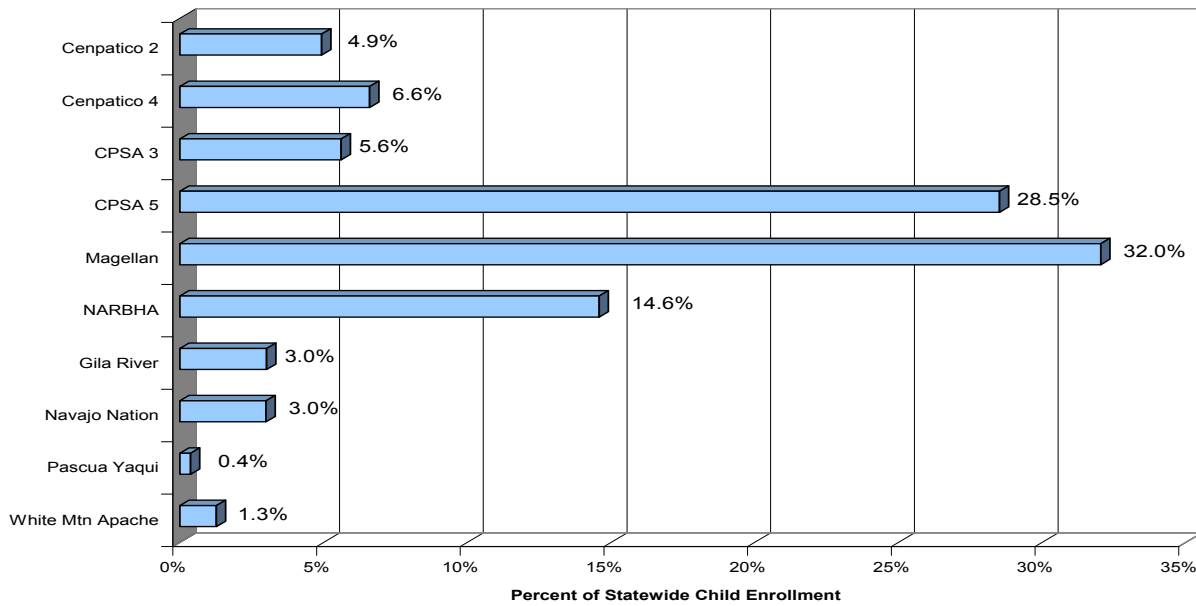
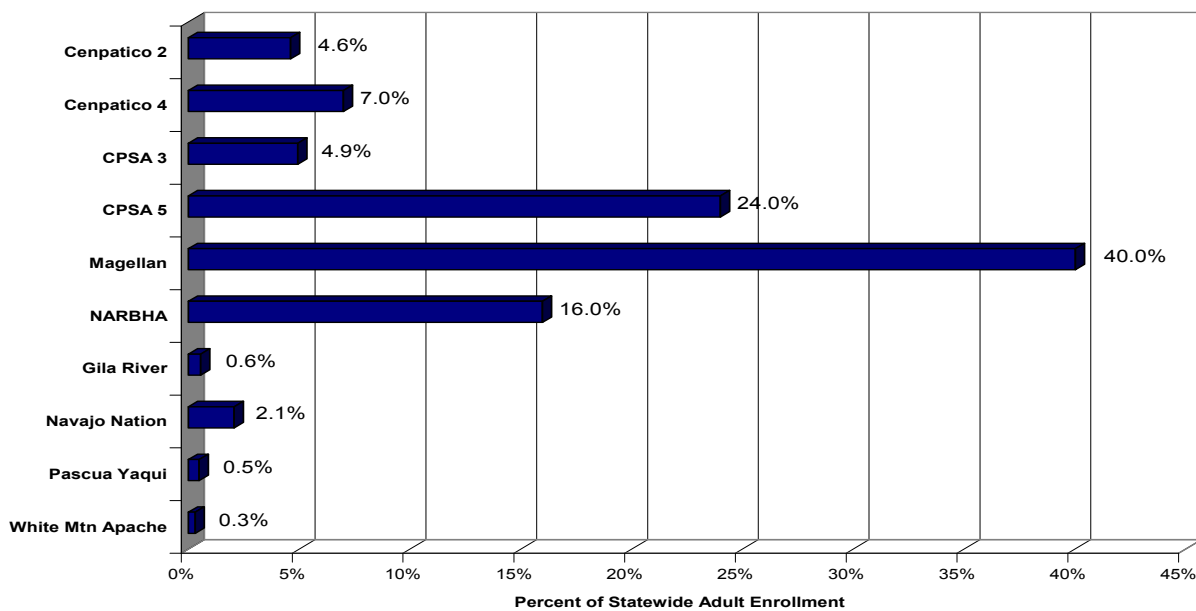


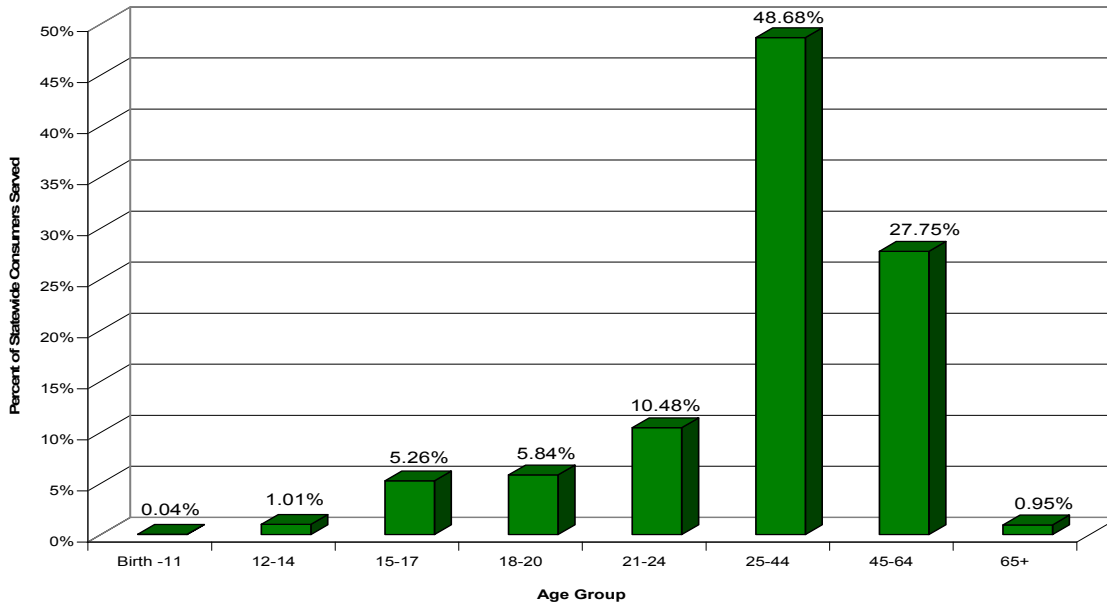
Figure 5: Enrolled Adults in Substance Abuse Treatment by T/RBHA



D. Demographic Characteristics of the Client Population Served

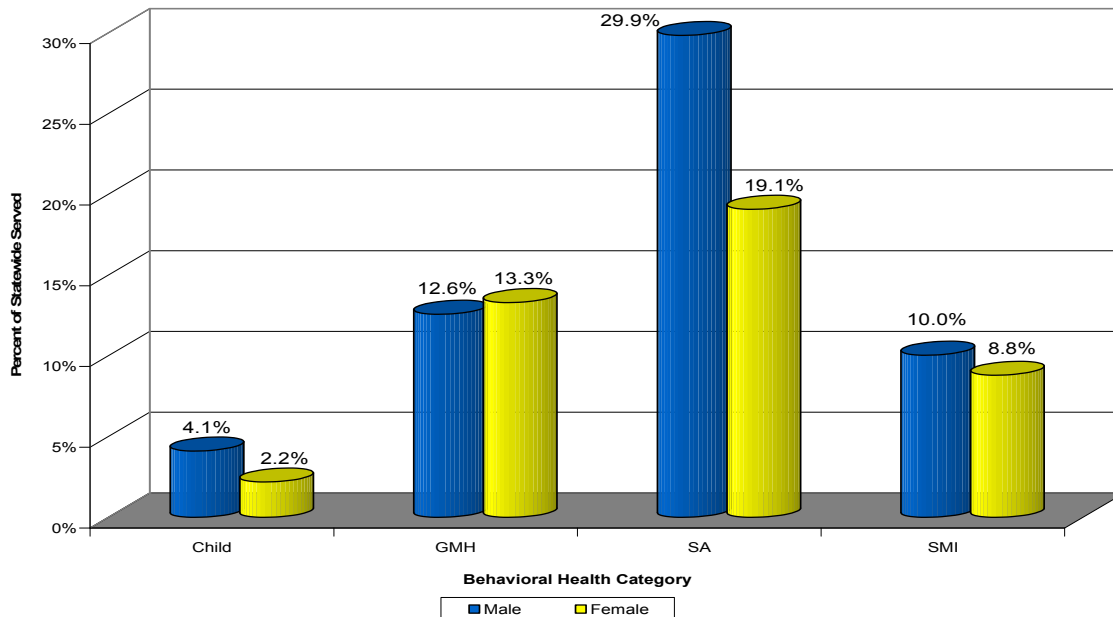
Figure 6 indicates that the majority of individuals entering substance abuse treatment in SFY 2009 were adults; with those between the ages of 25 and 44 accounting for 48.7% of all consumers. Together, persons aged 25-64 accounted for 76.5% of all service recipients. Similar to the previous four fiscal years, approximately 6% of those receiving services were under the age of 18.

Figure 6: Substance Abuse Treatment by Age Group



Co-occurring mental health issues such as depression, anxiety and psychotic disorders are commonly noted with substance abuse, as highlighted in Figure 7. Nearly 19% of substance abuse consumers had a co-occurring serious mental illness and 26% had general mental health needs, in addition to a substance use disorder. This Figure also breaks out substance abuse treatment clients by gender: 56.6% (33,609) were male and 43.4% (25,767) were female.

Figure 7: Substance Abuse Treatment by Gender and Behavioral Health Category



As see in Figure 8, the majority (85.3%) of persons who received substance abuse treatment services in SFY 2009 were White. Approximately 7% of persons served were African American and 5.3% were Native American. Overall, 26% of participants identified themselves as Hispanic/Latino (Figure 9). These figures remained consistent between 2008 and 2009.

Figure 8: Substance Abuse Treatment Participants by Racial Category

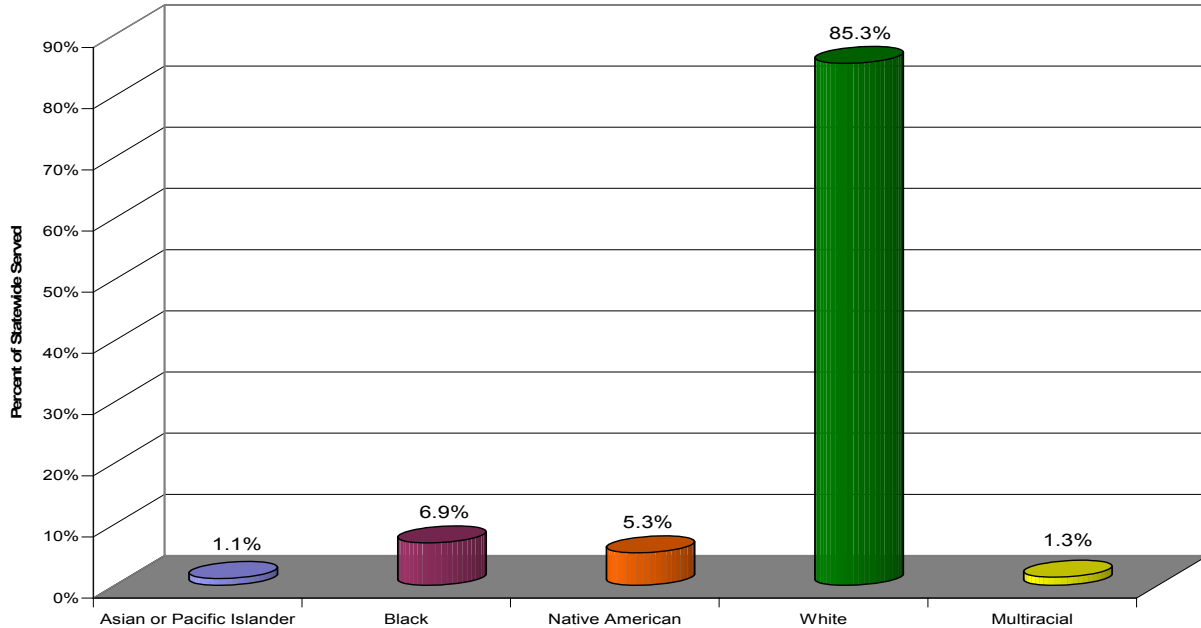
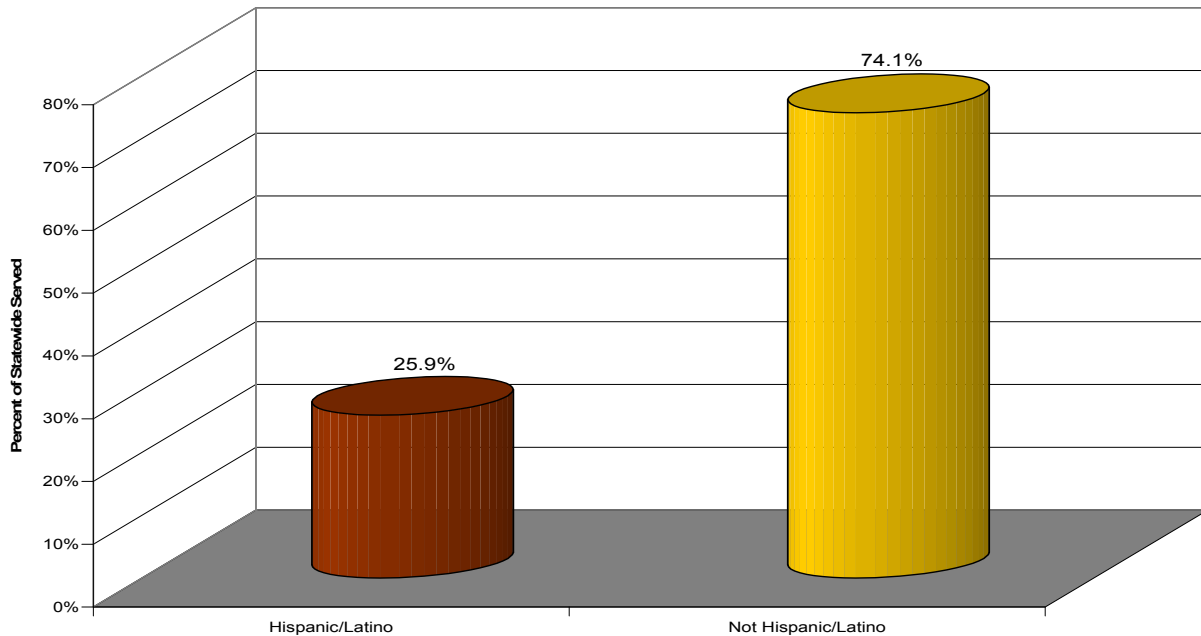
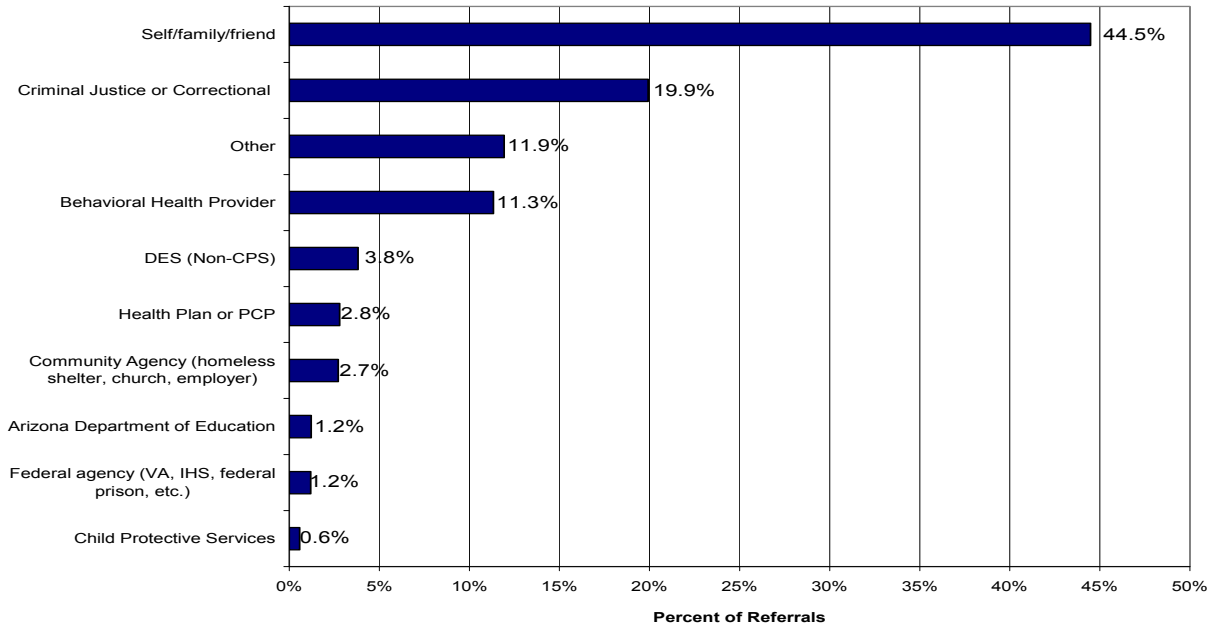


Figure 9: Substance Abuse Treatment Participants by Ethnicity



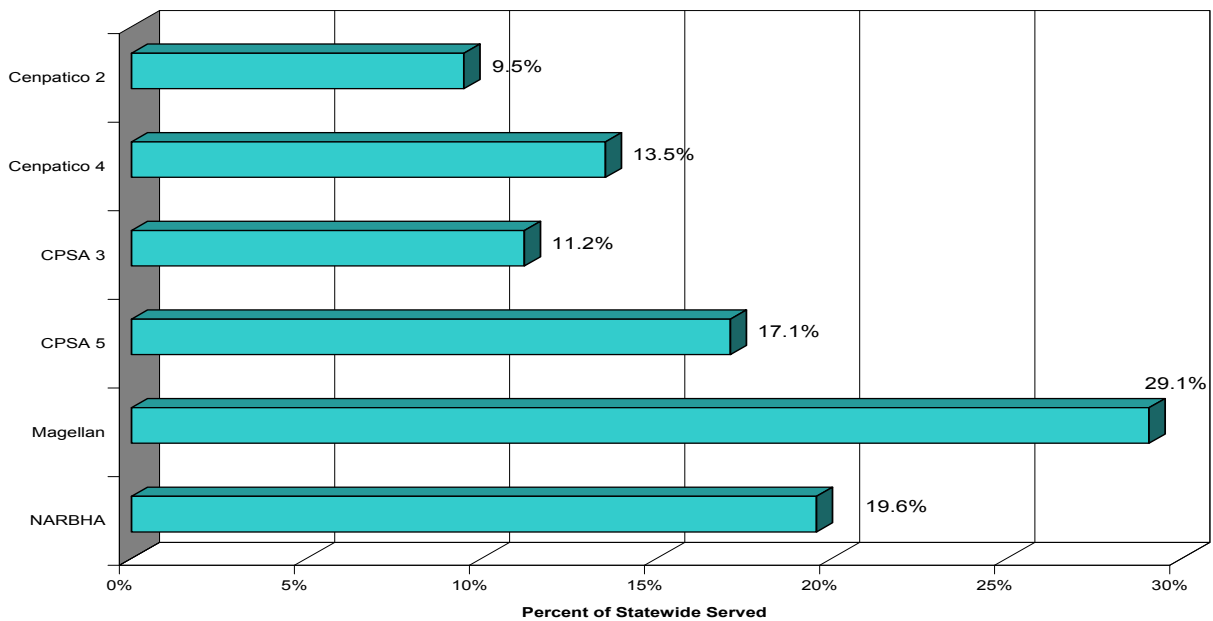
Substance abuse consumers enter the behavioral health system through a variety of means and ADHS/DBHS works with the T/RBHAs and the provider networks to reduce barriers to access. In SYF 2009, over 44% of consumers were self-referrals, meaning they decided to enroll on their own, or upon the recommendation of friends or family. External behavioral health providers referred 11.3% of substance abuse consumers to the system, while nearly 20% of consumers enrolled after involvement with the criminal justice system (see Figure 10).

Figure 10: Referral for Substance Abuse Treatment Services



A total of 10,762 individuals received court ordered substance abuse treatment in SFY 2009. Figure 11 indicates that the greatest percentage of involuntary substance abuse treatment participants resided in Maricopa County under Magellan (29.1%), followed by NARBHA (19.6%), and CPSA 5 (17.1%).

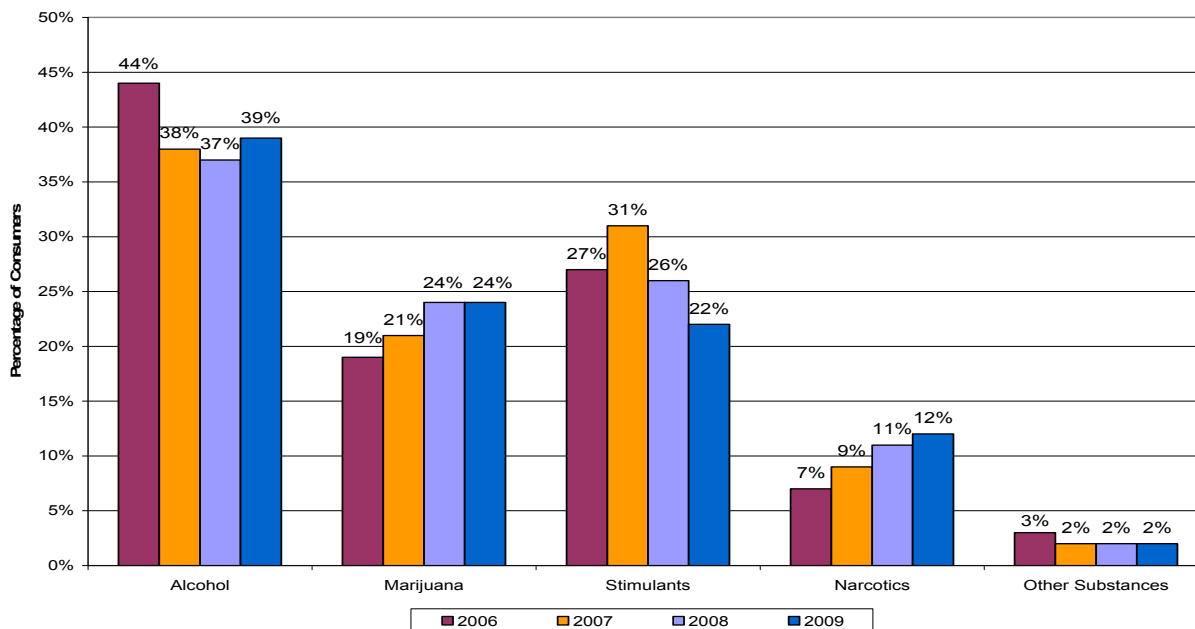
Figure 11: Involuntary Substance Abuse Participants by RBHA



E. Client Problems Addressed by the Programs, Including Types of Substances Used

Figure 12 shows that alcohol remained the most common substance used by those in treatment in SFY 2009. There had been a noticeable decline in alcohol prevalence between SFY 2006 and SFY 2008; however, its use rose slightly in SFY 2009. During that same time period, there has been an increase in the prevalence of marijuana and narcotics use amongst the substance-abusing population. These rates varied greatly by population, as the following graphs illustrate.

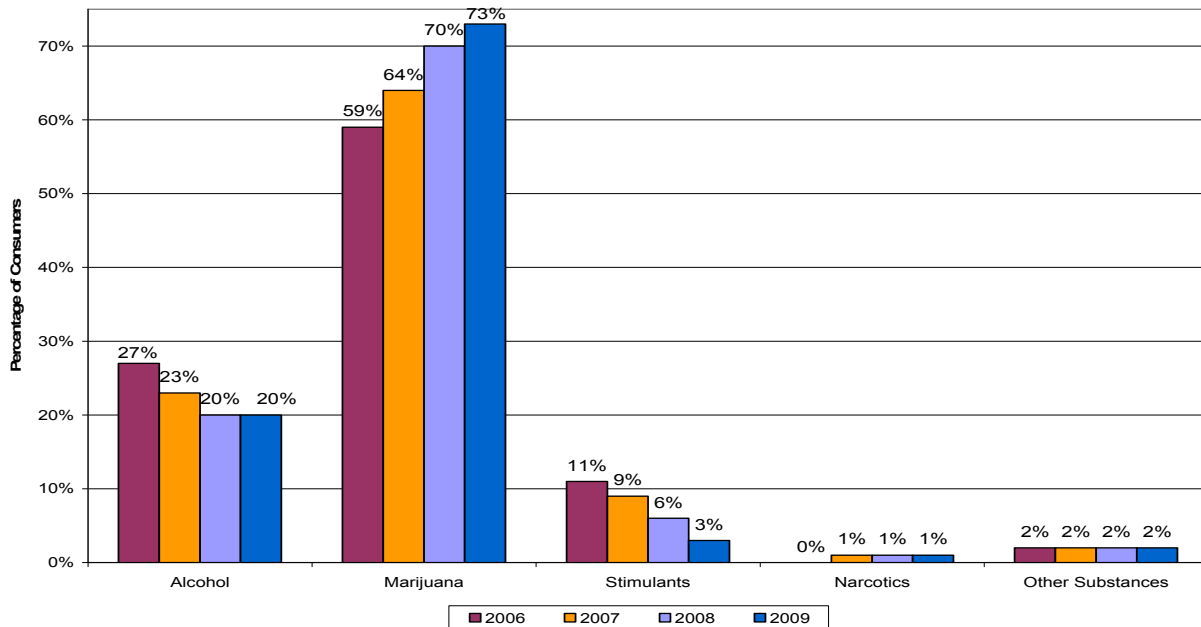
Figure 12: Primary Substance Abused SFY 2006 – SFY 2009³



Patterns in substance abuse differ greatly between children/adolescents and adults. Figure 13 (page 14) shows that children and adolescents receiving treatment overwhelmingly report marijuana as their primary drug of use, and its rate of use has been steadily increasing over the past four fiscal years, from 59% in 2006 to 73% in 2009. Alcohol (20%) was the second most identified primary substance indicated, and its prevalence has remained fairly stagnant in recent years. Stimulants (3%) remain a distant third as a primary substance reported by children and adolescents, and their use has been steadily declining.

³ The Stimulant category includes methamphetamine, cocaine/crack and other stimulants. The Narcotics category includes heroin and non-medical abuse of prescription painkillers.

Figure 13: Primary Substance Abused by Children/Adolescents SFY 2006 – SFY 2009



In contrast, Figure 14 shows that alcohol was the leading substance abused by adults with a serious mental illness (41%), which was consistent with findings from previous years. Marijuana, at 25%, overtook stimulants as the second most commonly abused substance in SFY 2009. Meanwhile, narcotics and the use of other drugs accounted for less than 10% of persons served.

Figure 14: Primary Substance Abused by Adults with SMI SFY 2006 – SFY 2009

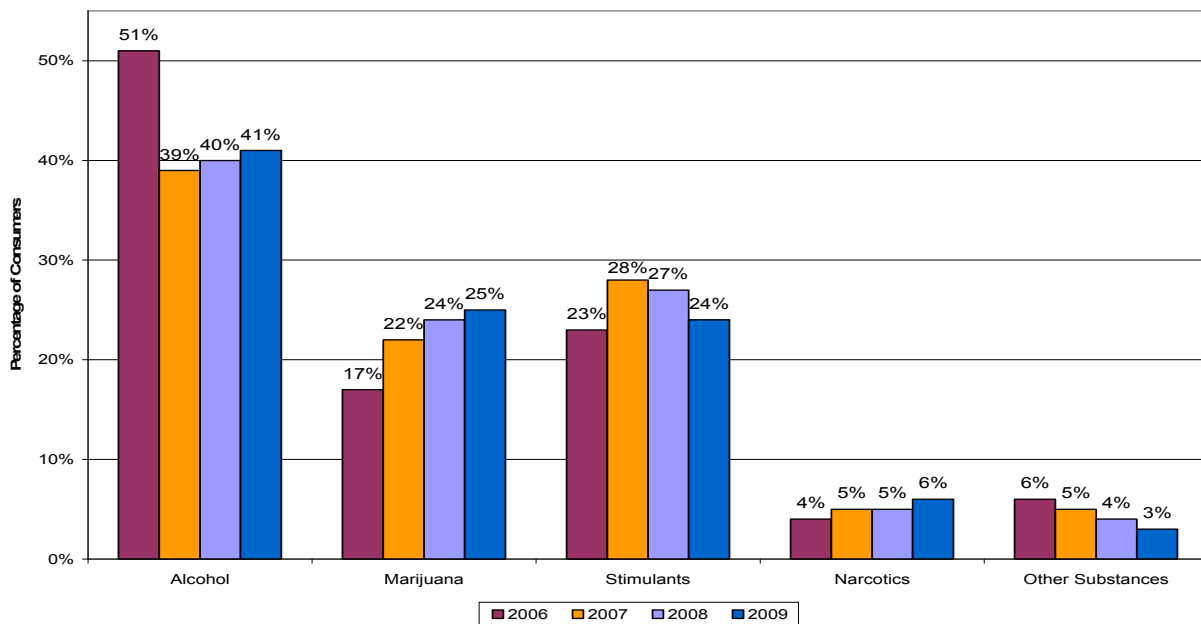
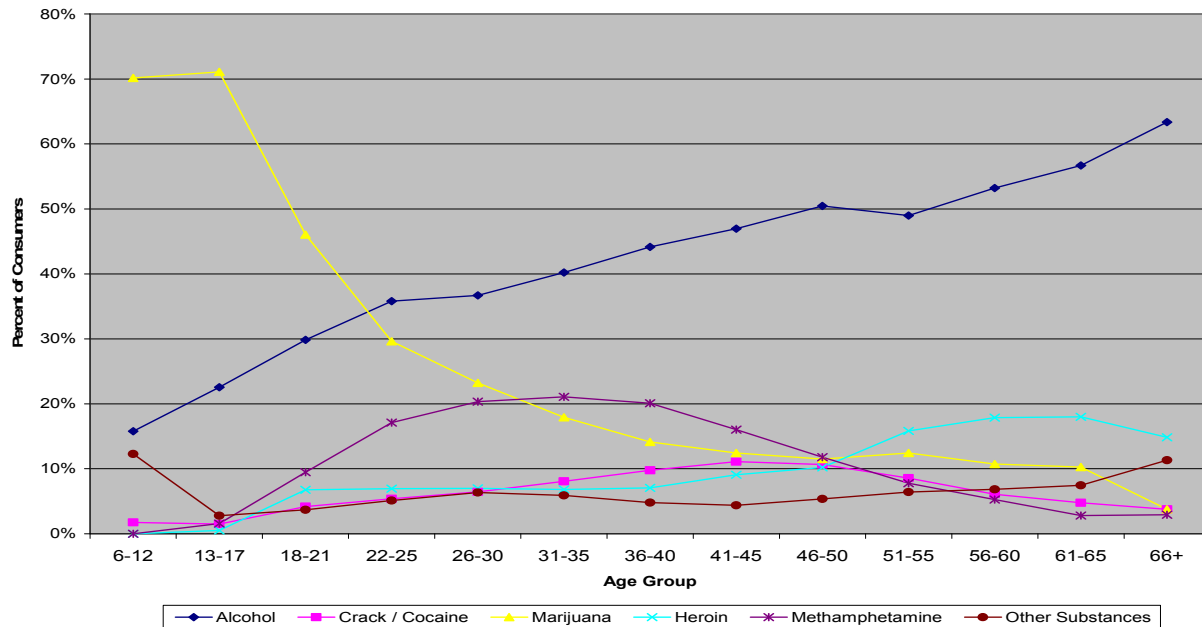


Figure 15 displays the prevalence of substance type used when controlling for age. This information correlates with that of Figure 13 which indicated that, overall, marijuana was the most common substance used by children and adolescents; meanwhile, alcohol was more prevalent amongst the adult population.

Figure 15: Primary Substance Abused by Age Group SFY 2009



F. Summary of the Numbers and Types of Services Available

ADHS/DBHS offers a full array of substance abuse services divided into following service domains:

Treatment Services – Individual and group counseling, therapy, assessment, evaluation, screening, and other professional services.

Rehabilitation Services – Living skills training, cognitive rehabilitation, health promotion, and ongoing support to maintain employment.

Medical and Pharmacy Services – Medication assisted treatment.

Support Services – Case management, self-help/peer support services and transportation.

Crisis Intervention Services – Crisis intervention/stabilization services provided in the community, hospitals and residential treatment facilities.

Inpatient Services – Inpatient detoxification and treatment services delivered in hospitals and sub-acute facilities, including Level I residential treatment centers that provide 24-hour supervision, an intensive treatment program, and on-site medical services.

Residential Services – Structured residential treatment with 24-hour supervision in Level II and III Facilities.

Behavioral Health Day Programs – Skills training and ongoing support to improve the individuals' ability to function within the community. Specialized outpatient substance abuse programs provided to a person, group of persons and/or families in a variety of settings.

Figure 16 illustrates the percentages of the total expenditures by service category, while Table 3 summarizes the treatment cost by setting. The vast majority of individuals received outpatient treatment which is significantly less costly than inpatient services.

Figure 16: Expenditures for Substance Abuse Treatment Services

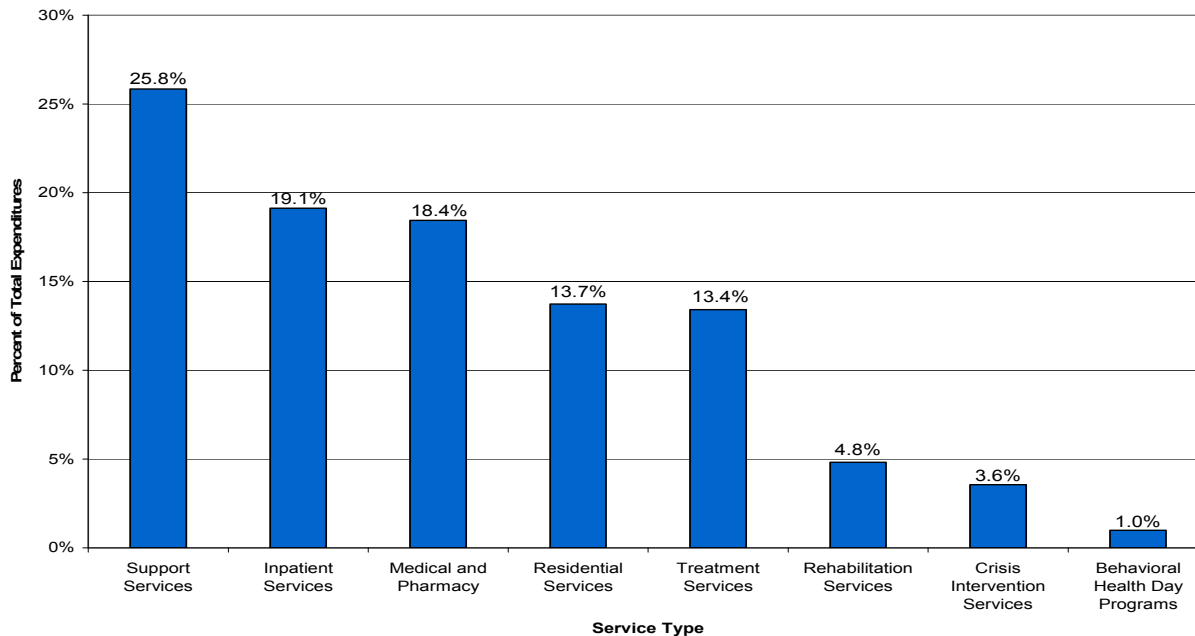


Table 3: Treatment Costs by Setting

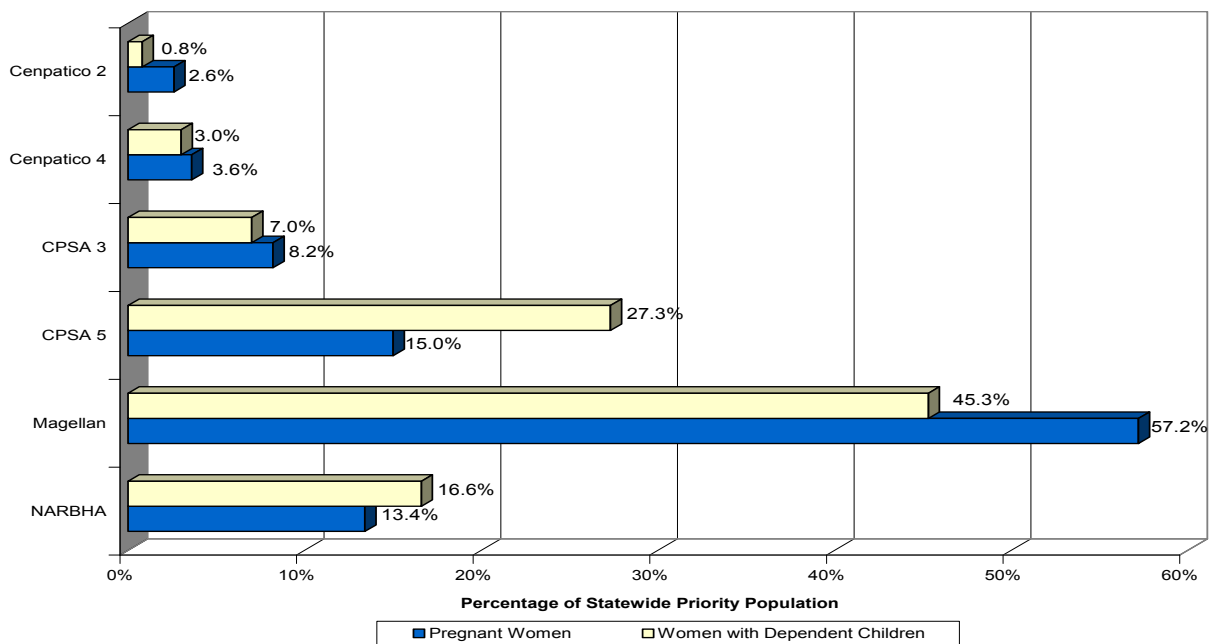
Treatment Type	Persons Served	Average Cost of Services per Person
Hospital Treatment	3,737	\$10,740
Brief Residential Treatment	5,321	\$5,411
Hospital Detoxification	204	\$3,609
Long-Term Residential Treatment	1,200	\$2,525
Residential Detoxification	1,574	\$2,508
Outpatient Treatment	53,703	\$1,695
Intensive Outpatient Treatment	2,546	\$1,294

Pregnant Women and Women with Dependent Children

ADHS/DBHS continues to support priority access to treatment for pregnant women and women with dependent children as mandated by the Federal SAPT Block Grant. Behavioral health providers must provide specialized, gender-specific treatment and recovery support services for females who are pregnant or have dependent children. Services are also provided to mothers who are attempting to regain custody of their children. Providers must admit both mothers and their dependent children into treatment.

In SFY 2009, there were 1,372 pregnant women and 8,055 women with dependent children treated for substance abuse. Figure 17 illustrates that most of these pregnant women (57.2%) and women with dependent children (45.3%) were in Maricopa County under Magellan, followed by Community Partnership of Southern Arizona’s GSA 5 (15% and 27.3%, respectively).

Figure 17: Pregnant Women or Women with Dependent Children Receiving Substance Abuse Treatment



Specific Initiatives Using Evidenced-Based Models

Methamphetamine Centers of Excellence (COE)

The COEs were initiated in 2005 and designed to serve individuals with a primary diagnosis of methamphetamine abuse or dependence. ADHS/DBHS continues to support three centers located in Sacaton (Gila River TRBHA), La Frontera/Compass Healthcare in Tucson (CPSA), and Community Bridges in Phoenix (Magellan).

During SFY 2009, Gila River expanded the program by hiring an additional facilitator to develop a men’s gender-specific Matrix Program. Community Bridges expanded their program to include a Medically Monitored Buprenorphine Treatment program which utilizes the Matrix Model for young people (aged 18-30).

Addiction Reduction and Recovery Fund

The Addiction Reduction and Recovery Fund (HB2554) passed in 2006 supported development of five new Level IV Rural Substance Abuse Stabilization Centers in Globe, Holbrook, Payson, Winslow and Yuma. These facilities have significantly improved access to care for individuals who reside in rural areas of Arizona.

Enhancing Treatment Effectiveness through Peer Support and Family Support Services

Peer and Family Support programs are operating in over 20 agencies statewide. Peer support/recovery specialists operate in a wide range of settings, including detoxification centers, supported housing programs, methadone clinics and residential settings including gender-specific programs. Responsibilities of the specialists include: engaging clients in treatment, acting as coaches in recovery, and helping consumers identify and negotiate community resources.

Recovery Innovations of Arizona (RIAz) contracted with ADHS/DBHS to provide Substance Abuse Recovery Training throughout Arizona. RIAZ developed and implemented a specialized peer support training program for peers in recovery from substance abuse problems so they were able to address

substance abuse issues within in their peer support role. During the past three years they focused on three areas: general substance abuse, youth, and older adults.

Services for Families Involved with Child Protective Services

Through legislation passed in 2000, ADHS/DBHS collaborates with the Arizona Department of Economic Security/Division of Children Youth and Families(ADES/DCYF), community agencies and faith-based organizations to provide a continuum of family-centered services and substance abuse treatment to parents whose substance abuse has been identified as a barrier to the family maintaining stable employment and custody of their child(ren) through the Arizona Families F.I.R.S.T (Families in Recovery Succeeding Together) program. The program provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse.

In SFY 2009, ADHS/DBHS and ADES/DCYF conducted coaching sessions at six provider treatment sites. These coaching sessions presented an opportunity for the two agencies to have a dialogue with providers and stakeholders about clinical practice and cross agency coordination. These sessions, which involved a case record review, focused on a variety of areas including assessment, interim service plans/service plans, collaboration with others, treatment/support services, connections to natural supports, clinical record documentation and family centered services.

Adolescent Alcohol/Drug Treatment Projects

ADHS/DBHS manages two Substance Abuse and Mental Health Services Administration (SAMHSA) grants, the Child and Adolescent State Infrastructure Grant (CA-SIG) and the State Adolescent Substance Abuse Treatment Coordination Grant (SAC). During SFY2009, grant funds supported a variety of projects to develop and improve infrastructure around adolescent substance abuse treatment such as:

The Seven Challenges: Youth Evaluation & Treatment Centers (YETC) implemented this evidence-based program at their Intensive Outpatient Substance Abuse Program (IOPSA). The Seven Challenges curriculum is designed to assist adolescents in their decision making process regarding alcohol and drug use, and to support and motivate the process of change. Seventeen YETC employees participated in the initial training representing all clinical areas of the agency, including all of the IOPSA staff.

Adolescent Community Reinforcement Approach (A-CRA): ADHS/DBHS continues to support training and coaching of clinicians and their supervisors across the State in A-CRA. To date, nearly 100 substance abuse treatment staff have been trained in this evidence-based practice model.

Community Reinforcement Approach Training (CRAFT): Training was provided to staff and family members from the Magellan and Cenpatico regions. CRAFT is an evidence-based, motivational model of support for family members living with loved ones who are using alcohol or drugs and are not motivated to enter treatment.

Matrix Model: ADHS/DBHS continued to support NARBHA's initiative to implement the Teen Matrix Model program at all adolescent provider agencies. In fiscal year 2009, NARBHA reported that they had used the Matrix Model and its associated Teen Addiction Severity Index (T-ASI) Assessments for 132 children and adolescents.

Satisfaction Pilot Project-Peoria Unified School District (Teen Intervene): This Pilot Program for impacting alcohol and drug use at the high school level continues at Cactus High School. One of the group's main accomplishments is training school staff and family members in the Teen Intervene program, which is a brief intervention approach to work with teens at risk of substance abuse that can be used in a school setting.

Substance Abuse Prevention and Treatment (SAPT) Block Grant

The SAPT Block Grant, authorized by the US Congress and provided to the states, is an annual grant that supports a national system of substance abuse treatment and prevention programs. The SAPT Block Grant is used to plan, implement and evaluate activities to prevent and treat substance abuse. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance abusers. Grant funds are used to ensure access to treatment and long-term recovery support services for:

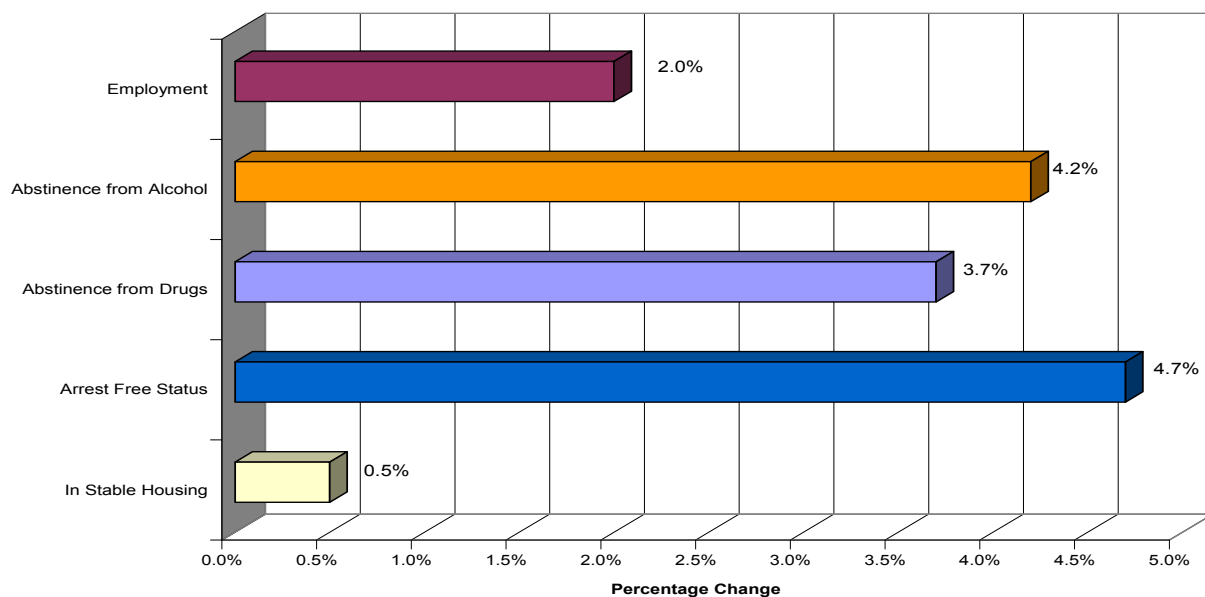
- Non-TXIX females with substance abuse disorders who are also pregnant or have dependent children, including females who are attempting to regain custody of their children;
- Non-TXIX injection drug users; and
- Any other Non-TXIX person (youth or adult) who has a substance abuse disorder, pending availability of funds.

G. Evaluation of Results Achieved by the Programs

ADHS/DBHS evaluates the effectiveness of substance abuse treatment by comparing outcome indicators from admission into treatment to discharge from treatment, including abstinence from alcohol and drug use, employment status, recent arrests and homelessness. Collecting this information allows ADHS/DBHS to determine system performance, identify weaknesses and address areas needing improvement through enhanced training or programmatic changes.

ADHS/DBHS is able to demonstrate positive outcomes for persons receiving substance abuse treatment through the State funded behavioral health system. Figure 18 shows the change from admission to discharge in employment status, substance abstinence, arrest free status, and stable housing; all five outcome domains indicate modest improvements for consumers. Specifically, employment for this population increased by 2%, while abstinence from alcohol and drug use increased by 4.2% and 3.7%, respectively. Finally, the number of consumers being arrest-free increased by 4.7%, and those consumers reporting living in a stable housing environment (not homeless) increased by 0.5%.

Figure 18: System Performance – Change in National Outcome Measures



H. Goals for Current Fiscal Year

During SFY 2009, the substance abuse treatment system was evaluated by two independent entities, the Arizona Office of the Auditor General, and the Health Services Advisory Group (HSAG). The Auditor General conducted a performance audit focusing on substance abuse treatment outcomes and system oversight, while HSAG conducted a review of substance abuse outpatient treatment programs. ADHS/DBHS is currently working to address the findings of these two reports and has set firm timetables for the implementation of their recommendations.

ADHS/DBHS will continue to enhance the quality of substance abuse service delivery, increase the use of evidence-based practices related to substance abuse treatment, and improve clinical outcomes and the overall efficiency of substance abuse service utilization. To this end, ADHS/DBHS has established the following programmatic goals for SFY 2010:

- Ensure that consumers with substance use disorders are referred to the treatment modality that is most appropriate for their individual needs by contractually mandating the statewide use of the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPC).
- Develop and implement a Clinical Practice Protocol for adult consumers with substance use disorders that includes required service expectations such as the use of specific evidence-based treatment practices and case management expectations.
- Increase the availability of medication-assisted treatment options within the substance abusing population.
- Maximize the use of Federal funding for substance abusing populations.
- Ensure RBHAs are monitoring provider fidelity to the Comprehensive Assessment & Treatment for Substance Use Disorders in Children and Adolescents protocol. This clinical practice protocol was written by ADHS/DBHS in 2009 and includes best practices that provider agencies must adhere to when serving children and adolescents who use substances (see <http://www.azdhs.gov/bhs/guidance/catsu.pdf>)

Table 4: Consumer Profiles by Primary Substance Type (Enrolled Consumers)

		Alcohol	Crack / Cocaine	Marijuana	Heroin	Methamphetamine	Other Opiates	Other Substances
Total in Population		19,962	3,621	11,471	4,100	7,029	1,498	1,065
Referral Source	Self Referred	45.1%	44.1%	40.8%	70.6%	41.4%	54.3%	47.6%
	Criminal Justice	17.9%	16.7%	21.6%	4.9%	27.5%	4.1%	9.2%
Gender	Male	61.7%	54.7%	64.0%	62.9%	47.0%	45.5%	43.6%
	Female	38.3%	45.3%	36.0%	37.1%	53.0%	54.5%	56.4%
Median Age		38.4	39.7	25.2	42.0	33.7	34.9	36.8
Race	White	74.7%	75.3%	82.1%	89.7%	92.0%	93.7%	86.9%
	Black	4.6%	18.6%	8.3%	3.3%	2.6%	2.7%	6.6%
	Native American	18.7%	3.8%	7.0%	3.8%	3.6%	1.8%	4.1%
	Asian	0.2%	0.4%	0.3%	0.3%	0.3%	0.4%	0.5%
	Hawaiian	0.6%	0.4%	0.6%	2.2%	0.4%	0.3%	0.1%
	Multiracial	1.3%	1.4%	1.7%	0.7%	1.1%	1.1%	1.8%
Ethnicity	Hispanic	21.4%	34.9%	32.3%	30.7%	26.3%	18.0%	18.3%
	Not-Hispanic	78.6%	65.1%	67.7%	69.3%	73.7%	82.0%	81.7%
Percent in School		9.3%	6.9%	27.6%	3.2%	6.1%	6.1%	14.5%
Percent with HS Diploma / GED or Greater		59.0%	61.7%	42.7%	59.4%	56.4%	66.8%	59.2%
Employment Status	Employed Full-Time	14.5%	11.2%	10.6%	10.3%	12.8%	10.3%	10.0%
	Employed Part-Time	7.8%	6.0%	7.1%	6.9%	7.4%	8.1%	6.6%
	Not Employed	77.7%	82.8%	82.2%	82.8%	79.8%	81.6%	83.4%
Percent with a Recent Arrest		20.8%	21.3%	21.4%	12.5%	17.0%	9.2%	11.0%
Housing Status	Homeless	8.2%	12.7%	3.0%	8.0%	7.9%	3.9%	4.8%
	Not Homeless	91.8%	87.3%	97.0%	92.0%	92.1%	96.1%	95.2%
Financial Eligibility	Title XIX	76.4%	76.6%	80.4%	80.7%	77.3%	81.1%	75.8%
	Non-Title XIX	23.6%	23.4%	19.6%	19.3%	22.7%	18.9%	24.2%

**Table 5: Consumer Profiles by Living Situation
(Enrolled Consumers)**

		Homeless	Not-Homeless
Total in Population		4,122	65,184
Referral Source	Self Referred	52.8%	42.4%
	Criminal Justice	8.9%	22.6%
	Other Providers	15.8%	10.6%
Gender	Male	72.4%	56.8%
	Female	27.6%	43.2%
Median Age		41.9	34.8
Race	White	76.3%	82.3%
	Black	11.9%	6.7%
	Native American	9.6%	8.7%
	Asian	0.2%	0.3%
	Hawaiian	0.5%	0.8%
	Multiracial	1.5%	1.3%
Ethnicity	Hispanic	15.8%	25.8%
	Not-Hispanic	84.2%	74.2%
Percent in School		3.4%	13.4%
Percent with HS Diploma / GED or Greater		61.3%	55.9%
Employment Status	Employed Full-Time	2.8%	11.1%
	Employed Part-Time	3.1%	8.3%
	Not Employed	94.2%	80.6%
Percent with a Recent Arrest		18.9%	15.1%
Primary Substance	Alcohol	39.6%	28.1%
	Methamphetamine	13.4%	17.1%
	Crack/Cocaine	11.2%	9.9%
Financial Eligibility	Title XIX	76.7%	77.9%
	Non-Title XIX	23.3%	22.1%

Table 6: Consumer Profiles by Gender (Enrolled Consumers)

		Female	Male
Total in Population		29,315	39,991
Referral Source	Self Referred	46.1%	40.8%
	Criminal Justice	14.0%	27.5%
	Other Providers	11.7%	10.4%
Housing Status	Homeless	3.9%	7.5%
	Not Homeless	96.1%	92.5%
Median Age		35.3	35.3
Race	White	83.3%	80.9%
	Black	6.0%	7.7%
	Native American	8.3%	9.1%
	Asian	0.3%	0.3%
	Hawaiian	0.6%	0.9%
	Multiracial	1.5%	1.2%
Ethnicity	Hispanic	21.9%	27.6%
	Not-Hispanic	78.1%	72.4%
Percent in School		12.4%	13.2%
Percent with HS Diploma / GED or Greater		57.1%	55.5%
Employment Status	Employed Full-Time	11.1%	15.3%
	Employed Part-Time	8.3%	7.4%
	Not Employed	80.6%	77.3%
Percent with a Recent Arrest		12.0%	17.7%
Primary Substance	Alcohol	26.1%	30.8%
	Marijuana	14.1%	18.4%
	Methamphetamine	12.7%	8.3%
Financial Eligibility	Title XIX	84.0%	73.3%
	Non-Title XIX	16.0%	26.7%