Arizona Department of Health Services

Division of Behavioral Health Services

Annual Report on Substance Abuse Treatment Programs

Fiscal Year 2010

Submitted Pursuant to A.R.S. §36-2023 December 31, 2010

Report Contents

Tables and Figures

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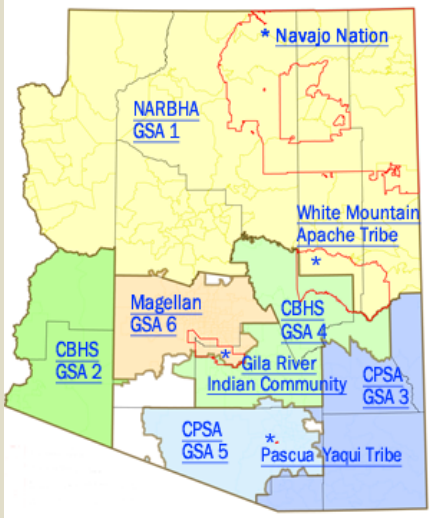
Background

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(C)(6) et. seq., and includes information related to service types and geographic locations, funding sources and expenditures, as well as the number of individuals served and their corresponding demographic information and substance use patterns. A review of treatment outcomes, including changes in employment, educational participation, criminal activity, homelessness, and substance use is also included, along with the Division's goals for the current fiscal year.

Name and Location of Each Program

ADHS/DBHS serves as the Single State Agency on substance abuse and provides oversight, coordination, planning, administration, regulation, and monitoring of all facets of the public behavioral health system in Arizona. 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 an Intergovernmental Agreement (IGA) with the Navajo Nation to deliver selected behavioral health services to persons living on the reservation, such as case management and prevention services.



In State Fiscal Year (SFY) 2010 there were 70,179 individuals enrolled in Arizona's public behavioral health system for substance abuse treatment; the number of enrolled individuals increased by 1.3 percent between 2009 and 2010 (see Figure 1, page 2). Table 1 shows enrollment distribution throughout the State's various service areas of Magellan, the Community Partnership of Southern Arizona, 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 1: Substance Abuse Treatment Enrollment Trends—Fiscal Years 2005-2010

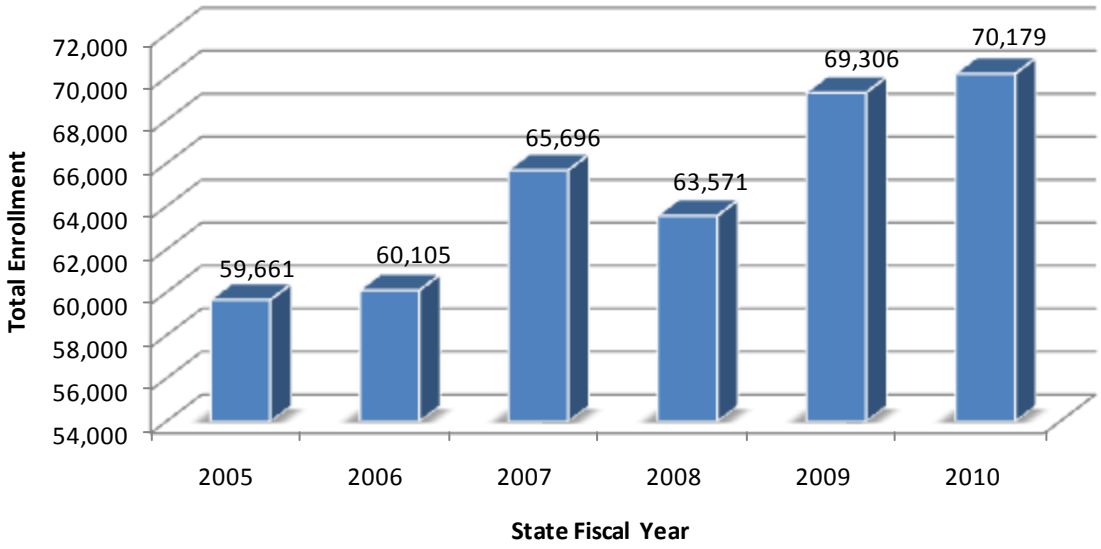
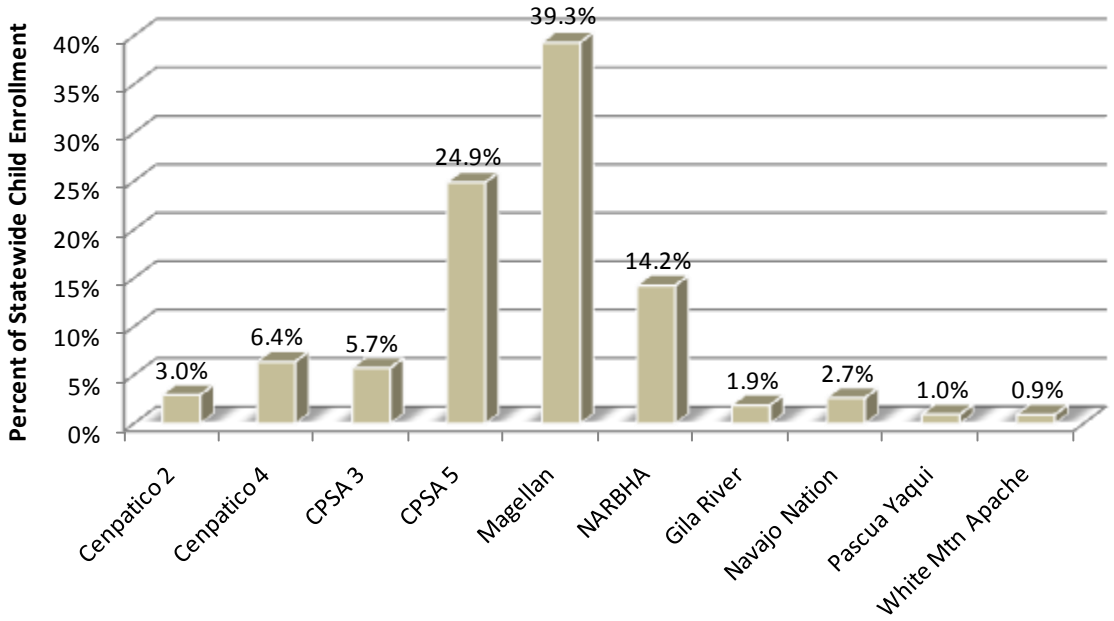


Table 1: Service Delivery System

Counties	Geographic Service Area (GSA) & Contractor	Number of Enrolled Substance Abuse Clients	Percentage of Statewide Substance Abuse Population
Apache Coconino Mohave Navajo Yavapai	GSA 1: Northern Arizona Regional Behavioral Health Authority (NARBHA)	**11,401**	**16.2%**
La Paz Yuma	GSA 2: Cenpatico Behavioral Health of Arizona (CBHS 2)	**2,652**	**3.8%**
Cochise Graham Greenlee Santa Cruz	GSA 3: Community Partnership of Southern Arizona (CPSA 3)	**3,059**	**4.4%**
Gila Pinal	GSA 4: Cenpatico Behavioral Health of Arizona (CBHS 4)	**4,667**	**6.7%**
Pima	GSA 5: Community Partnership of Southern Arizona (CPSA 5)	**16,974**	**24.2%**
Maricopa	GSA 6: Magellan of Arizona	**28,491**	**40.6%**
TRBHA: Gila River Indian Community		**528**	**0.8%**
TRBHA: Pascua Yaqui Tribe		**584**	**0.8%**
TRBHA: White Mountain Apache Tribe of Arizona		**220**	**0.3%**
IGA: Navajo Nation		**1,603**	**2.3%**
Total Statewide Substance Abuse Population		**70,179**	**100%**

Figure 2: Child/Adolescent Enrollment Distribution



In SFY 2010 approximately 94 percent of clients in the substance abuse treatment population were adults, ages 18 and over, and 40 percent of all clients were enrolled in Magellan, followed by CPSA 5 and NARBHA.

Similar to the overall population, Magellan accounted for the greatest percentage of children and adolescents (<18 years) enrolled in substance abuse treatment, followed by CPSA 5, and NARBHA (see Figure 2). In SFY 2010, the number of children and adolescents enrolled in Magellan increased by approximately 34 percent, compared to 2009.

Program Funding

Table 2: Substance Abuse Treatment Funding Summary—SFY 2010

Fund Source	Dollar Amount	Percentage
Medicaid Funding (Title XIX & Proposition 204)	$100,702,297	77.03%
Federal: Substance Abuse Prevention and Treatment Block Grant (SAPT) (Non-Prevention Monies)	$24,266,657	18.56%
State Appropriated	$3,866,710	2.95%
Intergovernmental Agreements: Maricopa County; City of Phoenix	$1,853,735	1.42%
Liquor Fees	$47,575	0.04%
TOTAL:	$130,736,975	100%

During fiscal year 2010, ADHS/DBHS expended $130,736,975 in service funding for individuals and families with substance use disorders. The single largest source of substance abuse treatment funding (77%) was Medicaid (Title XIX & Proposition 204), as reflected in Table 2, followed by the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant (18.6%). Additional funding included State appropriated monies, funds from Maricopa County for local detoxification services, and funds from the City of Phoenix for the Local Alcohol Reception Center (LARC).

Client Demographics

Substance Abuse Client Demographics (n=70,179)

Gender	
Male:	57.2%
Female:	42.8%
Financial Eligibility	
Title XIX/XXI	84.1%
Non-Title XIX/XXI	15.9%
Age Distribution	
Birth - 5:	<0.0%
6-12	0.1%
13-17	6.5%
18-21	8.7%
22-25	11.1%
26-30	14.0%
31-35	11.6%
36-40	11.0%
41-45	10.8%
46-50	10.9%
51-55	8.2%
56-60	4.6%
61-65	1.6%
65+	0.8%

Division policy requires that all behavioral health clients undergo a clinical assessment, administered by a clinician at the provider level, using the Division's uniform Core Assessment Tool. Among the information gathered during this process are several identifiable factors, such as date of birth, race and ethnicity, gender, financial status, and reasons for seeking treatment. This section presents information for those individuals with a Substance Use Disorder (SUD) enrolled in Arizona's Behavioral Health System during State Fiscal Year 2010.

Gender

Whereas the overall behavioral health population is divided nearly evenly between males and females, the substance abuse population is comprised of more men than women—57.2 percent versus 42.8 percent, respectively. As seen in Figure 3, males outnumbered females in all regions of the State, with the exception of Gila River. This was attributed to the focus Gila River has placed on gender specific services for female methamphetamine users at their Center of Excellence—discussed in more detail on page 11.

Financial Status

ADHS/DBHS is responsible for providing treatment and rehabilitation services to those individuals who qualify for Title XIX or Title XXI benefits—these individuals 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 4 shows that 84 percent of enrolled substance abuse treatment clients were eligible for AHCCCS funding. The remaining clients 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 individuals qualifying for AHCCCS eligibility over the past four fiscal years.

Figure 3: Gender Distribution

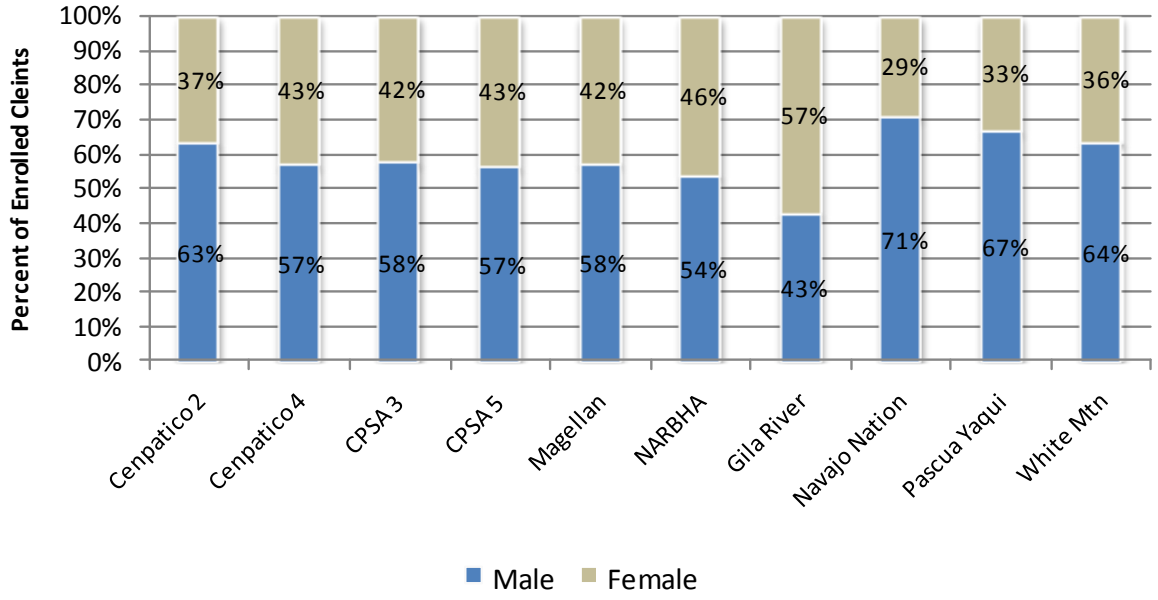
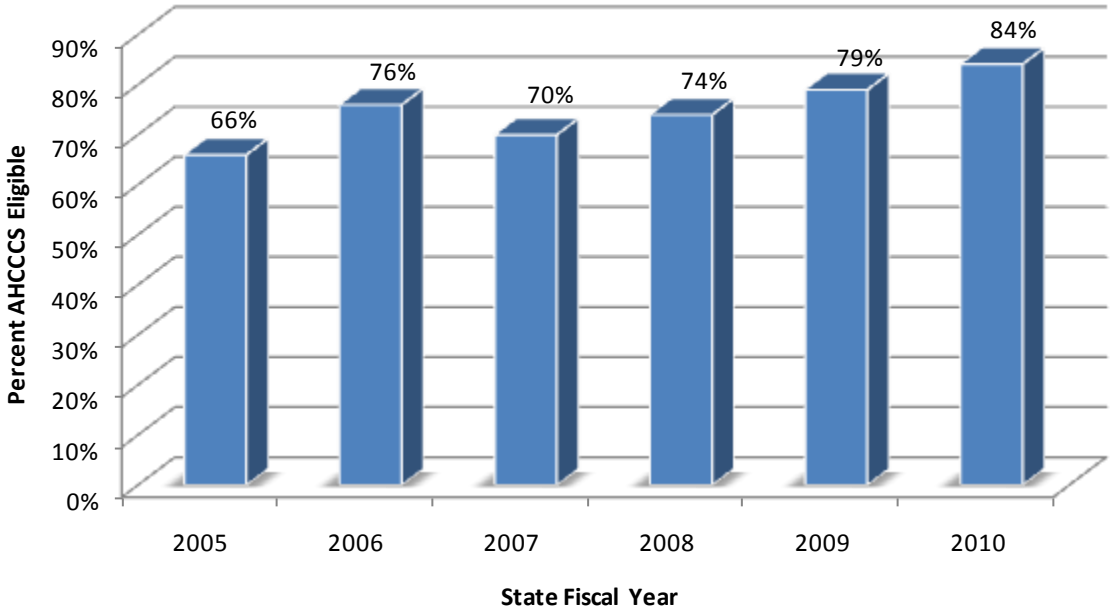


Figure 4: AHCCCS (Medicaid) Eligibility Trends—Fiscal Years 2005-2010



Age

Aggregate review of client age data indicates the vast majority of those in substance abuse treatment in SFY 2010 were adults, with those between the ages of 18 and 40 accounting for 56.4 percent of all clients (see sidebar, page 4). Similar to the previous four fiscal years, approximately 6.5 percent of substance abuse clients were under the age of 18. Furthermore, a closer look at age distribution per GSA indicates that some areas of the State tend to skew younger – for example, the median age for individuals in White Mountain Apache (25.6 years), Gila River (29.2 years), and CPSA 3 (32.4 years) were lower than the statewide median age for this population (35 years).

Race and Ethnicity

The majority (81.9 percent) of persons who received substance abuse treatment services in SFY 2010 were White. Approximately 9 percent were American Indian, and 7 percent were African American. Overall, 25.5 percent of participants identified themselves as Hispanic/Latino (see sidebar). However, areas such as Cenpatico 2 and CPSA 3 reported a higher prevalence of Hispanic/Latino clients in comparison to the statewide rate (48.4, and 44, percent, respectively).

Referral Source

Substance abuse clients enter the behavioral health system through a variety of means and ADHS/DBHS works with the T/RBHAs to reduce barriers to access. In SYF 2010, nearly 46 percent of those enrolled were self-referrals, meaning they sought treatment on their own, or upon the recommendation of friends or family. External (non ADHS/DBHS) behavioral health providers referred 11.4 percent of clients to the system, and 18 percent enrolled after involvement with the criminal justice system (see Figure 5, page 6).

(Continued on page 6)

Client Demographics (cont.)

Race and Ethnicity

American Indian:	9.1%
Asian:	0.3%
African American:	6.9%
Native Hawaiian:	0.5%
White:	81.9%
Multiracial:	1.4%
Hispanic:	25.5%

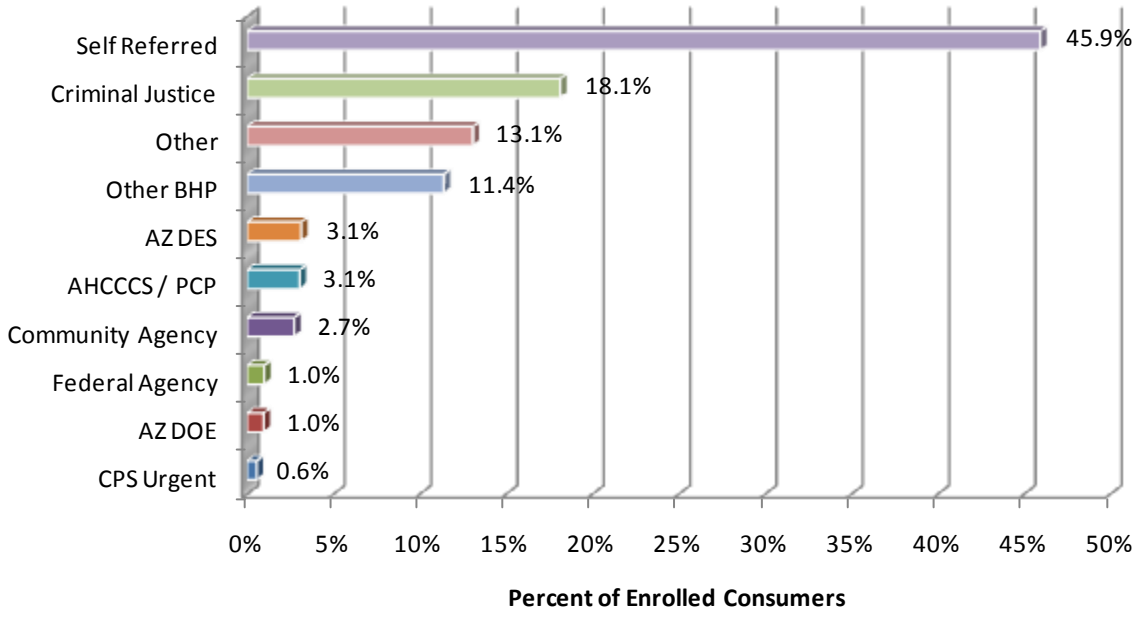
Referral Source

Self Referred:	45.9%
Criminal Justice:	18.1%
Other Providers:	11.4%
AHCCCS / PCP:	3.1%
Dept. of Econ. Security:	3.1%
Community Agency:	2.7%
Dept. of Education:	1.0%
Federal Agency:	1.0%
Child Prot. Services	0.6%
Other:	13.1%

Behavioral Health Category

Substance Abuse	47.5%
General Mental Health	27.6%
Seriously Mentally Ill	18.3%
Child	6.6%

Figure 5: Referral for Substance Abuse Treatment Services



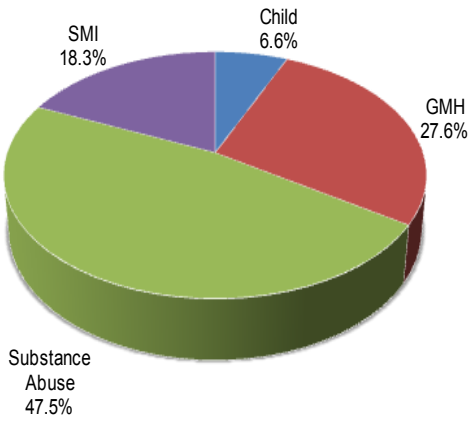
(Continued from page 5)

Referral rates were largely consistent across the state; however, Cenpatico 2, Cenpatico 4, and CPSA 3 received a higher percentage of their clients from the criminal justice system than the statewide norm.

Behavioral Health Category

Co-occurring mental health issues such as depression, anxiety and psychotic disorders are commonly noted with substance abuse, as highlighted in the sidebar (page 5), and Figure 6. More than 18 percent of substance abusers had a co-occurring Serious Mental Illness (SMI) and 27.6 percent had General Mental Health (GMH) needs, in addition to a substance use disorder.

Figure 6: Behavioral Health Category



Client Problems Addressed by the Programs

Substance Use Patterns

As evidenced in Figure 7, alcohol remained the most common substance used by those in treatment in SFY 2010. There has been a noticeable decline in alcohol prevalence between SFYs 2006-2010. During that same time period, there has been an increase in the prevalence of marijuana and narcotics use amongst the substance-abusing population.

Patterns in substance preference differ greatly between children/adolescents and adults. Figure 8 shows that children and adolescents receiving treatment overwhelmingly report marijuana as their primary drug, and its rate of use has been steadily increasing over the past five fiscal years, from 59 percent in 2006 to 75 percent in 2010. Alcohol (18 percent) was the second most identified primary substance indicated, and its prevalence has been declining in recent years. Stimulants (3 percent) remain a distant third as a primary substance reported by children and adolescents.

Figure 7: Primary Substance Abused—Fiscal Years 2006-2010

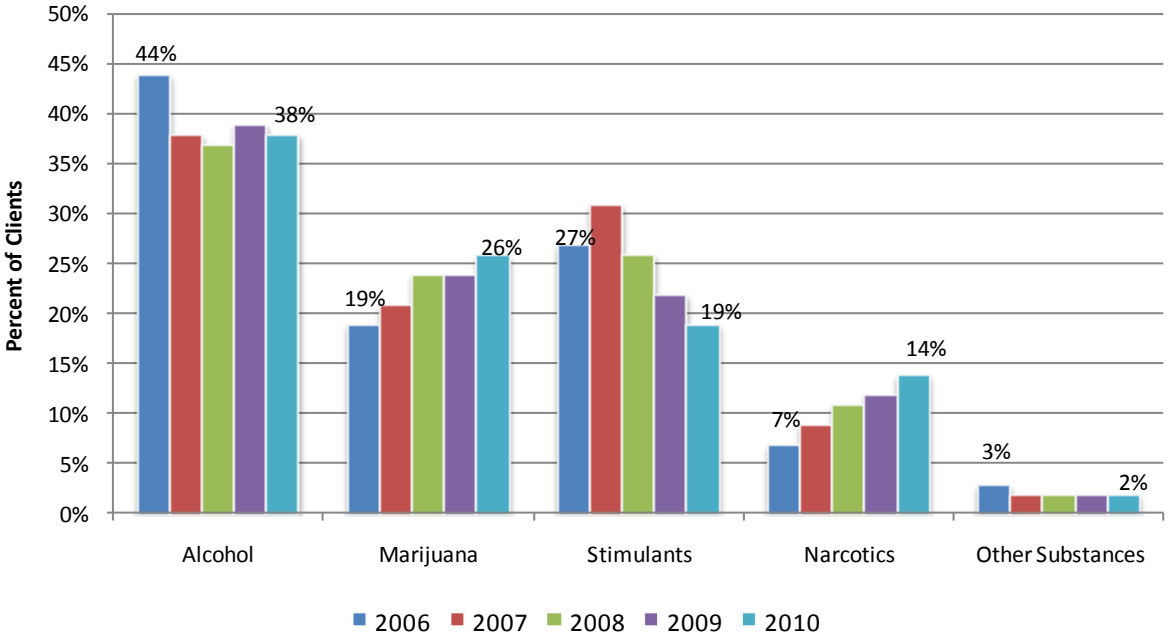
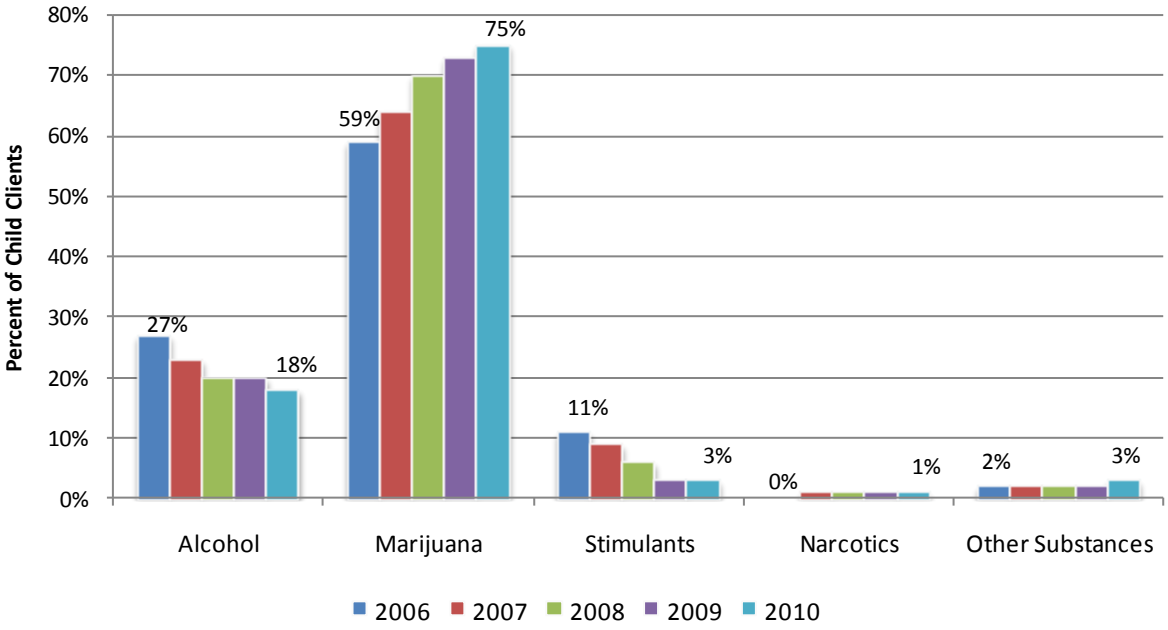
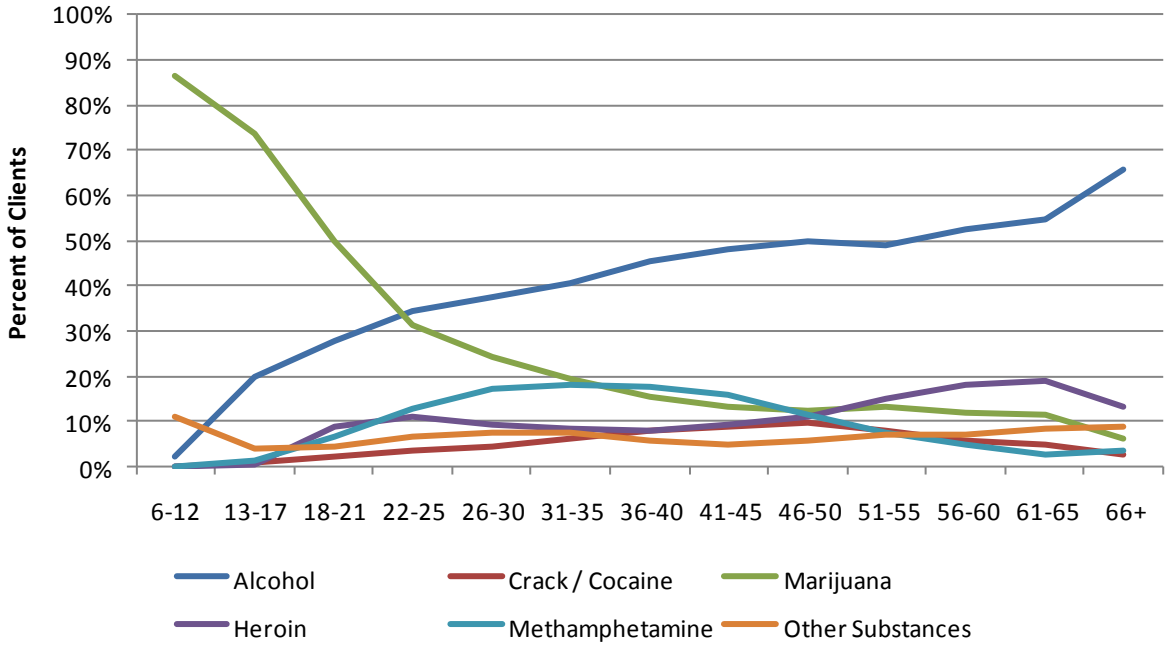


Figure 8: Primary Substance Abused—Fiscal Years 2006-2010 (Child/Adolescents)



When comparing substance type preference by age group, as displayed in Figure 9 (Page 8), the disparity between child/adolescents and adults is apparent. This information confirms the findings in Figures 7 and 8, which indicated that, overall, marijuana was the most common substance used by children and adolescents; meanwhile, alcohol was more prevalent amongst the adult populations.

Figure 9: Primary Substance Prevalence by Age Group



Number and Types of Services Available

Table 3: Service Array

Service Domain	Description
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	Medications which relieve symptoms of addiction and/or promote or enhance recovery from addiction
Support Services	Case management, self-help/peer support services and transportation.
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	Residential treatment with 24-hour supervision in Level II and III Facilities.
Behavioral Health Day Programs	Skills training and ongoing support to improve the individual's 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.

ADHS/DBHS maintains a comprehensive service delivery network providing primary prevention and treatment programs to children and adolescents, as well as adults with General Mental Health (GMH) Disorders, Serious Mental Illnesses (SMI), and Substance Use Disorders.

With regards to substance abuse treatment, ADHS/DBHS works diligently with its contractors to ensure the service delivery network presents individuals with a choice of multiple, highly-qualified providers, each offering varying levels of care spanning multiple treatment modalities. Specifically, the sub-

stance abuse treatment network consists of 73 providers, operating 477 individual sites throughout Arizona. This includes 12 free-standing detoxification centers, 53 short-term residential facilities, 294 non-intensive rehabilitative outpatient sites, and 21 Opioid replacement therapy clinics. In addition, more than 20 agencies in Arizona offer peer-support services to assist those with a Substance Use Disorder. Furthermore, the State established three Methamphetamine Centers of Excellence in 2006 which use an integrated best practice model for stimulant abuse, combining outpatient group therapy (Matrix), medication, peer support, urine testing & contingency management. Table 3 (page 8) details the complete array of substance abuse services offered.

Figure 10: Expenditures for Substance Abuse Treatment Services

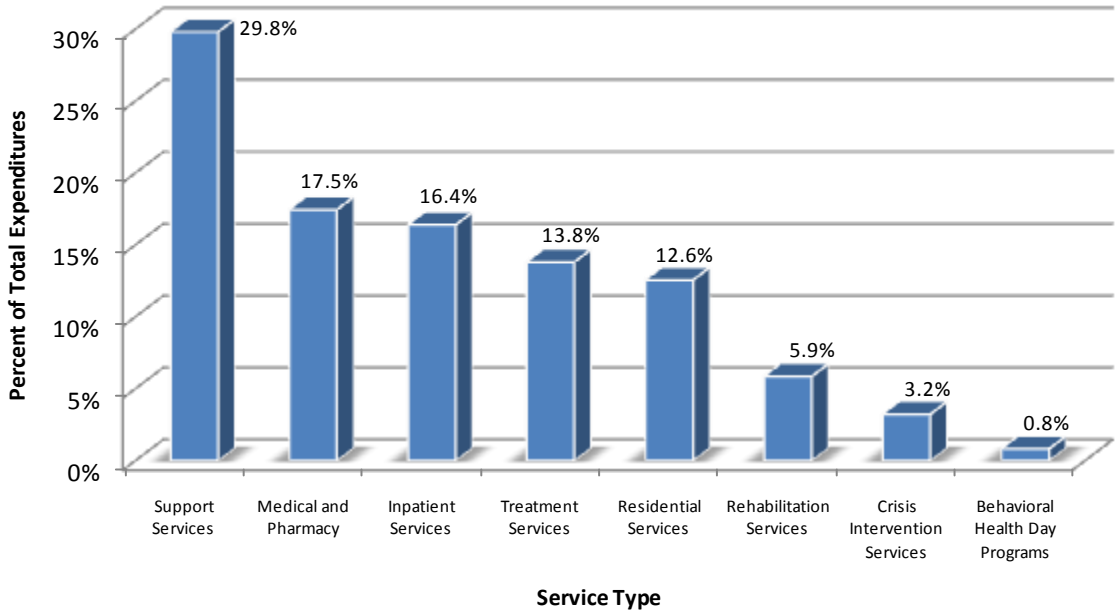


Figure 10, above, illustrates the percentage of total expenditures per service category in fiscal year 2010. As in prior years, support services represented the plurality of expenditures for those in treatment. This was followed by Medical and Pharmacy services, including medications prescribed to treat a variety of disorders including opioid, alcohol and methamphetamine addictions.

Accordingly, Table 4, below, details the number of individuals served per treatment setting, as well as the per capita cost incurred to provide these services. The majority of substance abuse clients receive treatment in an outpatient setting, located within their local communities, which is significantly less-costly than inpatient care, or placement within a residential facility.

Table 4: Treatment Costs by Setting

Treatment Type	Persons Served	Per Capita Service Cost*
Hospital Treatment	4,759	$11,703
Brief Residential Treatment	5,281	$6,632
Hospital Detoxification	239	$4,083
Long-Term Residential Treatment	1,092	$3,095
Residential Detoxification	1,885	$2,382
Outpatient Treatment	59,212	$1,995
Intensive Outpatient Treatment	1,708	$1,866

*Includes costs incurred for addressing a co-occurring mental health disorder

Programmatic Initiatives, Enhancements, and Evidenced-Based Treatment Models

Priority Treatment for High-Risk Populations

As required by the Substance Abuse Prevention and Treatment (SAPT) Block Grant, ADHS/DBHS continues to support priority access to treatment for certain high-risk populations.

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.

In SFY 2010 there were 9,777 females enrolled in substance abuse treatment meeting this priority population criteria. One out of four of these individuals (24.5 percent) cited alcohol as their primary substance, with methamphetamine and marijuana being the next most common substances abused.

The SAPT Block Grant also mandates expedited placement for Intravenous (injection) Drug Users. In SFY 2010, there were 5,125 individuals using drugs by injection enrolled in substance abuse treatment. The majority of these individuals (68.3 percent) cited heroin as their primary substance.

Table 5, below, details the statewide priority population enrollment distribution and percentages for both of these groups. Similar to the overall treatment population, Magellan and CPSA 5 enrolled the majority of these priority members.

Table 5: Priority Population Enrollment Distribution

	Pregnant Females & Females with Dependent Child		Intravenous Drug Users	
GSA	Number Enrolled	Percent of Statewide Priority Population Enrollment	Number Enrolled	Percent of Statewide Priority Population Enrollment
Cenpatico 2	85	0.9%	346	6.8%
Cenpatico 4	281	2.9%	110	2.1%
CPSA 3	528	5.4%	74	1.4%
CPSA 5	2,354	24.1%	1,954	38.1%
Magellan	4,462	45.6%	1,952	38.1%
NARBHA	1,573	16.1%	598	11.7%
Gila River	177	1.8%	6	0.1%
Pascua Yaqui	82	0.8%	82	1.6%
White Mtn.	25	0.3%	0	0.0%
Navajo Nation	210	2.1%	3	0.1%
Total	9,777	100%	5,125	100%

ASAM-PPC

In 2010 ADHS/DBHS began statewide implementation of the American Society of Addiction Medicine's Placement Patient Criteria (ASAM-PPC). Once adopted, this process will serve as the uniform criteria for assessing a client's addiction severity and determining the most appropriate level of care to effectively meet their clinical need. During FY 2011, the T/RBHAs and service providers will undergo the training necessary to ensure their staff are capable of using ASAM-PPC proficiently. It is anticipated that ASAM-PPC will be uniformly utilized by early FY 2012.

Methamphetamine Centers of Excellence (COE)

The COEs were established in 2006 in an effort to combat an increasing trend in methamphetamine use among the substance abusing population through an evidenced-based Intensive Outpatient treatment approach.

ADHS/DBHS provides funding to support three centers located in Sacaton, Tucson, and Phoenix. Since their creation, these facilities have helped individuals reduce or completely abstain from substance use, find gainful employment or educational opportunities, and become active members of their communities.

Adolescent Treatment
In 2010 ADHS/DBHS continued to focus on enhancing the availability, quality and oversight of substance abuse treatment programs for youths in the Behavioral Health System.

Specifically, the RBHAs were evaluated for compliance to the *Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents* Practice Protocol, which mandates the use of best practices, such as the Matrix Model, the Adolescent Community Reinforcement Approach (A-CRA), and Multisystemic Therapy for addressing child/adolescent substance use disorders. ADHS/DBHS also tracked the number of providers privileged to provide substance abuse specialty services to children and adolescents in order to assess network sufficiency.

Medically-Assisted Treatment Utilization
ADHS/DBHS has made a concerted effort to increase the utilization of Medically-Assisted Treatment (MAT) services for individuals with a substance use disorder/dependence. The most recent review of this information, which includes all service provision during Calendar Year 2009, indicates that 7.8 percent of all individuals with a substance use disorder underwent some form of MAT as part of their individualized treatment plan, including the use of Naltrexone or Campral for an alcohol dependence, and Buprenorphine, Suboxone, or Methadone for an Opioid addiction. These medications, in conjunction with counseling and other forms of support, have been effective in helping clients abstain from substance use and prevent instances of relapse.

ADHS/DBHS is in the process of releasing a clinical guidance document on proper MAT utilization and confers with the T/RBHAs around this issue on a routine basis.

T/RBHA-Specific Program Highlights

Cenpatico Behavioral Health Services
Cenpatico provider agencies were trained in nationally-recognized evidenced-based practices for gender responsive treatment. Cenpatico reviewed the elements that constitute a gender responsive program, and began to modify their programs as necessary. Specifically, providers were required to add Trauma Informed Care, Medical Services Coordination, Health Promotion, Psycho education, Cultural and Languages and Life Skills components to their women's substance abuse treatment programs.

CPSA
In SFY 2010, 17 babies were born to participants of the women's treatment program *Mothers Caring About Self* (MCAS), 15 of them born substance-free; furthermore, 47 women successfully graduated from the program. MCAS attributes their growth in recent years to improved outreach efforts and partnerships with family drug courts, probation, and other service providers in the community.

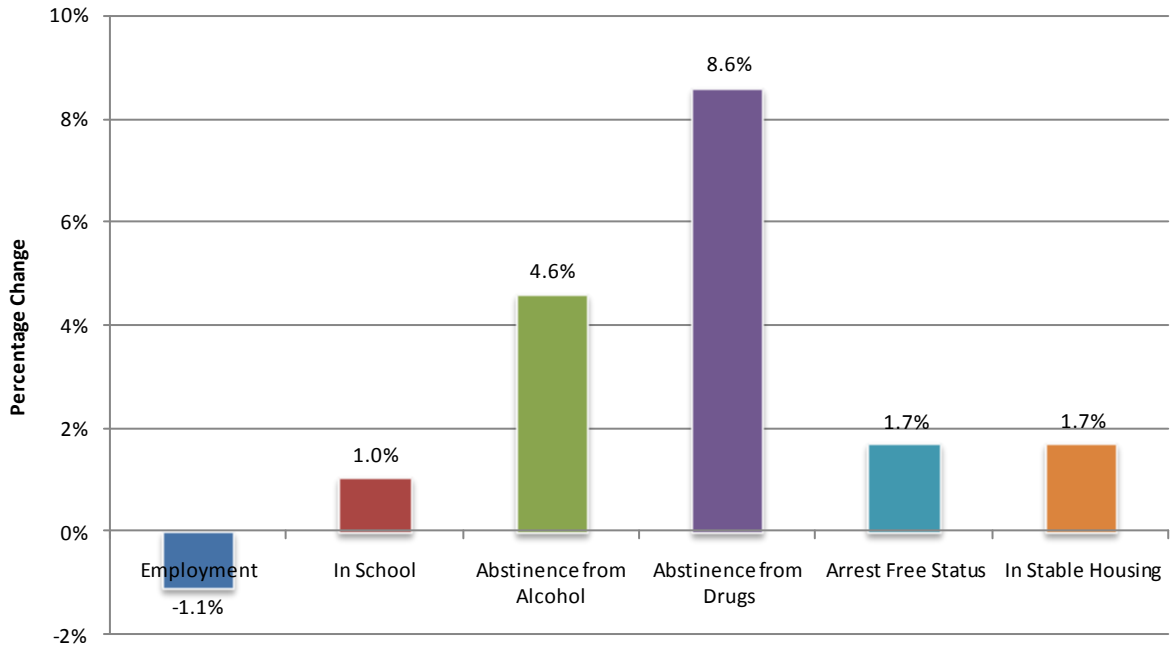
Magellan Health Services
In an effort to engage individuals into treatment, and reduce the number of clients who fail to show for their first appointment, NCADD instituted a program whereby new clients are transported to their first meeting by a peer support specialist. This individual has firsthand knowledge of the program and uses their experience to engage the new client and motivate them to begin treatment.

NARBHA
NARBHA conducted an evaluation of the opiate replacement services provided throughout its network. Specifically, an analysis was done to determine the number of individuals receiving methadone services, applicable transportation costs, and other services that were provided to these individuals. As a result of this review, NARBHA began the process of establishing a full service provider with a specialty in opiate replacement services in an effort to help ensure a comprehensive continuum of care for these individuals and better manage service costs.

Gila River Indian Community
The Methamphetamine Center of Excellence (COE) in Gila River adheres to the Matrix best practice model, providing culturally and gender responsive treatment to female methamphetamine abusers on the reservation. As of fiscal year 2010, this program has provided assistance to its members working towards their GED accreditation, offered multiple therapy sessions, participated in community outreach projects, and connected members with self-help groups. Because of this program's actions, 30 members have been reunified with their children, 14 members have moved into independent housing, 10 have found employment, and two are in college working towards an Associates Degree.

Program Achievements

Figure 11: National Outcome Measures



ADHS/DBHS evaluates the effectiveness of substance abuse treatment by comparing outcome indicators from admission into treatment to discharge from treatment. Collecting this information allows ADHS/DBHS to determine system performance, identify weaknesses and address areas needing improvement through 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 11 shows the change from admission to discharge in employment status, educational participation, substance abstinence, arrest free status, and stable housing; five of six outcome domains indicate modest improvements for individuals. Specifically, while employment for this population decreased by 1.1%, abstinence from alcohol and drug use increased by 4.6% and 8.6%, respectively. Finally, the number of individuals being arrest-free increased by 1.7%, and those individuals reporting living in a stable housing environment (not homeless) increased by 1.7%.

Goals for the Current Fiscal Year

ADHS/DBHS will continue to enhance the quality of substance abuse service delivery, increase the use of evidence-based practices in 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 2011:

- Continue to integrate the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPC 2R) into the treatment delivery system.
- Increase enrollment penetration rates for Priority Population Members (see page 10) by at least 5 percent.
- Increase the availability and utilization of Medically-Assisted Treatment (MAT) options.
- Streamline outcome data collection to improve oversight of substance abuse programs.
- Implement a Clinical Practice Protocol for Adults with a Substance Use Disorder.
- Maximize the use of Federal funding for substance abuse treatment.
- Enhance monitoring efforts to ensure effective cost controls over treatment services.

Data Source: Arizona Department of Health Services, Division of Behavioral Health Services, Bureau of Grants Management and Information Systems. ARS §36-2023 (FY 2010); August 2010.