

**Annual Report on Substance Abuse
Treatment Programs**

Fiscal Year 2011

Submitted Pursuant to [A.R.S. §36-2023](#)

December 31, 2011

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- Program Names and Locations
- Client Demographics
- Program Funding
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Report Highlights

- 93.4% of treatment recipients were adults
- 44.6% of treatment recipients were located within Maricopa County
- 16% of treatment recipients were referred to treatment by the criminal justice system
- 38% of all treatment recipients cited alcohol as their primary substance abused by 77% of children/adolescents in treatment
- 19% of treatment recipients had a co-occurring Serious Mental illness

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Introduction

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) has conducted an assessment of its substance abuse treatment programs in accordance with the requisites outlined in Arizona Revised Statutes (A.R.S) §36-2023 (C)(6). This report includes information related to service types and geographic locations, funding

sources and expenditures, numbers of clients served with 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 programmatic goals for the current fiscal year.

Name and Location of Each Program

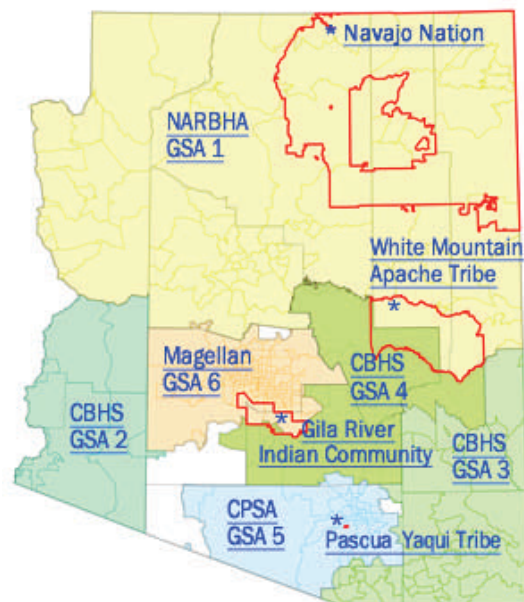
ADHS/DBHS serves as the Single State Authority on substance abuse, providing oversight, coordination, planning, administration, regulation and monitoring of all facets of the public behavioral health system in Arizona.

Tribal Regional Behavioral Health Authorities (TRBHAs), are contracted to operate as managed care organizations in six distinct geographic service areas (GSAs) throughout the State (see map).

Four Regional Behavioral Health Authorities (RBHAs), and three

The T/RBHAs are required to maintain a comprehensive network of behavioral health providers to deliver prevention, intervention, treatment and rehabilitative services to individuals enrolled in the public behavioral health system.

This structure allows communities to provide services in a manner appropriate to meet the unique needs of individuals and families residing within their local areas.



Enrollment and Demographics

Table 1: FY 2011 Enrollment Distribution

Counties	Tribal / Regional Behavioral Health Authority (Geographic Service Area)	Number of Enrolled Substance Abuse Clients	Percentage of Statewide Substance Abuse Population
Apache Coconino Mohave Navajo Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA - GSA 1)	11,467	16.8%
La Paz Yuma	Cenpatico Behavioral Health of Arizona (GSA 2)	2,078	3%
Cochise Graham Greenlee Santa Cruz	Cenpatico Behavioral Health of Arizona (GSA 3)	2,291	3.4%
Gila Pinal	Cenpatico Behavioral Health of Arizona (GSA 4)	3,310	4.9%
Pima	Community Partnership of Southern Arizona (CPSA - GSA 5)	15,633	22.9%
Maricopa	Magellan of Arizona (GSA 6)	30,417	44.6%
TRBHA: Gila River Indian Community		624	0.9%
TRBHA: Pascua Yaqui Tribe		636	0.9%
TRBHA: White Mountain Apache Tribe of Arizona		190	0.3%
IGA: Navajo Nation		1,489	2.2%

Enrollment

In Fiscal Year (FY) 2011 there were 68,135 consumers enrolled in Arizona's public behavioral health system for substance abuse treatment; the number of enrolled decreased by 2.9 percent between 2010 and 2011. Table 1 shows enrollment counts throughout the State's various service areas of Magellan, the Community Partnership of Southern Arizona (CPSA), 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.

Approximately 93 percent (63,674) of the substance abuse treatment population were adults, ages 18 and over; 43 percent of all adult clients were enrolled in Magellan, followed by CPSA and NARBHA. Similarly, Magellan accounted for 46 percent of the children/adolescents in substance abuse treatment.

Demographics

Division policy requires that all behavioral health clients undergo a clinical assessment, administered by a clinician at the provider level. 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. The following paragraphs present this information for those clients with a Substance Use Disorder (SUD) enrolled in Arizona's behavioral health system during Fiscal Year 2011. The sidebar on page 3 also details consumer demographics for the statewide system.

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—56.4 percent versus 43.6 percent, respectively. Males outnumbered females in all regions of the State, with the exception of the Gila River Indian Community, where females made up 54.8 percent of those in substance abuse treatment. This was attributed to the focus Gila River has placed on gender specific services for female methamphetamine users at their Center of Excellence, and their increased outreach to these individuals in need of services.

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 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. In FY 2011, 86 percent of enrolled substance abuse treatment consumers were eligible for AHCCCS. The remaining clients were funded through other means, including Federal Block Grant and State General Fund monies (see Table 2, page 4).

Age

Aggregate review of client age data indicates the vast majority of individuals receiving substance abuse treatment in FY 2011 were adults, with those between the ages of 18 and 40 accounting for 56.2 percent of all clients (see sidebar and Figure 1), and the median age for this group was 34.9 years. Similar to the previous five fiscal years, approximately 6.5 percent of substance abuse clients were under the age of 18.

Race and Ethnicity

The majority (81.6 percent) of persons who received substance abuse treatment services in FY 2011 were White. Approximately 9 percent were American Indian, and 7 percent were African American. Overall, 25.1 percent of participants identified themselves as Hispanic/Latino. However, areas such as Cenpatico 2 and

Cenpatico 3 reported a higher prevalence of Hispanic/Latino clients in comparison to the statewide rate (49.2 and 42.5 percent, respectively).

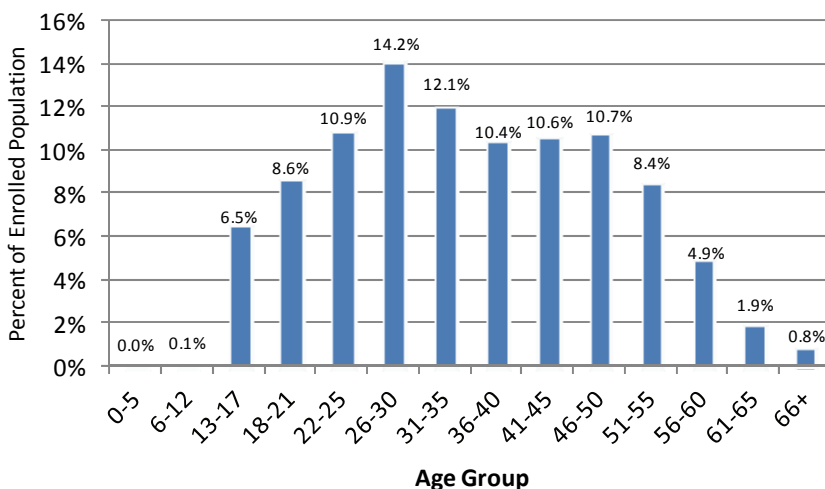
Referral Source

Substance abuse consumers enter the behavioral health system through a variety of means and ADHS/DBHS works with the T/RBHAs to reduce barriers and promote efficient access to care. In FY 2011, more than half of all substance abuse 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 11.4 percent of consumers to the system, while 16 percent of consumers enrolled after involvement with the criminal justice system.

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, more than 28 percent of substance abuse clients had a co-occurring General Mental Health Disorder (GMH), while 19 percent also had a Serious Mental Illness (SMI), in addition to a substance use disorder.

Figure 1— FY 2011 Substance Abuse Treatment Age Distribution



Substance Abuse Client Demographics (n=68,135)

Gender

Male:	56.4%
Female:	43.6%

Financial Eligibility

Title XIX/XXI	85.9%
Non-Title XIX/XXI	14.1%

Age Distribution

Birth - 5:	<0.0%
6-12	0.1%
13-17	6.5%
18-21	8.6%
22-25	10.9%
26-30	14.2%
31-35	12.1%
36-40	10.4%
41-45	10.6%
46-50	10.7%
51-55	8.4%
56-60	4.9%
61-65	1.9%
65+	0.8%

Race and Ethnicity

American Indian:	9.1%
Asian:	0.3%
African American:	7.1%
Native Hawaiian:	0.4%
White:	81.6%
Multiracial:	1.4%
Hispanic:	25.1%

Referral Source

Self Referred:	50.1%
Other Providers:	11.4%
Federal Agency:	0.8%
RBHA:	0.2%
AHCCCS / PCP:	3.4%
Child Prot. Serv.:	0.6%
Community Agency:	2.5%
Dept. of Econ. Sec.:	3.7%
Dept. of Education:	0.8%
Criminal Justice:	16.0%
Other:	10.7%

Behavioral Health Category

Adult—Sub. Abuse	45.9%
Adult—SMI	19.0%
Adult—GMH	28.5%
Child/Adolescent	6.5%

Program Funding

Table 2—Substance Abuse Treatment Funding Summary—FY 2011

Fund Source	Dollar Amount	Percentage
Medicaid Funding (Title XIX & Proposition 204)	\$99,718,976	75.5%
Federal: Substance Abuse Prevention and Treatment Block Grant (SAPT)	\$25,699,471	19.5%
State Appropriated	\$4,986,103	3.8%
Intergovernmental Agreements: Maricopa County; City of Phoenix Local Alcohol Reception Center (LARC)	\$1,689,871	1.3%
Liquor Fees	\$57,700	0.04%
Total Funding:	\$132,152,121	100%

During fiscal year 2011, ADHS/DBHS expended \$132,152,121 in service funding for individuals and families with substance use disorders. The single largest source of substance abuse treatment funding (75.5%) was Medicaid (Title XIX & Proposition 204), as reflected in Table 2, followed by the Federal Substance Abuse Prevention and Treatment

(SAPT) Block Grant (19.5%) (non-prevention monies). Additional funding included State appropriated monies, funds from Maricopa County for local detoxification services, and the City of Phoenix Local Alcohol Reception Center (LARC).

Available Services and Programmatic Initiatives

ADHS/DBHS maintains a comprehensive service delivery network providing primary prevention, treatment and rehabilitation programs to Children and Adolescents, as well as Adults with General Mental Health Disorders (GMH), Serious Mental Illnesses (SMI) and/or Substance Use Disorders (SA/SUD).

With respect 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. Generally speaking, services can be grouped into seven categories: Crisis, Support, Inpatient, Outpatient, Medical/Pharmacy, Residential and Rehabilitation. Table 3 (page 5) details the complete array of substance abuse services offered.

Methamphetamine Centers of Excellence (COE)

In an effort to combat an increasing trend in methamphetamine use among the substance abusing population, three COEs were established in 2006 and designed to serve individuals with a primary diagnosis of methamphetamine abuse or dependence through an evidenced-based Intensive Outpatient treatment approach. Since their creation, these facilities have helped individuals reduce or completely abstain from substance use, find gainful employment or pursue educational opportunities and become active members of their local communities.

Medically-Assisted Treatment

ADHS/DBHS has made a concerted effort to effectively monitor and 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 2010, indicates that 9.3 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.

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 were trained as necessary to ensure their staff are capable of using ASAM-PPC proficiently. It is anticipated that ASAM-PPC will be uniformly utilized statewide by early FY 2013.

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.

Client Problems Addressed by the Programs

As in past years, alcohol remained the most common substance used by those in treatment in FY 2011, as 38 percent of all enrollees cited it as their primary substance. However, patterns in substance preference differ greatly between children/adolescents and adults.

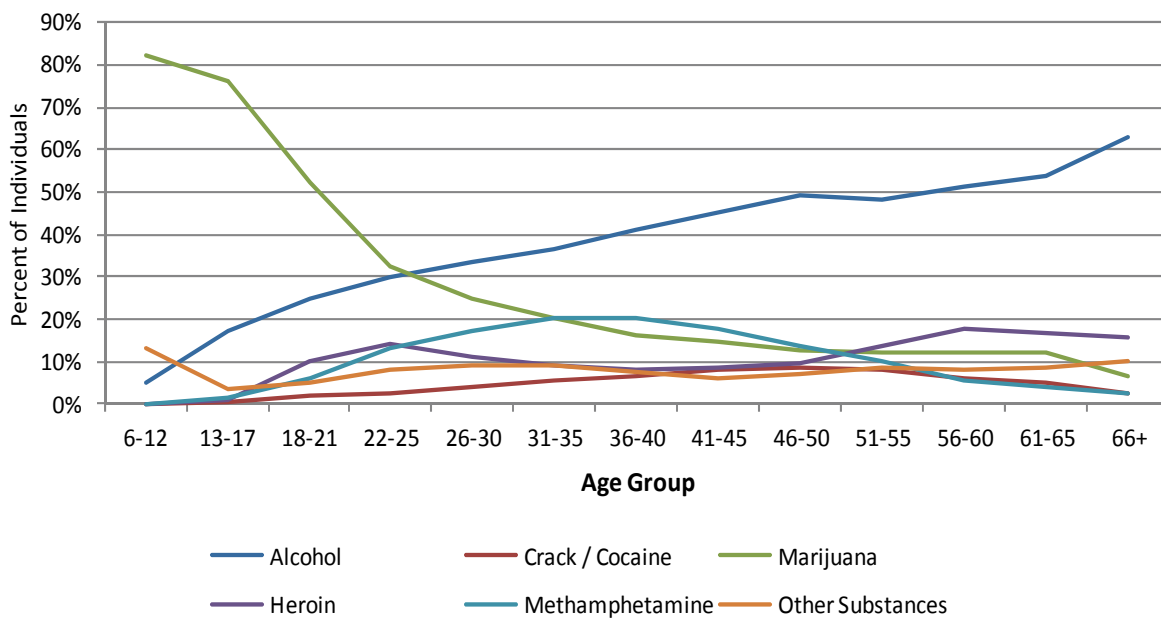
When comparing substance type preference by age group, as displayed in Figure 2, the disparity between child/adolescents and adults is apparent. Specifically, marijuana was the most common substance used by children, adolescents and younger

adults—those under age 25; meanwhile, alcohol was more prevalent amongst adults over age 25.

Table 4—Primary Substance Type by Group

Substance Type	Child	Adults	All Clients
Alcohol	17%	39%	38%
Marijuana	77%	22%	26%
Narcotics	2%	16%	15%
Stimulants	2%	20%	19%

Figure 2—Primary Substance Type by Age Band—FY 2011



Treatment Outcomes and System Performance

Table 5— Outcomes Dashboard

Outcomes	How has participating in the behavioral health system impacted the lives of our clients?	
	Percent	Change
Our Substance Abuse Clients:		
Show Reduced or No Substance Use	42.4%	+12.6%
Participate in Self-Help Programs During Treatment	14.7%	+3.9%
Are Not Homeless	94.9%	+2.1%
Are Competitively Employed Full or Part-Time	26.4%	+2.0%
Have No Recent Involvement with the Criminal Justice System	84.4%	+0.9%
Attend School or a Vocational Educational Program	15.9%	+0.5%

ADHS/DBHS employs a variety of mechanisms to measure the effectiveness of treatment, including assessing the change in numerous functional outcome indicators for persons receiving behavioral health services. The Substance Abuse and Mental Health Services Administration has established a set of National Outcome Measures (NOMs) to capture an individual's improvement in the areas of employment, educational participation, abstinence from alcohol or other drugs, criminal activity, and homelessness.

Table 5, above, shows the most recent status, and corresponding change, in each of the outcome domains for those receiving treatment for a substance use disorder during FY 2011. ADHS/DBHS is able

to demonstrate positive changes in each of these outcome domains. For example, employment for this population increased by 2 percent while the number of clients reducing or abstaining from alcohol and drug use increased 12.6 percent.

When performance falls below acceptable benchmarks, corrective action is taken to drive system improvement. In January, 2011, ADHS/DBHS launched the Outcomes Dashboard on its website at www.azdhs.gov/bhs. This dashboard is updated quarterly and reflects statewide and RBHA performance in access to care, coordination of care, service delivery and consumer outcomes, similar to Table 5.

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. The Adult and Children Systems of Care Plans each have specific initiatives designed to promote and enhance the effectiveness of treatment, while increasing outreach activities and encouraging more individuals to both seek out, and complete, treatment. These initiatives will be in place through 2013 and are as follows:

- Continue to integrate the American Society of Addiction Medicine's Patient Placement Criteria (ASAM-PPC 2R) into the treatment delivery system.
- Expand the availability and utilization of Medically-Assisted Treatment (MAT) options.
- Increase outreach, engagement and enrollment of members of the military and their families through improved collaborations with Veteran's Affairs.
- Decrease disparities in treatment outcomes

(NOMs) across the various population subsets, including racial and ethnic minorities, the LBGQTQ community, and among the different age bands.

- Continue to integrate Peer and Family Support Services and self-help participation (AA, NA and CA) into treatment planning.
- Increase the number of youth identified as having a substance use disorder and the overall enrollment for this group.
- Collaborate with other state agencies, community groups and other stakeholders to improve outreach and enrollment of adults over the age of 55 with a diagnosed substance abuse disorder.

Data Source: Arizona Department of Health Services, Division of Behavioral Health Services, Bureau of Business Information Systems. ARS §36-2023 (FY 2011); September 2011.