

**Annual Report on Substance Abuse
Treatment Programs**

Fiscal Year 2012

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

December 31, 2012

Report Contents

- Program Names and Locations
- Client Demographics
- Program Funding
- Summary of Available Services
- Service Utilization
- Problems Addressed
- Treatment Outcomes
- Goals for the Current Fiscal Year

Report Highlights

- 93.4% of treatment recipients were adults
- 44.7% of treatment recipients were located within Maricopa County
- 15.6% of treatment recipients were referred to treatment by the criminal justice system
- 36% of all treatment recipients cited alcohol as their primary substance type; however, Marijuana was the primary substance abused by 77% of children/adolescents in treatment
- 26.2% of treatment recipients had a co-occurring Serious Mental Illness

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Introduction

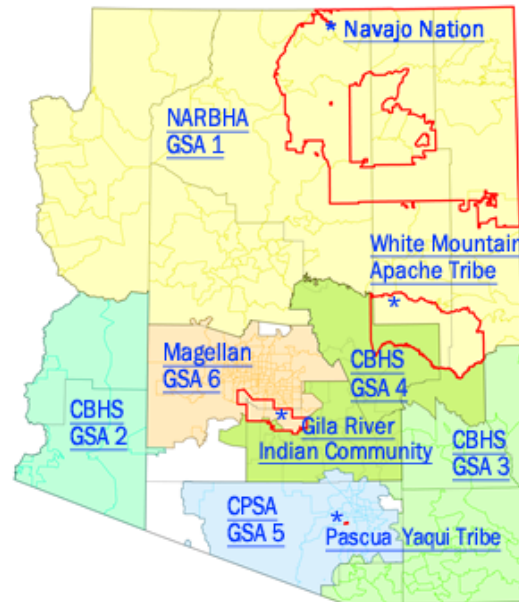
The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) has conducted an assessment of its substance abuse treatment programs in accordance with the requisites outlined in Arizona Revised Statutes (A.R.S) §36-2023 (C)(6). This report includes information related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

bers of clients served with their corresponding demographic information, substance use patterns and encounters for utilized services. 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.

Four Regional Behavioral Health Authorities (RBHAs), and three 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).



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 respective areas.

Enrollment and Demographics

Table 1: FY 2012 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)	13,805	18.4%
La Paz Yuma	Cenpatico Behavioral Health of Arizona (GSA 2)	2,442	3.3%
Cochise Graham Greenlee Santa Cruz	Cenpatico Behavioral Health of Arizona (GSA 3)	2,516	3.3%
Gila Pinal	Cenpatico Behavioral Health of Arizona (GSA 4)	4,024	5.4%
Pima	Community Partnership of Southern Arizona (CPSA - GSA 5)	16,739	22.3%
Maricopa	Magellan of Arizona (GSA 6)	33,546	44.7%
TRBHA: Gila River Indian Community		822	1.1%
TRBHA: Pascua Yaqui Tribe		594	0.8%
TRBHA: White Mountain Apache Tribe of Arizona		156	0.2%
IGA: Navajo Nation		471	0.6%

Enrollment

In Fiscal Year (FY) 2012 there were 75,115 consumers enrolled in Arizona's public behavioral health system for substance abuse treatment; the number of enrolled increased by 10.24 percent between 2011 and 2012. 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 (CBHS), as well as the Gila River Indian Community, the Navajo Nation, Pascua Yaqui, and White Mountain Apache.

Approximately 93 percent of the substance abuse treatment population were adults, ages 18 and over; 44.3 percent of all adult clients were enrolled in Magellan, followed by CPSA and NARBHA. Similarly, Magellan accounted for 49 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 sever-

al 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 2012. 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—55.9 percent versus 44.1 percent, respectively. Males outnumbered females in all regions of the State, with the exception of the Gila River Indian Community, where females made up 55 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 2012, 77.2 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 2012 were adults, with those between the ages of 18 and 40 accounting for 57 percent of all clients (see sidebar and Figure 1), and the median age for this group was 34.4 years. Similar to the previous five fiscal years, approximately 6.6 percent of substance abuse clients were under the age of 18.

Race and Ethnicity

The majority (83.1 percent) of persons who received substance abuse treatment services in FY 2012 were White, 7.8 percent were American Indian, and 7.1 percent were African American. Statewide, 26.5 percent of participants identified themselves as Hispanic/Latino. However, CPSA 5,

CBHS 2, 3 and 4 reported a greater rate of Hispanic/Latino client enrollment than the statewide rate with a range from 31.5 percent to 49.1 percent.

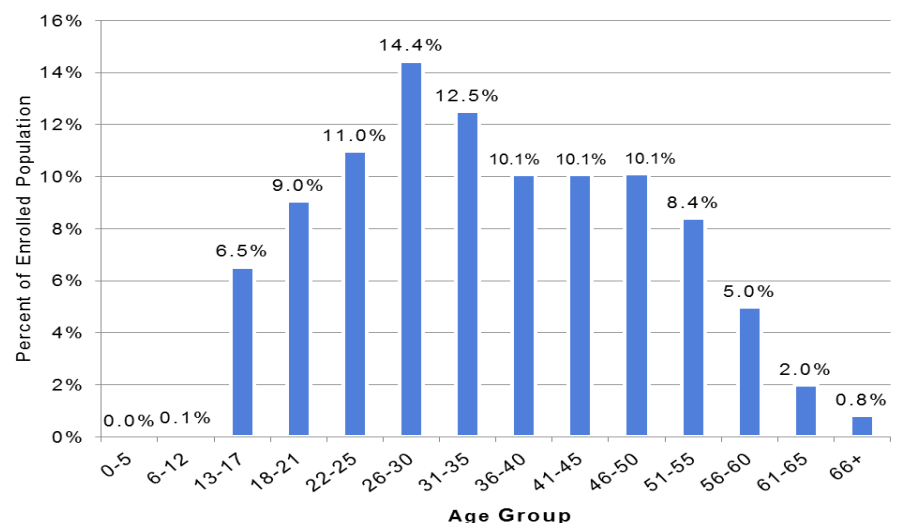
Referral Source

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 2012, 51.1 percent 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 11.2 percent of consumers to the system, while 15.6 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, 20.1 percent of substance abuse clients had a co-occurring General Mental Health Disorder (GMH), while 26.2 percent also had a Serious Mental Illness (SMI), in addition to a substance use disorder.

Figure 1— FY 2012 Substance Abuse Treatment Age Distribution



Substance Abuse Client Demographics (n=75,115)

Gender

Male:	55.9%
Female:	44.1%

Financial Eligibility

Title XIX/XXI	77.2%
Non-Title XIX/XXI	22.8%

Age Distribution

Birth - 5:	0.0%
6-12	0.1%
13-17	6.5%
18-21	9.0%
22-25	11.0%
26-30	14.4%
31-35	12.5%
36-40	10.1%
41-45	10.1%
46-50	10.1%
51-55	8.4%
56-60	5.0%
61-65	2.0%
65+	0.8%
Median Age	34.4 yrs

Race and Ethnicity

American Indian:	7.8%
Asian:	0.4%
African American:	7.1%
Native Hawaiian:	0.3%
White:	83.1%
Multiracial:	1.3%
Hispanic:	26.5%

Referral Source

Self Referred:	51.1%
Criminal Justice:	15.6%
Other Providers	11.2%
Other:	9.3%
Dept. of Econ. Sec.:	4.5%
AHCCCS/PCP:	3.6%
Community Agency:	2.3%
Federal Agency:	0.7%
Dept. of Education:	0.6%
Child Prot. Serv.:	0.6%
RBHA:	0.4%

Behavioral Health Category

Adult—Sub. Abuse	47.0%
Adult—SMI	26.2%
Adult—GMH	20.1%
Child/Adolescent	6.6%

Program Funding

Table 2—Substance Abuse Treatment Funding Summary—FY 2012

Fund Source	Dollar Amount	Percentage
Medicaid Funding (Title XIX & Proposition 204)	\$99,261,365	71.88%
Federal: Substance Abuse Prevention and Treatment Block Grant (SAPT)	\$26,660,338	19.31%
State Appropriated	\$10,419,313	7.55%
Intergovernmental Agreements: Maricopa County; City of Phoenix Local Alcohol Reception Center (LARC)	\$1,689,871	1.22%
Liquor Fees	\$55,875	0.04%
Total Funding:	\$138,086,762	100%

During fiscal year 2012, ADHS/DBHS expended \$138,086,762 in service funding for individuals and families with substance abuse disorders. The single largest source of substance abuse treatment funding (71.88%) was Medicaid (TXIX & Proposition 204) as reflected in Table 2, followed by the

Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant (19.31%) (non-prevention monies). Additional funding included State appropriated monies, funds from Maricopa County for local detoxification services, the City of Phoenix IGA, and Liquor Services Fees.

Available Services

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).

sure the service delivery network presents individuals with a choice of multiple, highly-qualified providers, each offering varying levels of care spanning multiple treatment modalities.

With respect to substance abuse treatment, ADHS/DBHS works diligently with its contractors to en-

Generally speaking, services can be grouped into seven categories: Crisis, Support, Inpatient, Outpatient, Medical/Pharmacy, Residential and Rehabilitation. Table 4 (page 5) details the complete array of substance abuse services offered.

Service Utilization

As indicated on page 2, the substance abuse population includes individuals who are under the age of 18 (children / adolescents), those with a General Mental Health disorder or a Serious Mental Illness, as well as individuals diagnosed only with a substance use disorder. However, service utilization varied significantly between population groups, as reflected in Table 3, below.

For example, the Division expended an average of \$8,366.37 per co-occurring SMI member, while members with no co-occurring disorder were served at an average cost of \$2,735.28 per person. This is primarily due to the added costs incurred with treating a Serious Mental Illness in conjunction with a substance use addiction.

Table 3: Utilization by Behavioral Health Category

Group	Percent of Population	Annual Cost Per Client
Adult—Sub. Abuse	47%	\$2,735.28
Adult—SMI	26.2%	\$8,366.37
Adult—GMH	20.1%	\$2,288.60
Child / Adolescents	6.6%	\$5,180.53

Furthermore, SMI and GMH members were also more likely to be prescribed medication than those individuals without a co-occurring mental health disorder.

The services listed in Table 4 (right) are available to Arizona's public behavioral health members and are delivered based on need per each member's individualized treatment plan.

Table 4: 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 Support Services	Medications which relieve symptoms of addiction and/or promote or enhance recovery from addiction. 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

Alcohol remained the most common substance used by those in treatment in FY 2012; 36 percent of all enrollees cited it as their primary substance, almost a 2 percent decrease from FY 2011. As in past years, patterns in substance preference differed greatly between children/adolescents and adults.

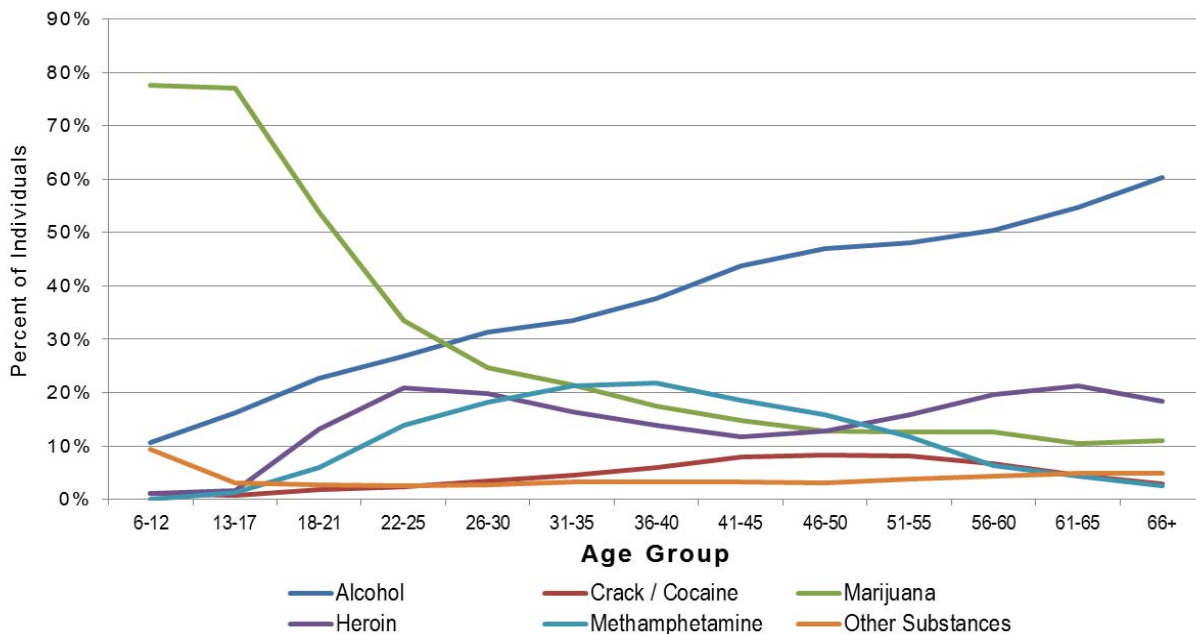
This disparity between child/adolescents and adults is apparent when comparing substance preference by age group (see Figure 2). Marijuana was more commonly reported by children, adolescents

and adults under age 25; alcohol continues to be more prevalent amongst adults over age 25.

Table 5 - Primary Substance Type by Group

Substance Type	Child	Adults	All Clients
Alcohol	16%	37%	36%
Marijuana	77%	23%	27%
Narcotics	2%	16%	15%
Stimulants	2%	21%	20%
Other Substances	3%	3%	3%

Figure 2—Primary Substance Type by Age Band—FY 2012



Treatment Outcomes and System Performance

Table 6— 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	49.8%	+10.4%
Participate in Self-Help Programs During Treatment	16.6%	+5.2%
Are Not Homeless	94.5%	+1.3%
Are Competitively Employed Full or Part-Time	29.1%	+4.6%
Have No Recent Involvement with the Criminal Justice System	83.3%	+0.13%
Attend School or a Vocational Educational Program	16.6%	-0.05%

The Division 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 (SAMHSA) 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 6, 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 2012. For example, employment for this population increased by 4.6 per-

cent while the number of clients reducing or abstaining from alcohol and drug use increased 10.4 percent. Finally, the .05 percent decline in educational participation is largely to be expected, given that the vast majority of participant are adults who would be exiting the educational system to enter the workforce.

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 6.

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:

- Expand the availability and utilization of Medically-Assisted Treatment (MAT) options through the increased use of Federal Grant funds.
- 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 LBGTQ 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 2012.