

**Annual Report on Substance Abuse
Treatment Programs**

Fiscal Year 2014

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

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Report Contents

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

Report Highlights

- 92.5% of treatment recipients were adults
- 42.0% of treatment recipients were located within Maricopa County
- 10.5% of treatment recipients were referred to treatment by the criminal justice system
- 31.2% of all treatment recipients cited alcohol as their primary substance type; however, Marijuana was the primary substance abused by 78.5% of children/adolescents in treatment
- 31.2% of treatment recipients had a co-occurring Serious Mental Illness

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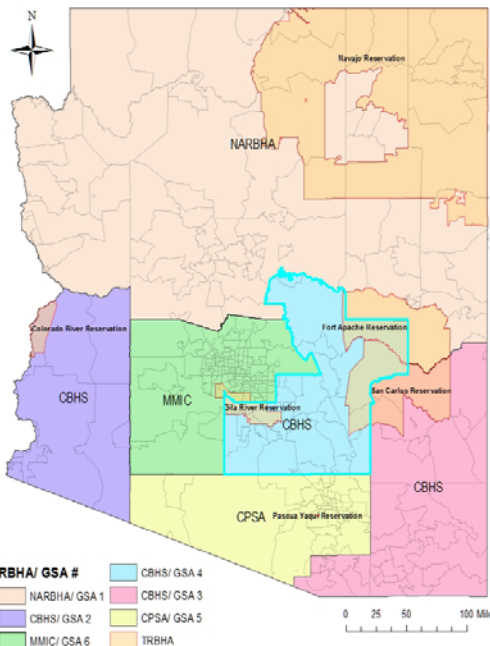
Introduction

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, numbers 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 local areas.

Enrollment and Demographics

Table 1: FY 2014 Enrollment Distribution

Counties	Tribal / Regional Behavioral Health Authority (Geographic Service Area)	No. 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)	11,715	18.5%
La Paz Yuma	Cenpatico Behavioral Health of Arizona (GSA 2)	2,712	4.3%
Cochise Graham Greenlee Santa Cruz	Cenpatico Behavioral Health of Arizona (GSA 3)	1,767	2.8%
Gila Pinal	Cenpatico Behavioral Health of Arizona (GSA 4)	3,806	6.0%
Pima	Community Partnership of Southern Arizona (CPSA - GSA 5)	15,246	24.0%
Maricopa	Magellan of Arizona (GSA 6, July 1, 2013 - May 31, 2014) Mercy Maricopa Integrated Care (GSA 6, April 1 - June 30, 2014)	26,659	42.0%
	TRBHA: Gila River Indian Community	606	1.0%
	TRBHA: Pascua Yaqui Tribe	413	0.7%
	TRBHA: White Mountain Apache Tribe of Arizona	101	0.2%
	IGA: Navajo Nation	427	0.7%

Enrollment

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 2014 (FY 2014).

In FY 2014, there were 63,452 consumers enrolled in Arizona's public behavioral health system for substance abuse treatment. Of enrollees, 42 percent were enrolled in GSA 6 (Maricopa County).

Table 1 shows enrollment counts throughout the State's various geographic service areas. Please note, on April 1st, 2014, there was a transition in Regional Behavioral Health Authority (RBHA) for GSA 6 from Magellan to Mercy Maricopa Integrated Care (MMIC).

Gender

The overall behavioral health population is divided nearly evenly between males and females; however, the substance abuse population is comprised of more men than women—53.3 percent versus 46.7 percent, respectively.

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 2014, 77.8 percent of enrolled substance abuse treatment members were eligible for AHCCCS.

Age

Aggregate review of client age data indicates the vast majority of individuals who enrolled for substance abuse treatment in FY 2014 were adults,

with those between the ages of 26 and 45 accounting for 46.7 percent of all members, and the median age for this group was 36.3 years. Approximately 6.6 percent of substance abuse clients were under the age of 18.

Race and Ethnicity

The majority (83.8 percent) of persons who were enrolled for substance abuse treatment services in FY 2014 were White, 6.7 percent were African American, and 7.3 percent were American Indian., followed by 1.3 percent whom were of multi-race backgrounds, and 0.8 percent whom were Asian or Pacific Islander. Statewide, 25.8 percent of participants identified themselves as Hispanic/Latino.

Referral Source

Substance abuse members 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 2014, 52.6 percent of all substance abuse members were self-referrals, meaning they decided to enroll on their own, or upon the recommendation of friends or family. External behavioral health providers referred 13.1 percent of members to

the system, while 12.1 percent of individuals enrolled after involvement with the criminal justice system .

Behavioral Health Category

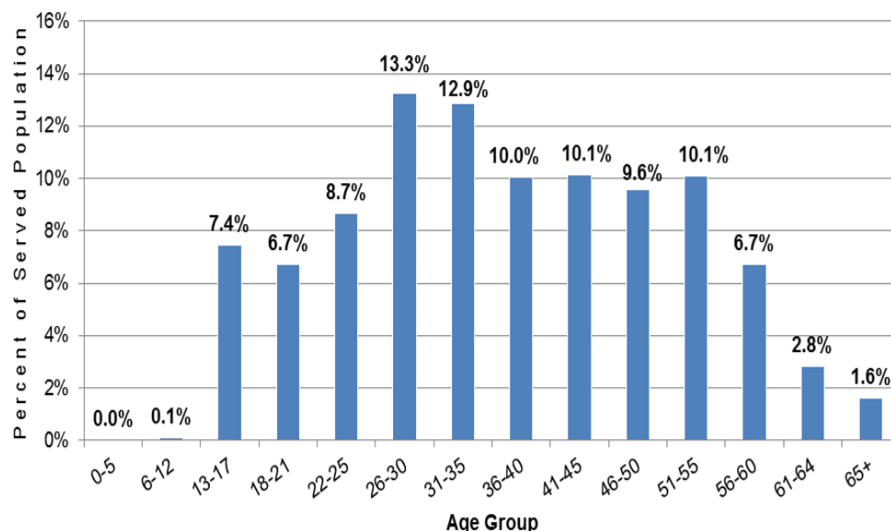
Co-occurring mental health issues such as depression, anxiety and psychotic disorders are commonly noted with substance abuse. In FY 2014, 22.1 percent of substance abuse clients had a co-occurring General Mental Health Disorder (GMH), while 31.2 percent also had a Serious Mental Illness (SMI), in addition to a substance use disorder.

Served Demographics

Demographics of enrolled and demographics of those served were very similar; in most cases, there was a less than one percent difference. For example, approximately 93 percent of those enrolled for substance abuse were adults, aged 18 and over, and 92.5 percent of those who were served were adults, aged 18 and over.

Please see sidebar (to the right) for demographic details of members who received substance abuse treatment services in the Arizona behavioral health system for FY 2014.

Figure 1— FY 2014 Substance Abuse Treatment Age Distribution



Substance Abuse SERVED Member Demographics (n=49,239)	
Gender	
Male:	51.9%
Female:	48.1%
Financial Eligibility	
Title XIX/XXI	84.5%
Non-Title XIX/XXI	15.5%
Age Distribution	
Birth - 5:	0.0%
6-12	0.1%
13-17	7.4%
18-21	6.7%
22-25	8.7%
26-30	13.3%
31-35	12.9%
36-40	10.0%
41-45	10.1%
46-50	9.6%
51-55	10.1%
56-60	6.7%
61-65	2.8%
65+	1.6%
Median Age	36.4
Race and Ethnicity	
American Indian:	5.0%
Asian or Pacific Islander:	0.8%
African American:	6.9%
White:	83.1%
Multiracial:	1.3%
Hispanic:	26.5%
Referral Source	
Self Referred:	53.3%
Other Providers:	13.6%
Other:	12.0%
Criminal Justice:	10.5%
Dept. of Econ. Sec.:	3.2%
AHCCCS/PCP:	2.8%
Community Agency:	1.9%
Federal Agency:	0.7%
Child Prot. Serv.:	0.7%
RBHA:	0.7%
Dept. of Education:	0.4%
Behavioral Health Category	
Adult—Sub. Abuse	39.1%
Adult—SMI	31.2%
Adult—GMH	22.1%
Child/Adolescent	7.5%

Program Funding

Table 2—Substance Abuse Treatment Funding Summary—FY 2014

Fund Source	Dollar Amount	Percentage
Medicaid Funding (Title XIX & Proposition 204)	\$97,731,218	76.20%
Federal: Substance Abuse Prevention and Treatment Block Grant (SAPT)	\$19,258,066	15.02%
State Appropriated	\$9,499,288	7.41%
Intergovernmental Agreements: Maricopa County; City of Phoenix Local Alcohol Reception Center (LARC)	\$1,689,871	1.32%
Liquor Fees	\$71,775	0.06%
Total Funding:	\$128,250,218	100.00%

During fiscal year 2014, ADHS/DBHS expended \$128,250,218 in service funding for individuals and families with substance abuse disorders. The single largest source of substance abuse treatment funding (76.20%) was Medicaid (TXIX & Proposition 204) as reflected in Table 2, followed by the Federal Substance Abuse Block Grant (SABG) (15.02%) (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).

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 4 (below) details the complete array of substance abuse services offered.

Table 3: Service Array

Service Category	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.

Treatment Needs Addressed by the Programs

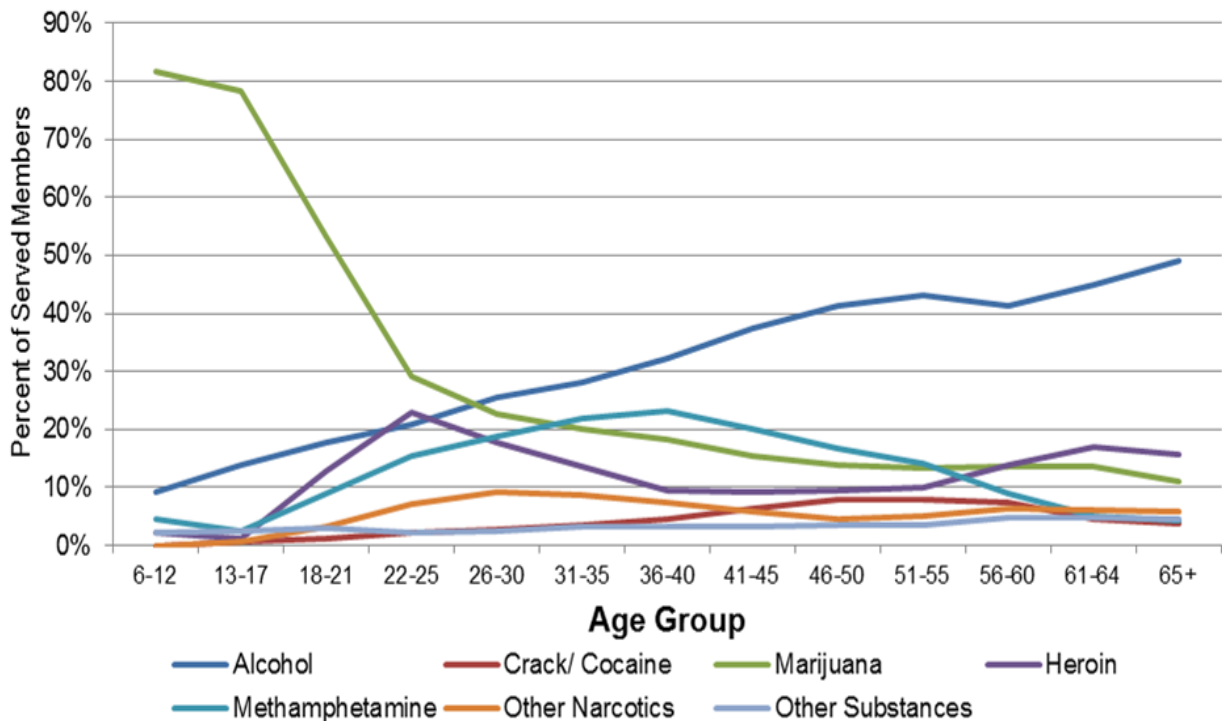
Alcohol remained the most common substance used by those in treatment in FY 2014; 31.2 percent of all members cited it as their primary substance, almost a 4 percent decrease from FY 2013. As in past years, patterns in substance preference differed greatly between children/adolescents and adults.

Table 4 - Primary Substance Type by Group

Substance Type	Child	Adults	All Clients
Alcohol	13.8%	32.6%	31.2%
Marijuana	78.5%	20.8%	25.2%
Narcotics	2.0%	20.1%	18.7%
Stimulants	3.2%	21.9%	20.5%
Other Substances	2.3%	2.9%	2.8%

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.

Figure 2—Primary Substance Type by Age Band—FY 2014



Programmatic Initiatives for Specific Populations

In the following paragraphs, are highlights of programmatic initiatives in FY 2014 that focused on specific substance abuse populations:

Pregnant and Parenting Women

Collaborations include the following: creating a protocol for pregnant females using drugs intravenously in order to ensure medically assisted treatment medications are appropriately prescribed for this population and collaboration with Arizona's Family First Program to provide substance use treatment services to parents who have involvement with the Department of Child Safety (DCS) due to abuse of substances. In addition, the Women's Services Network who are currently developing tools for outreach to women in the community, and a Women's Services Directory was developed this last year that lists all treatment providers with treatment services and programs that are gender specific to women in Maricopa County.

Older Adults

RBHAs continue to work with councils, providers, and community agencies to make appropriate referrals and monitor substance use diagnoses among the older adult population. Additionally, DBHS is continuing to expand the use of SBIRT in order to reach older adults with substance use disorders who are receiving medical care.

Youth

The behavioral health system has been working to promote youth substance abuse prevention through stakeholder meetings, school and community-based trainings, public service announcements, media campaigns, and youth leadership programs. Provider treatment trainings have included components on how to screen for substance abuse in the adolescent population and the application of effective substance abuse treatment such as ACRA and other evidence-based practices targeting the adolescent population.

Military, Veterans and Their Families

Our RBHAs are engaging members of the military, veterans and their families in a number of ways; including collaboration with Arizona Coalition for Military and their Families in Resource Navigator training. Additionally, Rally Point Tucson, staffed by experienced veterans, continues to help veterans and their families in Pima County navigate and access various resources. Providers throughout the state have been engaged in multiple trainings that are specific to the needs of service members, such as Mental Health First Aid for Military, Veterans and Their Families, Trauma Informed Care, PTSD, Traumatic Brain injury and employment assistance.

Additionally, DBHS manages a number of grants that directly support the utilization of substance abuse treatment services (see Table 6 below).

Table 5: Grants Supporting Substance Abuse Efforts

Grant	Primary Goal
Substance Abuse Prevention and Treatment Block Grant (SABG)	<ul style="list-style-type: none"> To reduce access barriers to substance abuse prevention and treatment services, as well as community-based mental health services for adults with serious mental illnesses and for children with serious emotional disturbances To plan, implement, monitor and evaluate the provision of these services
Projects for Assistance in Transition from Homelessness	<ul style="list-style-type: none"> Reduce and eliminate homelessness for individuals with SMI or co-occurring substance abuse disorders
Screening, Brief, Intervention, and Referral to Treatment (SBIRT)	<ul style="list-style-type: none"> Reduce rate of alcohol-induced deaths and drug related deaths per 100,000 individuals for five northern Arizona counties Decrease the mean combined cost per member for physical healthcare and behavioral healthcare services
State Youth Treatment Grant	<ul style="list-style-type: none"> Successfully transition adolescents and transitional-aged youth with SUDs and those with co-occurring mental health conditions to the adult behavioral health system Improve the use of evidence-based practices in services for adolescents with substance use and co-occurring mental disorders and their families
Prevention Framework Partnership for Success (PFS)	<ul style="list-style-type: none"> Reduce 30-day alcohol use for youth and college-aged young adults ages 12 to 20 Reduce the percentage of youth ages 12 to 25 who have misused or abused prescription drugs in the last 30 days

Treatment Outcomes and System Performance

Table 6— Outcomes Dashboard

Outcomes	How has participating in the behavioral health system impacted the lives of our clients?	
Our Substance Abuse Clients:	Percent	Change
Show Reduced or No Substance Use	42.5%	+22.9%
Participate in Self-Help Programs During Treatment	1.1%	+134.8%
Are Not Homeless	93.5%	+1.1%
Are Competitively Employed Full or Part-Time	34.7%	+7.6%
Have No Recent Involvement with the Criminal Justice System	80.8%	+5.1%

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. For example, employment for this population increased by 7.6 percent while the number of clients reducing or abstaining from alcohol

and drug use increased by 22.9 percent. Participation in self-help programs during treatment increased by 134.8 percent; representing a large change. However, there was a small number of members participating in self-help programs at intake; this represents a small increase in actual number of individuals engaged in self-help programs.

When performance falls below acceptable benchmarks, corrective action is taken to drive system improvement. The Outcomes 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. For updates on the dashboard, please see the ADHS/DBHS website: <http://www.azdhs.gov/bhs>.

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 prevention and 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 2015 and include the following:

- Continue utilization of the Screening, Brief Intervention and Referral to Treatment (SBIRT) approach in emergency rooms and with primary care physicians in Northern Arizona in order to integrate services and more accurately identify those at risk of developing a substance use disorder.
- Increase the utilization of Evidenced-Based Prac-

tices (EBPs) in substance abuse prevention and treatment.

- Increase network of substance abuse prevention services providers.
- Ensure accurate placement and appropriateness of continued stay in Substance Abuse Treatment Services by use of ASAM PPC-2R.
- Continue to 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.
- Promote the Arizona Prescription Drug Misuse and Abuse Initiative.
- Continue to integrate Peer and Family Support Services and self-help participation (AA, NA and CA) into treatment planning.
- Provide substance abuse and wraparound services for at risk populations through discretionary grants (such as the grants listed on page 6).

Data Source: Arizona Department of Health Services, Division of Behavioral Health Services, Bureau of Business Information Systems. ARS §36-2023 (FY 2014); December 2014.