# Annual Report on ADHS/DBHS Substance Abuse Prevention Programs

Arizona Department of Health Services

Division of Behavioral Health Services

Clinical and Recovery Services

Office of Prevention

2006

# EXECUTIVE SUMMARY

The Arizona Department of Health Services (ADHS) implements a comprehensive prevention system that is responsive to community needs. This report is an evaluation of the Division of Behavioral Health (DBHS) substance abuse prevention programs implemented in state fiscal year 2005. The report includes information on processes and outcomes related to substance abuse prevention.

Key findings of the report are summarized below:

## Areas of Achievement

1. The number of programs that reported outcomes increased from 45% in 2003 to 74% in 2005.
2. ADHS substance abuse prevention programs served over 300,000 people.
3. Funds for programs serving Native Americans nearly doubled during the year, resulting in new or expanded programs for the San Carlos Apache Tribe, Gila River Indian Community, the Hopi Nation, Pascua Yaqui Tribe, urban Native American families, and northern Arizona tribes.
4. Representatives from eleven Arizona tribes participated in a newly formed statewide substance abuse and suicide prevention coalition.
5. ADHS received a Federal grant for suicide prevention, providing $1.2 million dollars over three years to implement suicide prevention programs in Pinal and Pima Counties.
6. The Arizona Legislature signed into law an anti-bullying bill drafted by a group of middle school students in a Tucson prevention leadership program.
7. The Navajo Nation's comprehensive methamphetamine prevention program resulted in national recognition for their documentary on methamphetamine use and contributed to the drafting of new Tribal laws outlawing methamphetamine on the reservation.

## Areas for Further Development

1. Focusing prevention resources on underage drinking and illicit drug use.
2. Enhancing provider capacity to:
   - Implement prevention programs with older adults;
   - Conduct needs assessment during program development;
   - Use environmental prevention strategies;
   - Target communities with high prevalence of substance use and few prevention resources;
   - Identify problem behaviors and make referrals into treatment services;
   - Incorporate evaluation into assessment of service delivery and outcomes.

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## PREVENTION SYSTEM STRUCTURE

In State fiscal year, 2005 (SFY 2005), the Arizona Department of Health Services, Division of Behavioral Health Services contracted with five Regional Behavioral Health Authorities (RBHAs) selected through competitive procurement. RBHAs provided prevention services including all U.S. Center for Substance Abuse Prevention (CSAP) strategies through a network of specialized, community-based subcontracted agencies. In addition, ADHS maintained Inter-Governmental Agreements (IGAs) with four Arizona Tribes to provide prevention services for Native Americans on the Navajo Nation, Colorado River Indian Tribes, Gila River Indian Community, and Pascua Yaqui Tribe. Table 1, below, shows the geographic service area of each RBHA in state fiscal year 2005.

Table 1: SFY 2005 Prevention Delivery System

| Service Area | Counties | Regional Behavioral Health Authority RBHA |
|---|---|---|
| GSA 1 | Apache, Navajo, Coconino, Mohave, Yavapai | NARBHA |
| GSA 2 | La Paz, Yuma | The Excel Group, Inc. |
| GSA 3 | Cochise, Graham, Greenlee, Santa Cruz | CPSA |
| GSA 4 | Pinal, Gila | PGBHA |
| GSA 5 | Pima | CPSA |
| GSA 6 | Maricopa | ValueOptions |
| Tribal contractors and Tribal Regional Behavioral Health Authorities | Colorado River Indian Tribes<br>Gila River Indian Community<br>Navajo Nation<br>Pascua Yaqui Tribe | |

In 2005, ADHS issued a request for proposals for RBHAs serving all of the counties in Arizona outside of Maricopa County. Awards were made to three RBHAs. Northern Arizona Regional Behavioral Health Authority (NARBHA) continued to provide services in the northern Arizona counties. Community Partnership of Southern Arizona (CPSA) continued to provide services to the southern and eastern counties. Cenpatico Behavioral Health of Arizona began serving the central and western rural counties in place of the EXCEL Group and Pinal Gila Regional Behavioral Health Authority (PGBHA) in July 1, 2005.

### Funding

During SFY 2005, ADHS/DBHS expended $11,463,728 in prevention service funding. The Substance Abuse Prevention and Treatment (SAPT) Block Grant, administered by the U.S. Substance Abuse and Mental Health Services Administration, provided more than half of the funds available during the year, with state appropriations providing the remainder. Table 2 shows the amount of funds received from each source.

Table 2: Primary Prevention Funding Summary: SFY 2005

| Fund Source | Total Funds | Percentage of Total |
|---|---|---|
| State Appropriations | $4,802,100 | (42%) |
| Federal Block Grant for Substance Abuse Prevention and Treatment | $6,661,628 | (58%) |

## Participant Characteristics

In State Fiscal Year 2005 (SFY 2005), 300,961 people participated in Arizona's 96 prevention programs. Approximately 22% of these persons participated in services on multiple occasions (recurring participants). The remaining 78% of participants were exposed to the program once. The number of recurring participants is significant as prevention programs are more effective when people have exposure to them multiple time. As shown in Figure 1, participation in prevention programs rose annually since 2003. The dramatic increase in participants from 2004 to 2005 reflects submission of end of the year evaluation data from the Navajo Nation Department of Behavioral Health Services. Navajo Nation Behavioral Health served over 90,000 people in SFY 2005 through a comprehensive public education and outreach project. Participation in other programs also rose, but only slightly.

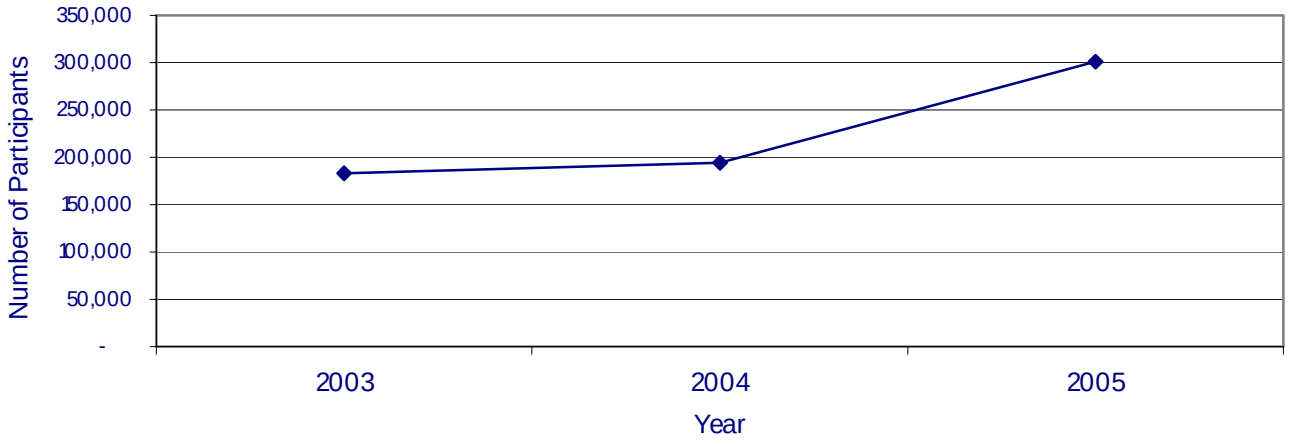


Figure 1: Number of prevention program participants

Individuals in the age range of birth to 14 years made up the largest segment of recurring participants in prevention programs in 2005. This is because 66% of ADHS' programs used life skills strategies, which are often offered in collaboration with local schools. Figure 2 shows the number of participants of each age group who participated in prevention programs more than once. Most prevention programs require people to participate on multiple occasions.

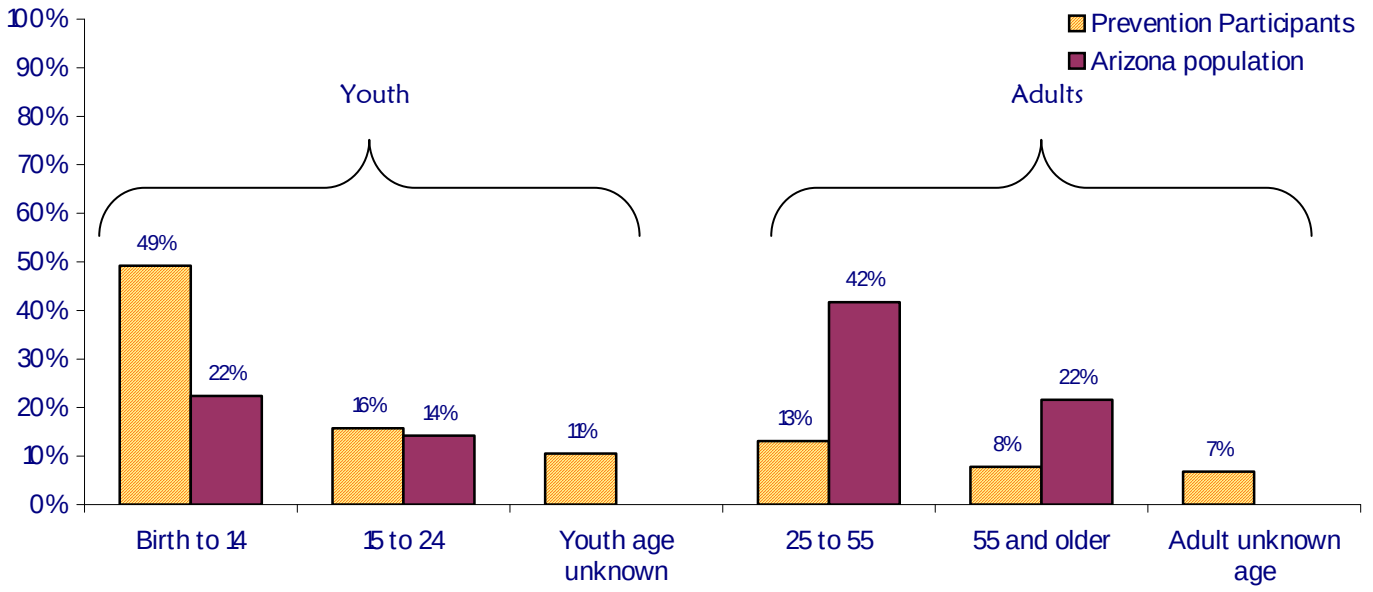


Figure 2: Recurring participant ages compared to the Arizona population (2000 US Census)

Prevention programs served both genders equally. Females represented approximately 36% of recurring participants in prevention programs. Males were 38% and the remaining 26% were of unreported.

The majority of recurring participants were Latino. Figure 3 below shows the percentages persons of various racial and ethnic backgrounds who participated in prevention programs more than once during SFY 2005.

Over a quarter of all participants were categorized as non-specified by prevention programs. The EXCEL Group and PGBHA reported the majority of non-specified participants. The importance of collecting demographic data is a focus of discussion with Cenpatico, which was named the new RBHA in July 2005 for these service areas.

The majority of single service participants were Native American because of the Navajo Nation methamphetamine prevention initiative. Nearly a third of the single service participants did not have a reported race/ethnicity. Latinos represented 18% of single service participants served.

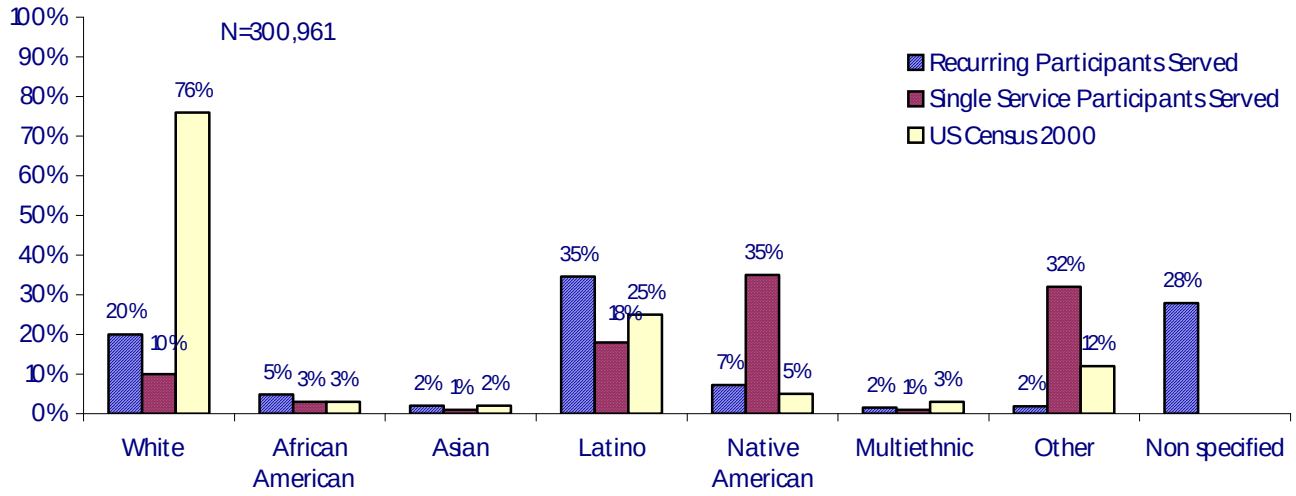


Figure 3: Ethnic and racial composition of recurring and single-service prevention program participants compared to US Census (2000).

## Services

ADHS substance abuse prevention programs utilized a full array of prevention strategies. RBHAs are responsible for ensuring a variety of strategies are used to accomplish their goals. Figure 4, below, shows the percentage of funds used to support each strategy. The most common prevention strategy implemented in SFY 2005 was life skills training (29% of services provided) followed by the prevention strategy of family support and education (17% of services provided). These are the two services most often requested by schools and communities. The majority of DBHS prevention programs (68%) worked with schools to provide prevention services.

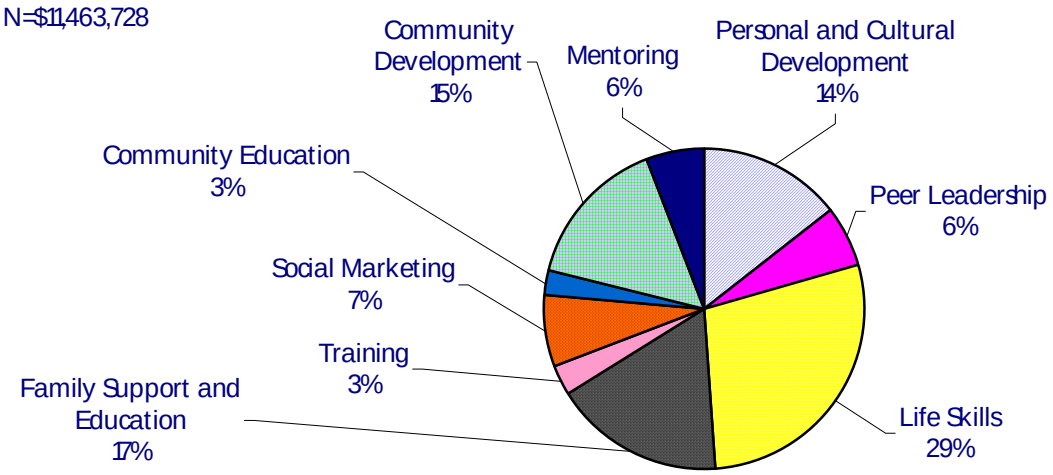


Figure 4: Distribution of Funding for Prevention Strategies

ADHS' substance abuse prevention system targeted a variety of populations inclusive of universal, selected, and indicated populations. Universal programs are those which target entire communities and populations. Selected programs target a population based on an identified risk factor. Indicated programs are those which

target persons with high levels of risk factors and who may be showing symptoms of behavioral health problems. Figure 5 shows the percentage of programs which served universal, indicated, and selected populations in 2005. Universal programs were the least expensive to operate and served a large number of individuals. Selected and indicated programs served fewer people and were more expensive. The average cost per participant of all prevention programs in 2005 was $31.53. For recurring participants, the average cost was $130 per person for the year. Recurring participants receive more prevention services over a longer period of time than single service participants, thereby making it more expensive. Universal programs cost $105 per recurring participant compared to $176 for selected programs and $406 for indicated programs.

Having a variety of approaches and populations maximizes outcomes. Research on evidence based practices in prevention has shown that a comprehensive approach employing multiple strategies is more effective (Aber, 2003; Benard, 2001; CSAP, 2001; Farrer, 2004; Gardner, 2001; Greenberg, 2000; Hansen, 2000; Hawkins, 2003; Kumpfer, 2000; Kumpfer, 2003, Schinke, 2002; SAMHSA, 2002;).

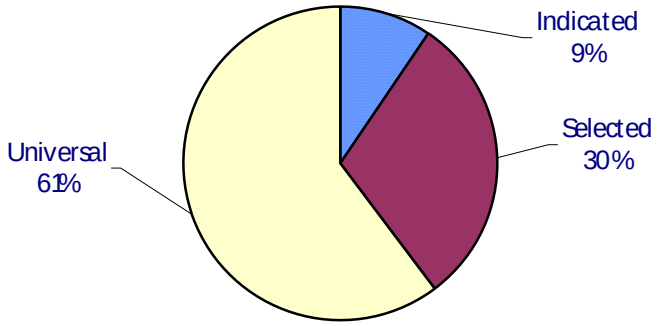


Figure 5: Programs by Institute of Medicine (IOM) Category

## PROGRESS TOWARD ACHIEVING ESTABLISHED GOALS[1]

### Goal 1: Reduce risk factors for substance abuse, suicide, and child abuse

#### Substance Abuse

#### Needs and Resource Assessment

[1] The following goals were established in the *Framework for Prevention in Behavioral Health*, released in July, 2005.

- Goal 1: Reduce risk factors for substance abuse, suicide , and child abuse
- Goal 2: Increase the knowledge, skills, and abilities of the prevention workforce
- Goal 3: Improve coordination of prevention services and other resources
- Goal 4: Increase use of evaluation to improve programs

In 2004, the Governor's Office for Children Youth and Families established a statewide work group composed of epidemiologists from multiple state agencies to study substance abuse in Arizona. Several ADHS epidemiologists collaborated with the group to collect and review existing data related to substance abuse in Arizona. The group published "Arizona State Incentive Grant: Epidemiological Profile and Problem Areas" summarizing their findings (Governor's Office for Children, Youth, and Families, 2005).

The epidemiological study concluded that inappropriate use of alcohol by young adults and adolescents (use of alcohol by minors and binge drinking) is the most urgent problem related to substance abuse in Arizona due to its high cost to communities incurred by treatment, criminal justice, child welfare, and health care systems as well as its high prevalence.

Several areas of the state were determined to have greater rates of substance use, substance related consequences such as car crashes or hospitalizations, and risk factors for substance use. Coconino, Apache, Gila, and Mohave, and Santa Cruz Counties had the highest rates of substance use and related consequences, while La Paz and Yuma Counties had the lowest. Pima and Maricopa County are difficult to compare to the rural counties due to the difference in populations.

## Program Interventions – Substance Abuse Prevention

Table 4 summarizes programs and outcomes in counties with high substance abuse prevalence. The majority of programs targeted individual or family populations. Outcomes included increase social competence and drug resistance skills.

Table 4: Selected outcomes related to substance abuse prevention programs in high prevalence counties

| Geographic Location | Programs | Description | Outcomes (actual measured changes in participants from pre to post test) |
|---|---|---|---|
| Coconino County | Parenting Arizona | A school-based program for at-risk youth and their families | Improved family relationships |
| | Project Resiliency | A mentoring program for school aged youth | Improved social competence |
| Gila County | Respect Project | A social skills development program with youth in Globe/Miami | Improved social competence |
| Santa Cruz County | New Turf Project | Youth leadership and community mobilization initiatives | Increased access to community resources |
| Pima County | The Partnership | Led the Tucson/Pima County Commission on Addiction Treatment and Prevention in authoring a report on underage drinking in Pima County | The Board of Supervisors established a Commission on underage drinking. The Commission proposed a tax on liquor sales to raise money for prevention of underage drinking |
| | Luz Social Services | Worked with a local coalition to not only protest new liquor licenses, but also to object to billboards advertising liquor in their neighborhood | The number of billboards that advertise alcohol declined. |
| Southern Arizona | Youth Empowered for Success | A 5-day youth leadership development program. School teams designed prevention programs, which they implemented during the school year with support from prevention providers. | Improved social competence |
| Maricopa County | Southwest BHS | Life skills education program for rural youth | Decrease in favorable attitudes toward drugs |

| | | | |
|---|---|---|---|
| | Youth ETC | Violence prevention and education services in Glendale | Improved family relationships |
| | For Now and For Ever | Training for childcare providers | More supportive interactions between youth and families |
| | Prehab | Life skills education | Improved social competence |
| | Peers Program | Implemented the Second Step life skills education program at schools in Phoenix | Improved social competence |
| | Touchstone | This project implemented Botvin's Life Skills Training program to at-risk youth in charter schools | Improved family relationships |
| | Smart Start | Life skills education program | Improved social competence |
| | Strengthening Families | Family support and education inclusive of youth and families | Improved resistance skills |
| | Concilio Latino de Salud | A bilingual program to prevent the use of inhalants and other legal drugs among high-risk youth in Hispanic communities | Improved family relationships |

In Southern Arizona, as a result of efforts to assess local conditions, educate local politicians, advocate for change, and engage the media, the Pima County Board of Supervisors developed a policy request for the Pima County-Tucson Commission on Addictions Treatment and Prevention to develop a new county wide underage drinking task force. Between January and May 2005, an ad hoc committee of the commission developed the mission and goal statements and recruited members for the new task force. An initial charter of recommendations to the Board of Supervisors and the Tucson City Council was passed unanimously by the commission at a meeting in June 2005.

Child and Family Resources and Luz Social Services provided technical assistance and staff support for the 29th Street Coalition in Tucson in its two year fight against a liquor license for a "gentleman's club" near a local high school. Luz Southside Coalition provided testimony and research about the over saturation of liquor licenses in the area and the license for the club was denied.

Table 5: Selected outcomes related to substance abuse prevention programs targeting tribes

| Geographic Location | Programs | Description | Outcomes |
|---|---|---|---|
| The Navajo Nation | Navajo Nation Department of Health Services | Formed a community coalition to address methamphetamine. The coalition filmed a documentary entitled "'G' Methamphetamine on the Navajo Nation". The documentary, which won an award at a national film festival, was shown throughout the Navajo Nation at schools, businesses, and community centers in combination with educational presentations. The coalition also posted a series of billboards with anti-methamphetamine messages throughout the Navajo Nation. | The Tribal Council passed a law making distribution and possession of methamphetamine on the reservation a criminal act. |
| The Hopi Nation | The Hopi Guidance Center | Collaborated with the Substance Abuse Policy Task Group and implemented a series of trainings on methamphetamine, one of which was offered in collaboration with Navajo Nation Behavioral Health. | An outcome evaluation has not been completed. |

| | | | |
|---|---|---|---|
| Tohono O'Odham Nation | T-Himdag program | Mobilized 5 districts to assess needs and assisted in the development of a prevention program. The anti-drug coalitions formed in each district determined their communities were in the heart of an important drug smuggling corridor. Pima Youth Partnership helped the coalitions to develop youth leadership programs, organize community workshops on substance abuse, and implemented a life skills education curriculum in local schools. The coalitions asked police to take more action to enforce youth curfews and party permits. | Reports to police of illegal drug activity and bootlegging increased, and coalition members felt they were better able to solve community problems. |
| Pasqua Yaqui Tribe (Tucson) | Centered Spirit | Training for Head Start teachers, support groups for parents and persons with physical health problems, public information and social marketing, traditional ceremonies, community service projects, public education | Outcome evaluation was not completed. |
| Colorado River Indian Tribes | Tribal Social Services | A series of community education events were offered. Key stakeholders conducted strategic planning around prevention of methamphetamine. The plan included assessment of need and community education to raise awareness about methamphetamine use in the community. | Outcome evaluation was not completed. |

One of the most impressive prevention efforts statewide was the Navajo Nations' comprehensive methamphetamine prevention program. This program involved social marketing, community education, training, community development, and environmental strategies. This campaign reached over 90,000 people in the northeastern corner of Arizona inclusive of Navajo, Coconino, and Apache Counties and culminated in the passage of a new law making possession, sale, and use of methamphetamine illegal in the Navajo Nation. As with most of the other Arizona tribes, possession, sale, and use of methamphetamine were not illegal on Tribal lands. This made the tribes a target of aggressive sales of methamphetamine starting in 2003, which resulted in a dramatic increase in methamphetamine use among Native Americans living on reservations.

Table 5 describes substance abuse prevention programs and outcomes in programs serving tribal communities. Outcomes were not available for three of the five programs, but this was the first year that process data was available for all programs.

The Community Partnership of Southern Arizona (CPSA), in collaboration with each of the providers in Southeastern Arizona, implemented for a second year, the Youth Educated for Success program in July 2005. Over 160 youth from 22 high schools participated. This was a youth leadership project in which teams of youth learned about prevention concepts and developed strategies for improving their school climate. CPSA staff participated in a Service to Science Institute sponsored by the Western Centers for Applied Prevention Technology. The purpose of the Institute was to improve the evaluation of Teen Institute for eventual introduction to the National Registry of Effective Programs process.

## Outcome

The 2004 and 2002 Arizona Youth Surveys will be used in this report as an indicator for overall, statewide outcomes since all 96 prevention programs collected and reported outcomes uniquely. One outcome indicator was youths' perception of the harm caused by substance use as youths who perceive substance use to be harmful are less likely to use them. There was a slight increase in perception of harm for using marijuana from 2002 to 2004 and a decrease in perception of harm of using alcohol. Figure 6 shows the overall perceived harmfulness of alcohol and marijuana for 2002 and 2004.

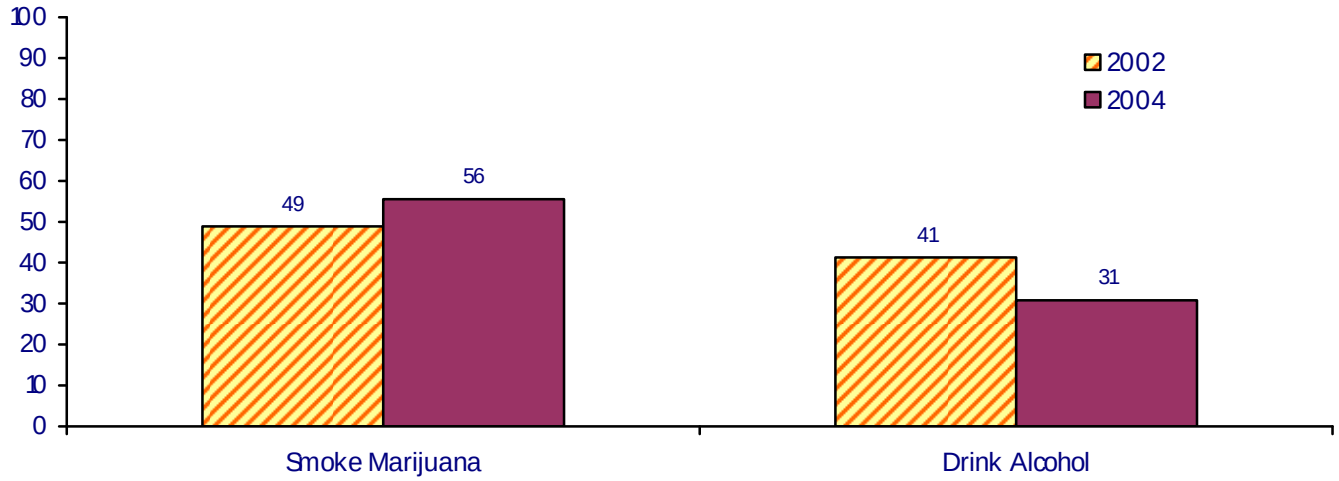


Figure 6: Percentage of Arizona respondents who perceive that using substances places people at great risk (Arizona Youth Survey, 2004)

A second outcome indicator is age of initiation of substance abuse. There were slight decreases in age of onset of substance use. Figure 7 depicts age of onset of substance use.

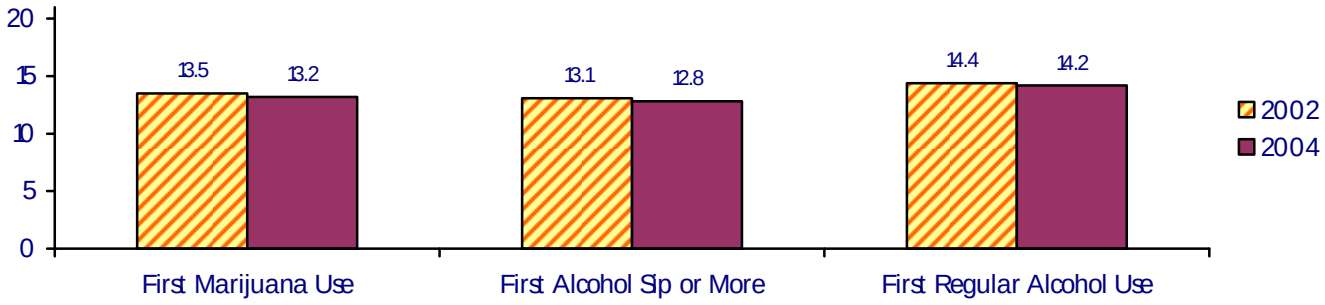


Figure 7: Mean age of initiation of substances among Arizona youth (in years). (Monitoring the Future Study)

## Summary

There is a need for continued capacity building in many of the high need counties and for expansion of programs targeting Native American populations. Mohave County, for instance did not receive services in 2005. NARBHA will be issuing a request for proposals for that area in 2006. Cenpatico will attempt to improve service delivery to Gila County by issuing a request for proposals (RFP) for prevention services in Gila County in 2006.

CPSA required each provider to target changes in laws and norms supporting substance abuse prevention. Several coalitions in Southern Arizona had success in using this strategy. While CPSA has made exemplary progress in building provider capacity to address environmental conditions contributing to substance use, few providers in other areas of the state used environmental and community development strategies.

Both CPSA and Value Options worked closely with providers to improve evaluations and program logic models. Success in these efforts is demonstrated through the large percentage of programs in those counties which can report positive outcomes. More work in this area is needed.

This was the first year that all programs serving Native American populations submitted process evaluations, which included a description of activities that took place and numbers of persons served. However, the majority of these programs did not conduct an outcome evaluation indicating greater technical assistance and training may be needed to help programs design and implement an outcome evaluation.

## Substance Abuse Related Suicide

### Needs and Resource Assessment

Arizona had the 9th highest suicide rate in the nation in 2003 (American Association of Suicidology, 2003). Research shows suicide is correlated with substance abuse (Shaffer and Craft, 1999; Bollinger, 2003, Waern, 2003; Gliatto, 1999). Males represent approximately 80% of completed suicides in Arizona annually. Suicide rates are high among the Native American population (27.6 per 100,000 population compared to 14.4 per 100,000 for all Arizonans). Among Native Americans, suicide is most prevalent among young men ages 15 to 19 and adult men ages 25 to 34. The second highest rate of suicide occurs in the non-Hispanic White population. Within White populations, suicide is highest among males age 35 to 54 and 65 and older. In Latino populations (the racial group with the third highest rate of suicide), it is most prevalent among 18-34 year olds. Teen suicide is of particular concern because it represents a greater portion of deaths among teens than for other age groups (Mrela and Torres, 2005).

Rates of suicide vary from county to county. Figure 8 shows rates of completed suicide for each county in Arizona in 2003 and 2004. Counties with particularly high rates of suicide in comparison to state mean included Apache, Cochise, La Paz, Mohave, Navajo, and Yavapai. The suicides in Apache, Navajo, and Coconino Counties are mostly attributable to persons in the Navajo Nation. The high rate in Mohave is attributable mostly to older adults. The rate of La Paz County is artificially high due to the small population.

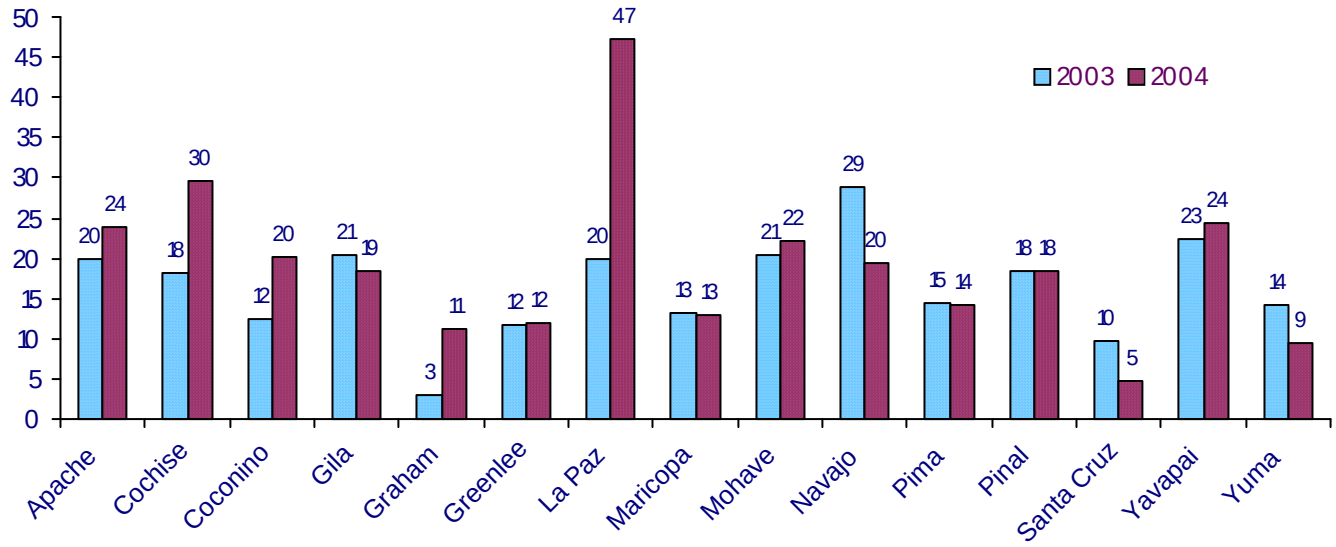


Figure 8: Suicide rates per hundred thousand people in each county for 2003 and 2004

### Program Interventions – Suicide Prevention

Arizona adopted a state plan to reduce suicide in 2001. In 2003, ADHS began working with the RBHAs and providers to enhance substance abuse prevention programs to target populations at higher risk for substance abuse *and* substance related suicide, while including more information about identification of behavioral health problems and referrals into treatment. Targeted populations included older adults, Native Americans, gay, lesbian, bisexual, and transgender populations.

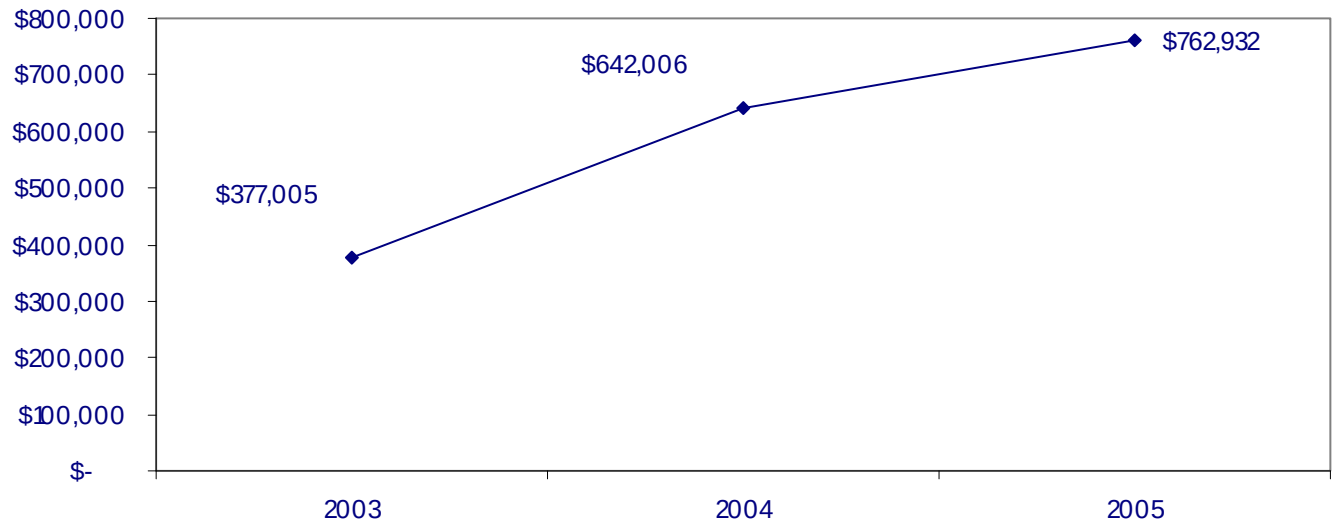


Figure 9: Funds for programs serving Native American populations

ADHS increased efforts to provide technical assistance and training to TRBHAS, Tribal Contractors, and RBHA prevention programs which serve Native American populations. In 2004, ADHS began facilitating a monthly meeting for Native American prevention providers. The meeting provided opportunities for networking and training.

In addition, Regional Behavioral Health Authorities placed increasing emphasis on service to Native American communities in 2004 and 2005. The amount of ADHS substance abuse prevention funds, which have been invested in serving Native American populations, has doubled since 2003 as shown in Figure 9.

Table 6 lists new and/or expanded substance abuse prevention programs targeting Native American populations.

Each RBHA implemented prevention programs targeting older adults. Older adults composed 13% of Arizona's population and 8% of persons in Arizona who live in poverty. ADHS' prevention programs focused in areas of the state with high risk factors and low resources. Funding for older adult programs accounted for approximately 11% of all prevention funds expended, but only 6% of participants served. Figure 10 on the following page shows the percentages of funds allocated to older adult programs and older adults served as compared to the US Census 2000. The average cost per participant of an older adult program was $306 per person, which is approximately 2 to 3 times the mean cost of other prevention programs. It is unclear whether the high cost approach taken by these programs is effective, as the majority of older adult programs did not submit results of an outcome evaluation. Table 7 summarizes the programs serving older adults and reported outcomes.

Table 6: New and expanded suicide and substance abuse prevention programs targeting Native American populations

| Geographic Location | Programs | Description | Outcomes |
|---|---|---|---|
| San Carlos Apache Tribe | San Carlos Apache Wellness Center | A comprehensive program which included: formation of a prevention coalition, sponsorship of gender-based retreats combining prevention education with art and spiritual development, community educational forums, wellness conference, gatekeeper education, peer education program, and distribution of social marketing messages via billboards, radio, cable TV, and newspaper. CPSA initiated development of | This program began late in the year and was therefore unable to report outcomes. |

| | | | |
|---|---|---|---|
| | | prevention services for youth in the community of Bylas. | |
| Pascua Yaqui Tribe (Guadalupe) | Centro de Amistaad | A holistic program including life skills education and personal and cultural development. | Increased commitment to school. |
| Phoenix | The Phoenix Indian Center | Enhanced an existing parent support program to include information about problem identification and referral to local resources. | Increased knowledge of problem identification and referral among participants. |
| Gila River Indian Community | Gila River Regional Behavioral Health Authority | In addition to school based life skills education, a family support and education program, a survivors of suicide group and a peer education program this project also sponsored a community summit on suicide prevention. | Improved coping skills. |
| Northern Arizona | Embrace Life | A public information and social marketing campaign which included community mobilization and capacity building in tribal communities. | This program was in planning for the majority of the year, so no outcome is yet available. |

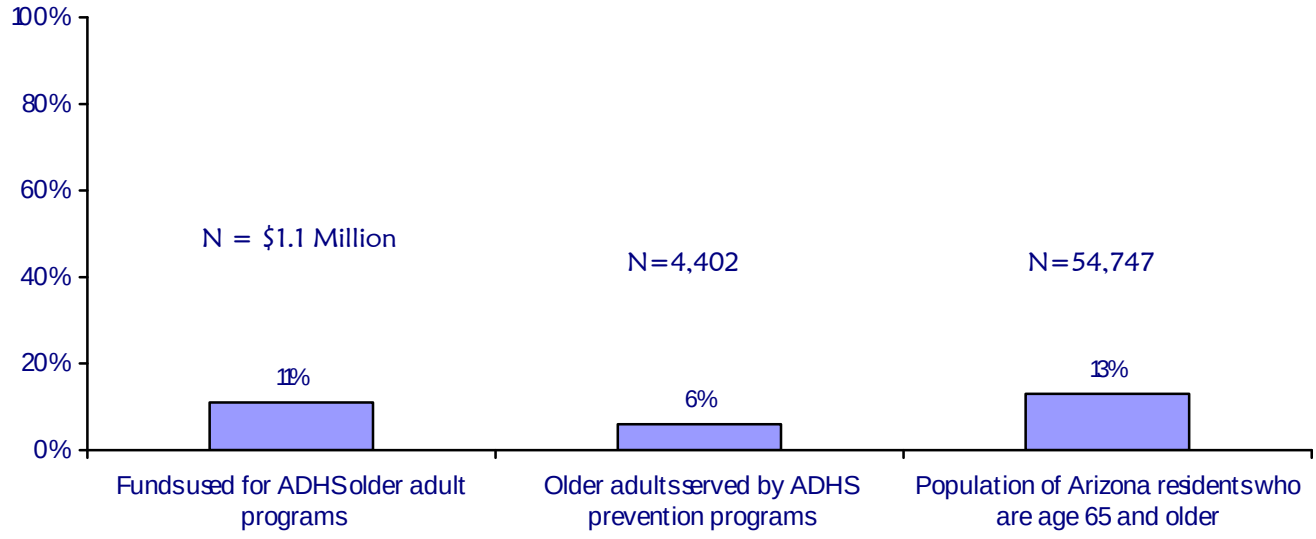


Figure 10: Funds for older adult programs and older adults served compared to the US Census (2000).

Table 7: Suicide and substance abuse prevention programs targeting older adults

| Geographic Location | Service Provider | Description | Outcomes |
|---|---|---|---|
| Pima County | CPSA | Completed a comprehensive assessment of need among older adults in Pima County. Established a Southern Arizona Coalition for suicide prevention in older adults. | This program just began and has not conducted an outcome evaluation yet. |

| | | | |
|---|---|---|---|
| Pinal and Gila Counties | Pinal Gila Council for Senior Citizens | The program educated medical staff about behavioral health issues in the older adult population with a focus on substance abuse. | Improved awareness of behavioral health issues in older adults. |
| Yavapai County | West Yavapai Guidance Clinic | A home based prevention program where support and education services were provided. | No outcomes reported. |
| Yuma | Campesinos Sin Fronteras | Life skills education and information about problem identification and referral to Latino adults ages 45-54 with diabetes. | Improved coping skills. |
| Maricopa County | Area Agency on Aging, Region 1 | Education at senior centers, community education, and transition workshops, in home prevention services and public information and social marketing. Included an intergenerational project that developed mentoring between older adults and youth in Guadalupe. | Improved mood. |

## Summary

Many of the programs in Table 8 were new and had therefore not yet completed an outcome evaluation. Programs that completed outcome evaluations showed improvements in coping skills, mood, and knowledge related to problem identification and referral.

Arizona's older adult programs are pioneers in the field of prevention because they serve a population for which little prevention research has been published. Several innovative approaches included the cross age mentoring, primary care practitioner education, and education via support groups for persons with serious physical health conditions. The older adults programs are more expensive than other prevention approaches. Older adult programs need technical assistance to develop prevention strategies, reach more participants and to consistently evaluate their programs.

Figure 11 shows the overall completed suicide rate for Arizona for 2003 and 2004, which slightly increased. Additionally there was an increase in depressive symptoms among students who took the Arizona Youth Survey. In 2002, 45% of students reported depressive symptoms as compared to 50% in 2004.

Table 8: New prevention programs in counties with high rates of completed suicide

| Geographic Location | Programs | Description | Outcomes |
|---|---|---|---|
| La Paz County | The EXCEL Group | Parental support and education, after school programs for youths, and community education for older adults | No outcomes reported |
| Cochise County | SEABHS | A youth leadership, mentoring, and community mobilization initiative throughout Cochise County | Increased access to community resources |
| Navajo County | Northeastern Big Brothers Big Sisters | A peer mentoring program for school aged youth. | Improved confidence |
| | Holbrook Lives Enriching Communities | Community mobilization initiative | No outcomes reported |

| | | | |
|---|---|---|---|
| Pima County | The Imagine Project | This project developed community capacity and links schools with community resources. It also worked with coalitions in Pima County on issues including prevention of substance abuse, violence, and suicide. Project staff worked with a group of junior high school students who drafted anti-bullying legislation | Increase in disapproval of substance use. The Arizona State Legislature voted the anti-bullying legislation into law during the 2005 legislative session |
| Maricopa County | Empact | Used a life skills curriculum to reduce bullying and teach optimism. Included parent and community education. | Increased knowledge among parents |
| | CASA | Provision of training to physicians, screening, referral, public information/social marketing, and postpartum services | Increased knowledge of violence prevention |
| | Tumbleweed | This program involved community education and training about Lesbian, Gay, Bisexual, and Transgender issues | No outcomes reported |
| Payson | Rim Guidance Center | Public information campaign to raise awareness about substance abuse, suicide, and resources. Included gatekeeper education | Increased knowledge of problem identification and referral |
| Coconino County | Community Behavioral Health Services | Implemented the QPR (Question, Persuade, and Refer) Suicide prevention program in which gatekeeper training was provided to the community and school personnel as an approach to reduce suicide | Outcomes for this program have not yet been collected |
| | Reconnecting Youth | Incorporated social support and life skills training into a semester-long daily class. Developed a school system crisis response plan for addressing suicide prevention approaches | Improved social competence |

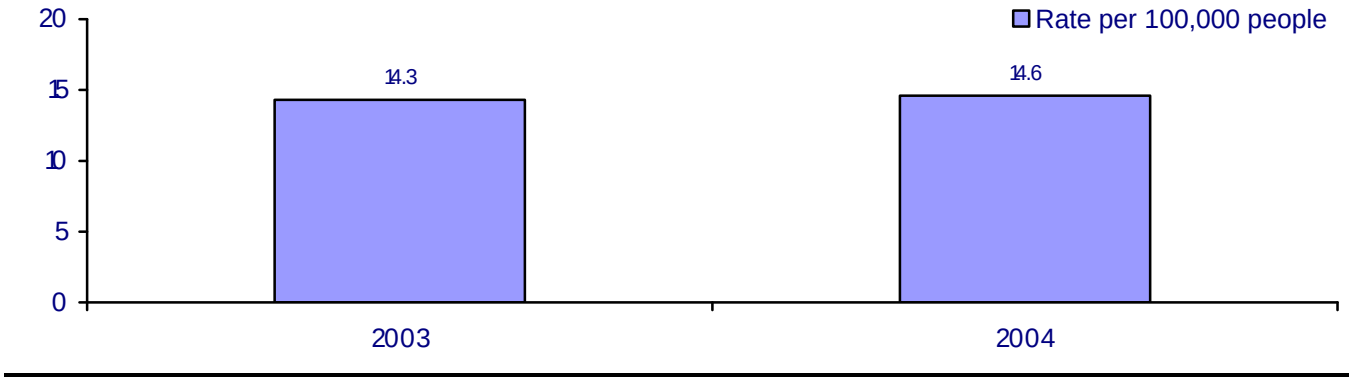


Figure 11: Rate of completed suicide in Arizona for 2003 and 2004.

## Substance Related Child Abuse and Neglect

### Needs and Resource Assessment

Figure 12 below shows the prevalence of removals of children due to abuse or neglect by county for 2003 and 2004

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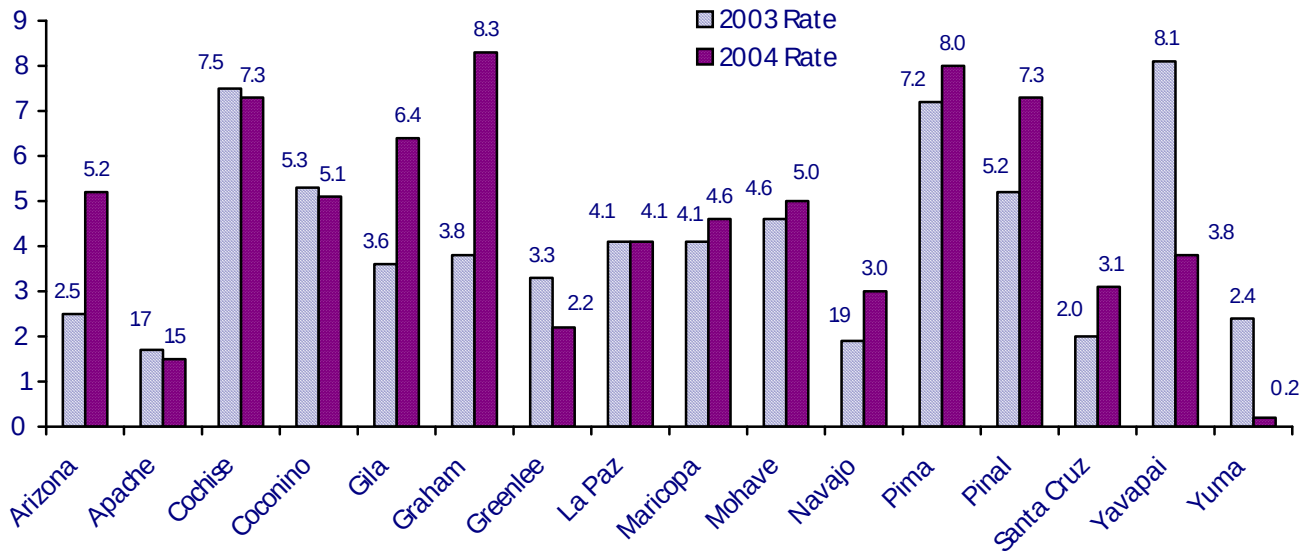


Figure 12: Rates of child removals per 1,000 youth due to substantiated abuse or neglect for each county in Arizona

## Program Interventions

RBHAs looked for ways to strengthen programming for families. Table 9, below lists substance abuse prevention programs which targeted family level risk and protective factors and targeted prevention of abuse or neglect. Most programs involved parent support and education strategies, often paired with life skills education or other strategies for youth. CPSA initiated a new project in Cochise County called the Parent Resource Network to look at strategies for supporting families and completed a community needs and resource assessment. NARBHA collaborated with the ADHS Office of Children with Special Health Care Needs (OCSHCN), parents, and community stakeholders, and a number of parent-led community-based groups to enhance the availability of family-centered behavioral health services. NARBHA has initiated various alliance/coalitions collaborative, cohesive partnerships to enhance the availability of family-centered behavioral health and prevention resources.

Table 9: Child abuse prevention program descriptions and outcomes

| County | Project | Description | Outcomes |
|---|---|---|---|
| Pima County | Make Meal Time Family Time | The campaign will provide training and materials to help schools educate parents on the importance of family dinners | Implementation commenced late in the year, so an evaluation was not completed |
| | Pasos Adelante Site | Education of families with children age 0 to 5 in which there is an identified history of substance abuse | Improved family cohesion |
| | Family Passages Site | Youth social skills education and parent education | Improved family cohesion |
| | Family Strengthening Project | Family education curriculum | Improved family cohesion |
| Pinal County | Horizon Human Services | Support and education for parents | No outcomes reported |

| | | | |
|---|---|---|---|
| Cochise County | Southeastern Arizona Behavioral Health Services | Youth and adult leadership, an activist initiative, mentoring, open gym, countywide networking and trainings for schools, parents, and communities | Increased access to community resources |
| | Parent Resource Network | Training for caregivers of young children | No outcomes reported |
| Graham County | Southeastern Arizona Behavioral Health Services | Community mobilization and life skills development strategies | Increased access to community resources |
| Gila County | Horizon Human Services | A parent support and education program targeting victims of domestic violence | The program was unable to demonstrate positive outcomes |
| Yavapai County | Dexter Family Resource Center | Support and education for high risk students and their parents | Improved family relationships |
| Maricopa County | Scottsdale Prevention Institute | Parenting support and education program, life skills development, and mentoring programs for youth | Decreased family conflict and violence |
| | Parenting Arizona | Family education and support, mentoring for foster care involved youth, and domestic violence prevention program for adolescents | Increased parental empathy |
| | Valle Del Sol | Parent education and support program in Phoenix. Youth leadership activities are also offered | Increased knowledge of effective parenting skills |
| | Prehab | Programming designed to decrease violence and academic failure, and increase social skills, school attachment and family functioning | Increased knowledge about prevention of family conflict and violence |
| Coconino County | Parenting Arizona | Support and education for at risk youth and families | Improved problem solving skills |
| Yuma County | Healthy Families | Home visitation program for at- risk new parents | No outcomes reported |

## Outcomes

Outcomes for programs which prevent substance-related child abuse are listed in Table 9. Overall, there were increases in family cohesion, parenting skills, and family conflict.

## Summary

Most programs were able to demonstrate positive changes in risk and protective factors linked to both substance abuse and child abuse such as improvements in family cohesion, problem solving, parenting skills, and access to community resources.

Arizona's prevention workforce received training through a variety of venues at the provider, RBHA, and state level. The revised *Framework for Prevention in Behavioral Health* was published and distributed to providers and Regional Behavioral Health Authorities at the provider meeting in June 2005. The document outlines goals for capacity building within the provider network, strategic directions for program development, new program standards, new contract requirements, and new cultural competency requirements.

## Goal 2: Increase the knowledge, skills, and abilities of the prevention workforce

Each Regional Behavioral Health Authority ensured that providers received training in prevention. RBHAs assessed provider training needs through regular provider meetings, quarterly reports, site visits, annual reports, and regular, on-going communication.

Trainings provided by RBHAs for prevention providers included the following topics:

- Electronic data collection and reporting
- Youth leadership facilitator
- Substance abuse signs, symptoms, and risk factors
- Prevention theories and models
- Ethics
- Research based prevention

ADHS provided additional training to providers and RBHAs through the Annual Provider meeting and various training events over the course of the year. The annual provider meeting is described in the following paragraph.

### Annual Provider Meeting

The Statewide Prevention Provider Meeting was an important venue for training providers in critical topic areas including: needs assessment; evidence based practice, program adaptation, and underserved populations. The meeting held in June 2005 provided training in all of these topics as well as an orientation to the revised *Framework for Prevention in Behavioral Health*. Training pertaining to implementation of cross age mentoring programs was also provided.

Results of the *2004 Arizona Youth Survey* were distributed electronically via the prevention provider list serve. Use of the results in assessment of need was reinforced during training for providers at the Annual Statewide Prevention Provider Meeting in June 2006.

### Core Trainings

The Office of Prevention revised and pilot tested the Skills for Effective Prevention Curriculum, also known as Arizona's Basic Skills or Core Prevention Training. The revision aligned with the revised professional competencies outlined in the *Framework for Prevention in Behavioral Health*. The revised curriculum was piloted with a group of providers from throughout the state in winter, 2005. Further revisions were made to the curriculum based on that training and a training of trainers is planned for SFY 2006. Northern Arizona Regional Behavioral Health Authority is also adapting the curriculum for an electronic learning format.

Regional Behavioral Health Authorities strove to provide *Skills for Effective Prevention* training to 100% of their workforce, but staff turnover was a barrier to accomplishing this goal. Arizona had a total statewide workforce of 352 full and half time staff persons. The majority (69%) completed *Skills for Effective Prevention* training in 2005.

## Cultural Competency

DBHS developed an introduction to Cultural Competency training for all behavioral health services staff including prevention. The Training of Trainers for this curriculum took place in 2005. DBHS successfully piloted a modification to the cultural competency component of the Basic Skills for Effective Prevention Training.

## Suicide Prevention

Two all day training sessions were offered to prevention providers who were adding suicide prevention components to their substance abuse prevention programs. Training included evidence based strategies, social marketing, and how to enhance an existing substance abuse prevention program to include suicide prevention issues without additional funds. Approximately 30 people attended each training.

## Environmental Strategies

DBHS will continue to build capacity among the prevention provider network over the next several years to increase the number of providers who are able to successfully use environmental strategies. In May 2005, the Border Centers for Applied Prevention Technologies provided training for providers in Yuma on Border Binge Drinking prevention.

## Training for Native American Programs

DBHS staff facilitated the Native American subcommittee of the Suicide Prevention Coalition. This committee included representation from 12 of Arizona's 22 tribes. The committee received training twice over the past year in topics including community needs assessment, strategic planning, evidence based practices, and cultural adaptation of prevention programs. Division staff provided training in basic prevention skills for staff of the Pascua Yaqui Centered Spirit program and San Carlos Teen Wellness Center.

In addition, DBHS staff conducted site visits to the Navajo Nation, Hopi Nation, Colorado River Indian Tribes, Pascua Yaqui Tribe, Tohono O'Odham Nation, and San Carlos Apache Tribe to observe programs, discuss program development, and review reporting requirements.

# Goal 3: Improve coordination of prevention services and other resources

Coordination of prevention services takes place at state, regional, and local levels. DBHS staff members participate in a variety of state level coalitions related to substance abuse including the State Incentive Grant Advisory Board, Epidemiology Work Group, Arizona Suicide Prevention Coalition, Arizona Medical Association Adolescent Health Committee, Behavioral Health and Aging Coalition, and Injury Prevention Advisory Board.

RBHAs participate in state and regional coalitions, and providers participate in state, regional, and local coalitions.

## State Level Coordination

### State Incentive Grant Advisory Committee

The Governor's Drug and Gang Policy Council developed a set of guidelines regarding evidence-based treatment and prevention. In winter/spring of 2005, all prevention programs were compared against the guidelines to determine how closely they align. Goals for improvement were established and include increasing cultural competency and documentation of professional supervision. The Council was discontinued in the spring, 2005, and collaboration on a state level for substance abuse prevention was shifted to the State Incentive Grant Advisory Committee.

DBHS is actively involved in all of the subgroups of the State Incentive Grant Advisory Committee including the prevention of underage drinking committee, epidemiology work group, and executive committees. The State Epidemiology Work Group was composed of epidemiologists from multiple state agencies as well as other stakeholders. The group conducted a study of substance abuse and published a report summarizing their findings.

### Arizona Suicide Prevention Coalition

DBHS was an active participant in the state Suicide Prevention Coalition. Additionally, numerous Regional Behavioral Health Authorities and providers took active leadership roles in the coalition. The coalition incorporated in 2005 and received a small amount of operating funds from ValueOptions to hire a coordinator and to support their website. The coalition completed strategic planning. The Native American subcommittee of the coalition held two training retreats for members that focused on needs assessment, traditional healing, and evidence based approaches to suicide prevention.

### Arizona Medical Association, Adolescent Health Committee

The Arizona Medical Association, Adolescent Health Committee is composed of physicians and ADHS staff persons, and the Arizona Adolescent Health Coalition. The committee developed a strategic plan for improving adolescent health and health care statewide. Aspects of the strategic plan will be implemented in the next year.

## Coordination of Sub State Prevention Services

Arizona providers, RBHAs, and state prevention professionals participated in over 125 community, region, and state coalitions during SFY 2005. Arizona prevention programs worked in collaboration with 248 of Arizona's schools and districts in SFY 2005. The nature of collaboration between schools and providers varies from being a site at which prevention services are delivered to being partners in community development.

## Facilitating the Continuum between Prevention and Treatment

ADHS was the recipient of two Federal grants, which will aid in bridging the gap between prevention and treatment. The first grant provides funds to implement a suicide prevention program in Pinal and Pima Counties. This grant incorporates a continuum of behavioral health services including: gatekeeper education, school based screening for behavioral health problems, and critical incident stress management. The second grant will improve provision of substance abuse treatment and prevention services to adolescents by provision of professional development activities. A part of this grant will involve development of a youth services advisory council. Both grants began implementation in SFY 2006.

# Goal 4: Increase use of evaluation to improve programs

## National Outcome Measures

National Outcome Measures are real-world indicators of prevention program outcomes required by the Centers for Substance Abuse Prevention for all block grant funded programs. NOMs outcomes for prevention are: perceived harmfulness from use, attitudes toward substance use, parental positive reinforcement and affection, sense of community, and 30 day substance use. In 2005, 75% of prevention programs used core instruments to evaluate their programs. The *Framework for Prevention in Behavioral Health* narrowed the list of required core instruments to six. When no core measure was relevant to their population, programs were permitted to use an alternative evaluation. The new evaluation format asked providers to report which core measures they are using and report outcomes as they relate to targeted risk and protective factors.

## Outcome Evaluation

The percentage of programs, which reported outcomes, increased from 45% in 2003 to 74% in 2005 as a result of technical assistance to and monitoring of RBHAs and providers. Focus on this issue over the past two years has resulted in steady improvements in the number of providers measuring and reporting program outcomes. Figure 13 shows the percentage of prevention programs submitting outcomes each of the past four years. DBHS staff met with each RBHA to review and give feedback on their end of the year evaluation. Providers who did not report outcomes in SFY 2004 were targeted for increased technical assistance and training. DBHS hosted training from Western Centers for Applied Prevention Technology (Western CAPT) in prevention. Additionally, Western CAPT offered an on-line course in evaluation and these same providers were "strongly encouraged" to complete it. Providers who have not consistently reported outcomes the past several years were encouraged to participate. DBHS modified and piloted a unit on introduction to evaluation for the Basic Skills training.

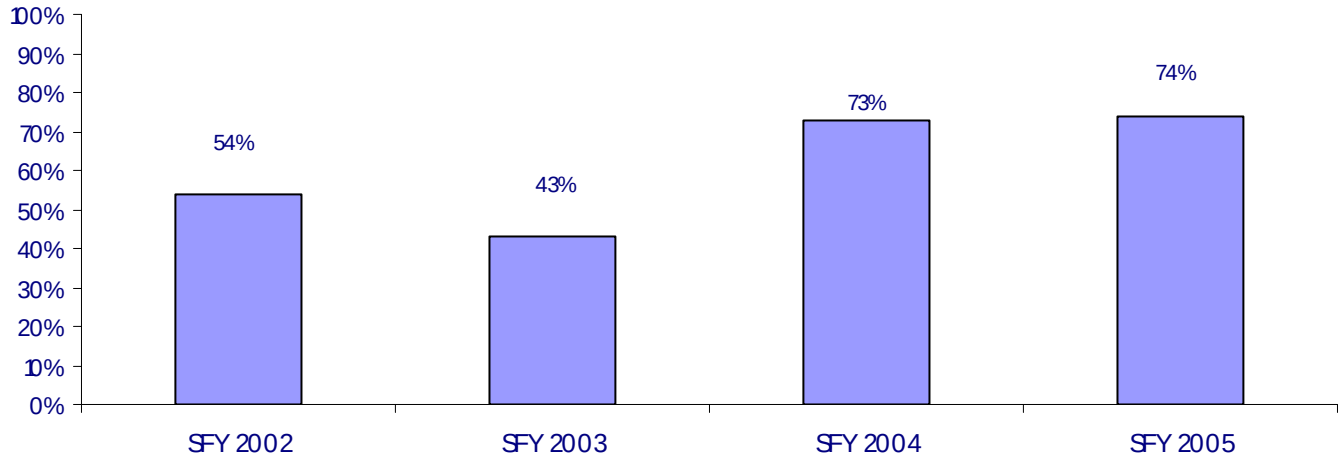


Figure 13: Percentage of prevention programs reporting outcomes

ADHS provided significant technical assistance and support to each of the Tribal contractors and one of the Tribal Regional Behavioral Health Authorities to ensure their 2005 evaluation was completed. This involved multiple visits and phone calls to each tribe. This was the first time that the Division has received process evaluation data from all T/RBHAs and Tribal Contractors. This is an important accomplishment for T/RBHAs and Tribal Contractors as well as for ADHS.

Additionally, Community Partnership of Southern Arizona compiled evaluation data from all programs into a summary region level evaluation. Using this process, they demonstrated positive changes in attitudes toward substance use, family cohesion, and sense of community.

In March 2005, Division and RBHA staff met with the Western CAPT to discuss needs for technical assistance related to evaluation. Needs for the following types of training were identified: evaluation training of trainers, evaluation training for evaluators, logic model training, assessing community readiness, needs assessment training, and tools for assessing the cultural competence of an organization.

## Program Monitoring

ADHS staff conducted program level site visits to at least one program in each region. Verbal feedback from site visits was shared with RBHAs.

All RBHAs with the exception of ValueOptions participated in formal administrative reviews. Three of the RBHAs (CPSA, NARBHA, and Gila River Health Care Corporation) were found to be in full compliance with all prevention standards. Pascua Yaqui, the EXCEL Group, and PGBHA were not found to be in full compliance. Recommendations were made to PGBHA for improvement. Pascua Yaqui and EXCEL both received corrective action recommendations, received technical assistance, and were closely monitored by ADHS staff persons.

DBHS staff reviewed financial reports with RBHA prevention coordinators intermittently throughout the year both in monthly prevention coordinator meetings and in person. Division staff reviewed with RBHA staff how funds were being applied to direct services versus indirect costs.

Cenpatico, along with Division staff, conducted site visits to all providers in Pinal, Gila, La Paz, and Yuma Counties. The purpose of the visit was to assess appropriateness of the existing programs for funding in the 2005-2006 state fiscal year. Cenpatico is providing extensive technical assistance to providers to help them

develop successful, evidence based programs as well as to improve their use of strategies such as environmental and community based processes.

## CONCLUSION

The majority of prevention programs were able to demonstrate positive outcomes including improvements in social competence, family relationships, access to community resources and other such outcomes. Programs in Tucson and on the Navajo Nation tackled environmental conditions contributing to substance abuse. Efforts related to improvement of data collection and evaluation were successful in improving provider compliance with reporting. Efforts to improve services to Native American populations were successful as demonstrated by increased reporting and communication.

Areas in which continued focus will be placed include evaluation, older adult programming, cultural competence and capacity development in high need, underserved communities.

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