

**Annual Report on Substance Abuse
Treatment Programs**

Fiscal Year 2015

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

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Report Highlights

- 94.6% of treatment recipients were adults
- 35.7% of treatment recipients were located within Maricopa County
- 9.3% of treatment recipients were referred to treatment by the criminal justice system
- 32.8% of all treatment recipients cited alcohol as their primary substance type; however, Marijuana was the primary substance abused by 79.7% of children/adolescents in treatment
- 29.3% 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.

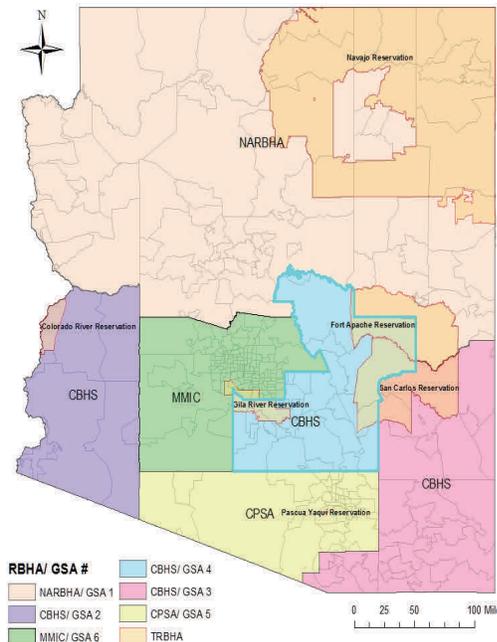
Name and Location of Each Program

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 2015 Enrollment Distribution

Counties	Tribal / Regional Behavioral Health Authority (Geographic Service Area)	No. of Enrolled and Served Substance Abuse Clients	Percentage of Statewide Substance Abuse Population
Apache Coconino Mohave Navajo Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA - GSA 1)	9,980	18.9%
La Paz Yuma	Cenpatico Behavioral Health of Arizona (GSA 2)	2,249	4.3%
Cochise Graham Greenlee Santa Cruz	Cenpatico Behavioral Health of Arizona (GSA 3)	2,067	3.9%
Gila Pinal	Cenpatico Behavioral Health of Arizona (GSA 4)	3,590	6.8%
Pima	Community Partnership of Southern Arizona (CPSA - GSA 5)	15,449	29.2%
Maricopa	Mercy Maricopa Integrated Care (MMIC - GSA 6)	18,855	35.7%
TRBHA: Gila River Indian Community		325	0.6%
TRBHA: Pascua Yaqui Tribe		90	0.2%
TRBHA: White Mountain Apache Tribe of Arizona		25	0.0%
IGA: Navajo Nation		191	0.4%

Enrolled and Served Demographics

Enrolled and Served

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 and served in Arizona’s behavioral health system during Fiscal Year 2015 (FY 2015).

The sidebar on page 3 also details demographics of those who were enrolled and received substance abuse treatment services in the Arizona behavioral health system for FY 2015.

In FY 2015, there were 52,821 consumers enrolled

in Arizona’s public behavioral health system and received at least one substance abuse service. Of enrollees, 35.7 percent were enrolled in GSA 6 (Maricopa County).

Table 1 shows enrollment counts throughout the State’s various geographic service areas.

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 2015, 90.8 percent of substance abuse treatment members were eligible for AHCCCS.

Age

Aggregate review of client age data indicates the vast majority of substance abuse treatment members in FY 2015 were adults, with those between the ages of 26 and 45 accounting for about half of all members (48.5 percent). Approximately 5.4 percent of substance abuse members were under the age of 18. The highest counts for age distribution occurred for the age group representing the 26 to 30 year olds (14.2 percent) and the 31 to 35 years olds (13.7 percent).

Race and Ethnicity

The majority (83.0 percent) of persons who were enrolled and served for substance abuse treatment services in FY 2015 were white, 6.0 percent were African American, and 6.8 percent were American Indian, followed by 1.2 percent whom were of

multi-race backgrounds, and 0.8 percent whom were Asian or Pacific Islander. Statewide, 26.0 percent of participants identified themselves as Hispanic/Latino.

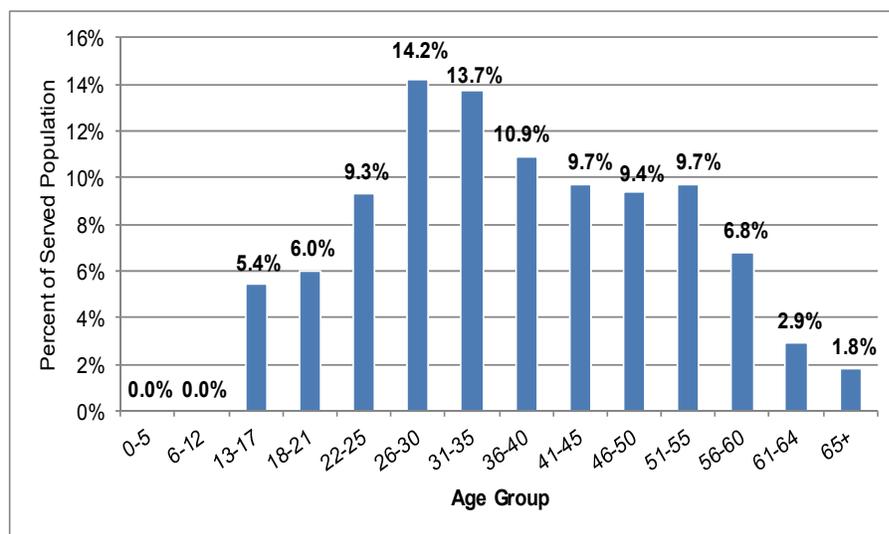
Referral Source

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 2015, 52.8 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 11.9 percent of members to the system, while 9.3 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 2015, 19.5 percent of substance abuse clients had a co-occurring General Mental Health Disorder (GMH), while 29.3 percent also had a Serious Mental Illness (SMI), in addition to a substance use disorder.

Figure 1— FY 2015 Substance Abuse Treatment Age Distribution



Substance Abuse SERVED Member Demographics (n=52,821)	
Gender	
Male:	53.3%
Female:	46.7%
Financial Eligibility	
Title XIX/XXI	90.8%
Non-Title XIX/XXI	9.2%
Age Distribution	
Birth - 5:	0.0%
6-12	0.0%
13-17	5.4%
18-21	6.0%
22-25	9.3%
26-30	14.2%
31-35	13.7%
36-40	10.9%
41-45	9.7%
46-50	9.4%
51-55	9.7%
56-60	6.8%
61-65	2.9%
65+	1.8%
Median Age	38.3
Race and Ethnicity	
American Indian:	6.8%
Asian or Pacific Islander:	0.8%
African American:	6.0%
White:	83.0%
Multiracial:	1.2%
Hispanic/Latino:	26.0%
Referral Source	
Self Referred:	52.8%
Other :	12.5%
Other Providers:	11.9%
Criminal Justice:	9.3%
Dept. of Economic Security:	5.0%
AHCCCS/PCP:	2.2%
Community Agency:	1.6%
Federal Agency:	0.7%
RBHA:	0.6%
Child Protective Services:	0.5%
Dept. of Education:	0.5%
Behavioral Health Category	
Adult—Sub. Abuse	45.9%
Adult—SMI	29.3%
Adult—GMH	19.5%
Child/Adolescent	5.4%

Program Funding

Table 2—Substance Abuse Treatment Funding Summary—FY 2015

Fund Source	Dollar Amount	Percentage
Medicaid Funding (Title XIX & Proposition 204)	\$128,516,274	78.87%
Federal: Substance Abuse Prevention and Treatment Block Grant (SAPT)	\$23,913,267	14.68%
State Appropriated	\$8,753,120	5.37%
Intergovernmental Agreements: Maricopa County; City of Phoenix Local Alcohol Reception Center (LARC)	\$1,689,871	1.04%
Liquor Fees	\$66,725	0.04%
Total Funding:	\$162,939,257	100.00%

During fiscal year 2015, ADHS/DBHS expended \$162,939,256 in service funding for individuals and families with substance abuse disorders. The single largest source of substance abuse treatment funding (78.87%) was Medicaid (TXIX & Proposition 204) as reflected in Table 2, followed by the Federal Substance Abuse Block Grant (SABG) (14.68%) (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 en-

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.

Generally speaking, services can be grouped into seven categories: Crisis, Support, Inpatient, Outpatient, Medical/Pharmacy, Residential and Rehabilitation. Table 3 (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 and medical procedures 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.

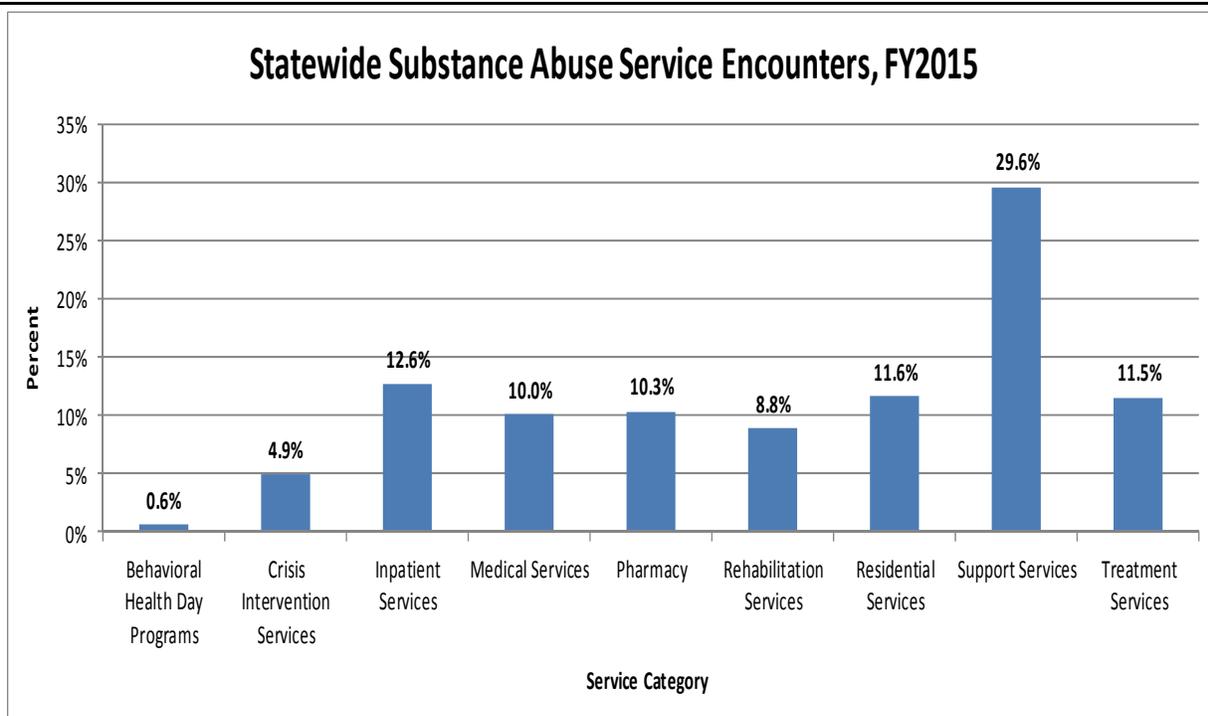
Service Encounters

The services listed in Table 3 (page 4) are available to Arizona’s public behavioral health members and are delivered based on need per each member’s individualized treatment plan.

As indicated in Figure 2 (see below), Support Services encountered at the highest percent (29.6%),

whereas Behavioral Health Day Programs encountered at the least percent (0.6%). Please note, the number members served in each category varied, as well as the cost of each service, therefore the percent does not necessarily reflect the most utilized service by the members.

Figure 2— FY 2015 Percent Encountered by Service Category



Treatment Needs Addressed by the Programs

Alcohol remained the most common substance used by those in treatment in FY 2015; 32.8 percent of all members cited it as their primary substance, almost a 2 percent increase from FY 2014.

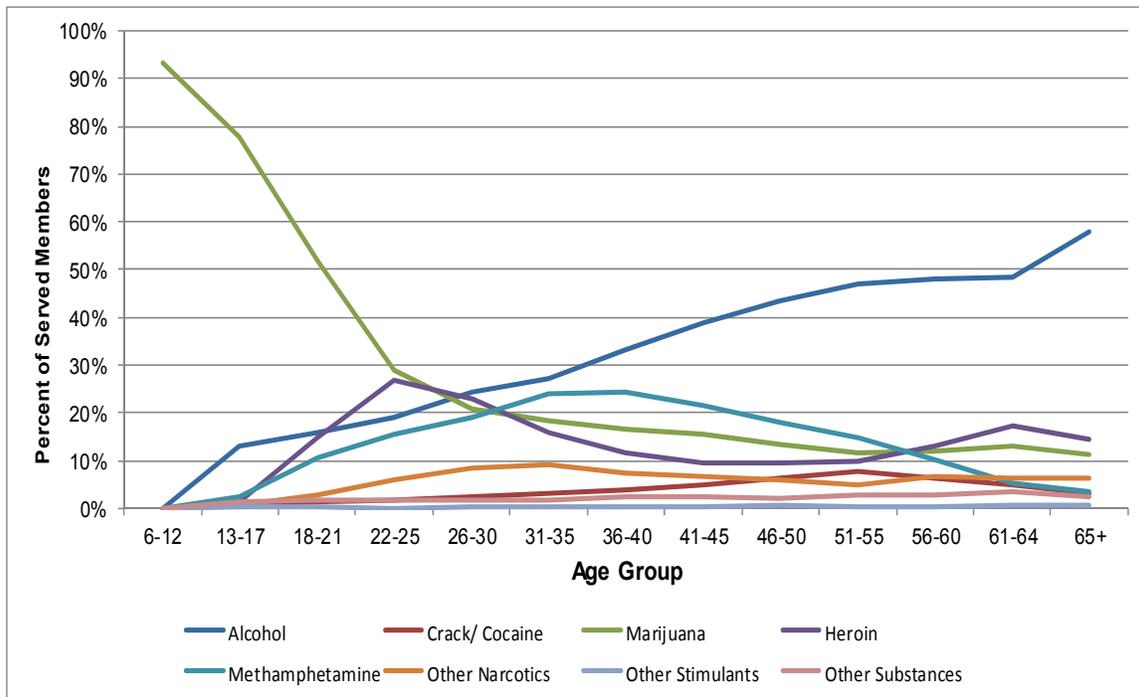
As in past years, patterns in substance preference differed greatly between children/adolescents and adults. For example, 17.9 percent of adolescents receiving substance abuse treatment services cited marijuana as the primary substance used, compared to 19.5 percent of adults receiving substance abuse services.

Table 4 - Primary Substance Type by Group

Substance Type	Child	Adults	All Clients
Alcohol	13.4%	37.8%	32.8%
Marijuana	79.7%	19.5%	22.7%
Methamphetamine	2.5%	17.9%	17.1%
Heroin/Morphine	1.4%	15.4%	14.7%
Other Narcotics/Opiates	0.8%	6.8%	6.5%
Cocaine/Crack	0.5%	4.1%	3.9%
All Other Substances	1.5%	2.1%	2.1%
Other Stimulants	0.3%	0.3%	0.3%

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 3—Primary Substance Type by Age Band—FY 2015



Treatment Outcomes and System Performance

Table 5— FY2014 Outcomes

Outcomes	How has participating in the behavioral health system impacted the lives of our clients?	
	Percent	Change
Our Substance Abuse Clients:		
No Alcohol Use	42.1%	+21.0%
No (Other) Drug Use	38.7%	+24.1%
Participate in Self-Help Programs During Treatment	1.5%	+134.8%
Are Not Homeless	93.4%	+1.1%
Are Competitively Employed Full or Part-Time	22.8%	+6.1%
Have No Recent Involvement with the Criminal Justice System	84.2%	+1.3%

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 5 (above) shows the most recent status and

corresponding change in each of the outcome domains for those receiving treatment for a substance use disorder. For example, the number of clients reducing or abstaining from alcohol at discharge in FY2014 was 21 percent greater in relation to those abstaining from alcohol at admission.

Participation in self-help programs during treatment at discharge was 134.8 percent greater than at admission. Although this was a large change, there was a small number of members participating in self-help programs at admission; this allowed for a very large relative change.

Programmatic Initiatives for Specific Populations

In the following paragraphs, are highlights of programmatic initiatives in FY 2015 that focused on specific substance abuse populations:

Pregnant and Parenting Women

The protocol for pregnant females using drugs intravenously continues use in order to ensure medically assisted treatment medications are appropriately prescribed for this population. Collaboration also continues 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. The Women's Services Directory, which lists all treatment providers with treatment services and programs that are gender specific to women in Maricopa County, continues to assist providers and other entities in making appropriate treatment referrals.

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, as well as attend educational events. Providers have implemented programs tailored to the older adult population, such as a "Senior Peer" program that provides preventative services, resource connections, counsel-

ing and support services, and an "Older Adult Behavioral Health" program that focuses on providing an array of services in-clinic.

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 have been collaborating in various capacities, including participating in military-centered coalitions and councils, as well as collaborating on a Resource Navigator training. Additionally, Rally Point Tucson 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 Trauma Informed Care, PTSD, Traumatic Brain injury, employment assistance, and resource navigation.

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 2016 and include the following:

- Increase the utilization of Evidenced-Based Practices (EBPs) in substance abuse prevention and treatment.

- Make data-driven decisions when planning for substance abuse prevention.
- Increase network of substance abuse prevention services providers.
- Continue to track 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.
- Promote education on the availability and effectiveness of Peer and Family Support Services and self-help participation (AA, NA and CA).
- Continue to provide substance abuse and wrap-around services for at risk populations through discretionary grants.

Data Source: Arizona Department of Health Services, Division of Behavioral Health Services, Bureau of Business Information Systems. ARS §36-2023 (FY 2015); December 2015.