AHCCCS
Arizona Health Care Cost Containment System

Douglas A. Ducey, Governor
Thomas J. Betlach, Director

January 27, 2017

Governor Douglas A. Ducey
Office of the Governor
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Ducey:

A.R.S. § 36-2023 requires the following:

Preparation of an annual report on drug abuse treatment programs in this state that receive monies from the Administration to be submitted by January 1 of each year to the Governor, the President of the Senate and the Speaker of the House of Representatives and to be made available to the general public through the Arizona drug and gang prevention resource center.

The report shall include:
(a) The name and location of each program.
(b) The amount and sources of funding for each program.
(c) The number of clients who received services during the preceding fiscal year.
(d) A description of the demographic characteristics of the client population served by each program, including age groups, gender and ethnicity.
(e) A description of client problems addressed by the programs, including the types of substances abused.
(f) A summary of the numbers and types of services available and provided during the preceding fiscal year.
(g) An evaluation of the results achieved by the programs

Pursuant to the above legislation, please find the enclosed AHCCCS Annual Report on Drug Abuse Treatment Programs. Please do not hesitate to contact me if I can answer any questions or provide additional information.

Sincerely,

Thomas J. Betlach
Director

cc: The Honorable Steve Yarbrough, President, Arizona State Senate
The Honorable J.D. Mesnard, Speaker, Arizona House of Representative
Christina Corieri, Senior Policy Advisor, Office of the Governor

Division of Health Care Management

Annual Report on Substance Abuse Treatment Programs

State Fiscal Year 2016

Submitted Pursuant to A.R.S. §36-2023 December 31, 2016

Report Contents

- Program Names and Locations
- Client Demographics
- Program Funding
- Summary of Available Services
- Service Utilization
- Treatment Needs Addressed

Report Highlights

- 91.2% of treatment members were adults
- 35.8% of treatment members were located within Maricopa County
- 9.2% of treatment members were referred to treatment by the criminal justice system
- 31.2% of all treatment members cited alcohol as their primary substance type; however, Marijuana was the primary substance abused by 78.6% of children/adolescents in treatment
- 25.9% of treatment members had a co-occurring Serious Mental Illness

Arizona Health Care Cost Containment System
Division of Health Care Management
701 E. Jefferson
Phoenix, AZ 85034

Introduction

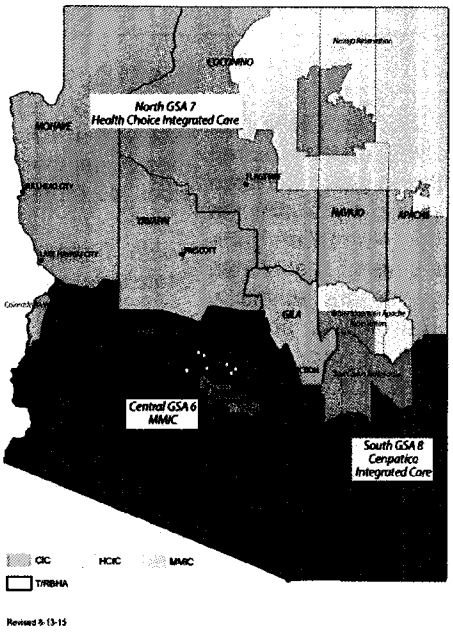
The Arizona Health Care Cost Containment System, Division of Health Care Management (AHCCCS/DHCM) has conducted an assessment of its substance abuse treatment programs in accordance with the requisites outlined in Arizona Revised Statutes (A.R.S) §36-2023(C)(6). This report includes information related to service types and geographic locations, funding sources and expenditures, numbers of members 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.

Name and Location of Each Program

Effective July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) merged with AHCCCS. As a result, AHCCCS now serves as the Single State Authority on substance use disorder treatment, providing oversight, coordination, planning, administration, regulation and monitoring of all facets of the public behavioral health system in Arizona. During State Fiscal Year 2016 the Arizona Department of Health Services, Division of Behavioral Health Services was responsible for the oversight and monitoring of the programs identified in this report.

As of October 2015, three Regional Behavioral Health Authorities (RBHAs), and three Tribal Regional Behavioral Health Authorities (TRBHAs), are contracted to operate as integrated managed care organizations in three distinct geographic service areas (GSAs) throughout the State (see map). *

Arizona Regional Behavioral Health Areas (T/RBHAs)



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

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

*As of October 2015, historically DBHS interpreted the requirement to report program location to mean the location of the RBHAs and TRBHs. For future years reporting, AHCCCS will provide information about SUD providers.

Enrollment and Demographics

Table 1: SFY 2016 Enrollment Distribution

Counties	Tribal / Regional Behavioral Health Authority (Geographic Service Area)	No. of Enrolled and Served Substance Abuse Members	Percentage of Statewide Substance Abuse Population
Apache Coconino Gila Mohave Navajo Yavapai	Health Choice Integrated Care (HCIC GSA 8)	**12,119**	**21.2%**
Cochise Graham Greenlee La Paz Pima Pinal Santa Cruz Yuma	Cenpatico Integrated Care (C-IC GSA 7)	**23,980**	**42.0%**
Maricopa	Mercy Maricopa Integrated Care (MMIC - GSA 6)	**20,436**	**35.8%**
	TRBHA: Gila River Indian Community	**247**	**0.4%**
	TRBHA: Pascua Yaqui Tribe	**102**	**0.2%**
	TRBHA: White Mountain Apache Tribe of Arizona	**19**	**0.0%**
	IGA: Navajo Nation	**244**	**0.4%**

Enrolled and Served Demographics

Enrolled and Served

Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) required policy that all behavioral health members 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 members with a Substance Use Disorder (SUD) enrolled and served in Arizona's behavioral health system during State Fiscal Year 2016 (SFY 2016).

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 SFY 2016.

In SFY 2016, there were 57,147 members enrolled in Arizona's public behavioral health system and received at least one substance abuse service. Of these members receiving substance abuse services, 42.0 percent were enrolled in GSA 7.

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—52.7 percent versus 47.3 percent, respectively.

Financial Status

AHCCCS is responsible for providing treatment and rehabilitation services to those members who

qualify for Title XIX or Title XXI benefits—these consumers are often referred to as being "Title XIX- eligible" because their services are funded through the Title XIX. In SFY 2016, 93.4 percent of substance abuse treatment members were Title XIX eligible.

Age

Aggregate review of client age data indicates the vast majority of substance abuse treatment members in SFY 2016 were adults, with those between the ages of 25 and 44 accounting for about half of all members (48.8 percent). Approximately 8.8 percent of substance abuse members were under the age of 18. The highest counts for age distribution occurred for the age group representing the 25 to 44 year olds (48.8 percent) and the 45 to 64 years olds (28.7 percent).

Race and Ethnicity

The majority (84.8 percent) of persons who were enrolled and served for substance abuse treatment services in SFY 2016 were white, 6.0 percent were African American, and 6.4 percent were American Indian, followed by 1.6 percent whom were of multi-race backgrounds, and 0.9 percent whom were Asian or Pacific Islander. Statewide, 25.8 percent of participants identified themselves as Hispanic/Latino.

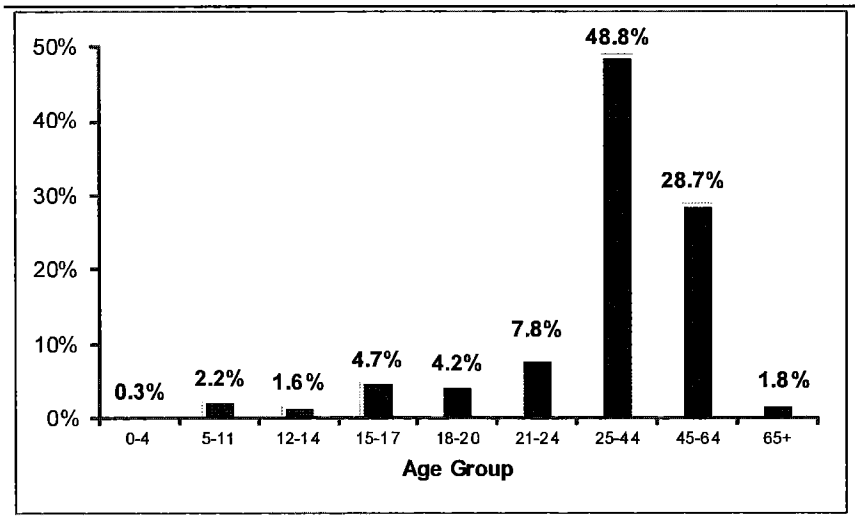
Referral Source

Substance abuse members enter the behavioral health system through a variety of means and AHCCCS works with the T/RBHAs to reduce barriers and promote efficient access to care. In SFY 2016, 52.2 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 11.3 percent of members to the system, while 9.2 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 SFY 2016, 14.9 percent of substance abuse clients had a co-occurring General Mental Health Disorder (GMH), while 25.9 percent also had a Serious Mental Illness (SMI), in addition to a substance use disorder.

Figure 1— SFY 2016 Substance Abuse Treatment Age Distribution



Substance Abuse SERVED Member Demographics (n=57,147)

Gender	
Male:	52.7%
Female:	47.3%
Financial Eligibility	
Title XIX/XXI	93.4%
Non-Title XIX/XXI	6.6%
Age Distribution	
Birth - 4:	0.3%
5-11	2.2%
12-14	1.6%
15-17	4.7%
18-20	4.2%
21-24	7.8%
25-44	48.8%
45-64	28.7%
65+	1.8%
Race and Ethnicity	
American Indian:	6.4%
Asian or Pacific Islander:	0.9%
African American:	6.0%
White:	84.8%
Multiracial:	1.6%
Hispanic/Latino:	25.8%
Referral Source	
Self Referred:	52.2%
Other :	11.3%
Other Providers:	11.3%
Criminal Justice:	9.2%
Dept. of Economic Security:	6.4%
AHCCCS/PCP:	2.8%
Community Agency:	1.4%
Federal Agency:	0.9%
RBHA:	0.6%
Dept of Child Safety	1.1%
Dept. of Education:	0.3%
Behavioral Health Category	
Adult—Sub. Abuse	50.4%
Adult—SMI	25.9%
Adult—GMH	14.9%
Child/Adolescent	8.8%

Program Funding

Table 2—Substance Abuse Treatment Funding Summary—SFY 2016

Fund Source	Dollar Amount	Percentage
Medicaid Funding (Title XIX & Proposition 204)	$165,440,216	79.69%
Federal: Substance Abuse Prevention and Treatment Block Grant (SAPT)	$31,738,629	15.29%
State Appropriated	$8,664,167	4.17%
Intergovernmental Agreements: Maricopa County; City of Phoenix Central City Addiction Recovery Center	$1,689,871	0.81%
Liquor Fees	$70,950	0.03%
Total Funding:	$207,603,832	100.00%

During state fiscal year 2016, AHCCCS expended $207,603,832 in service funding for individuals and families with substance abuse disorders. The single largest source of substance abuse treatment funding (79.69%) was Medicaid (TXIX & Proposition 204) as reflected in Table 2, followed by the Federal Substance Abuse Block Grant (SABG) (15.29%) (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

AHCCCS 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, AHCCCS works diligently with its contractors to ensure the service delivery network presents individuals with a choice of multiple, highly-qualified providers, each offering varying levels of care spanning multiple treatment modalities.

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

Table 3: Service Array

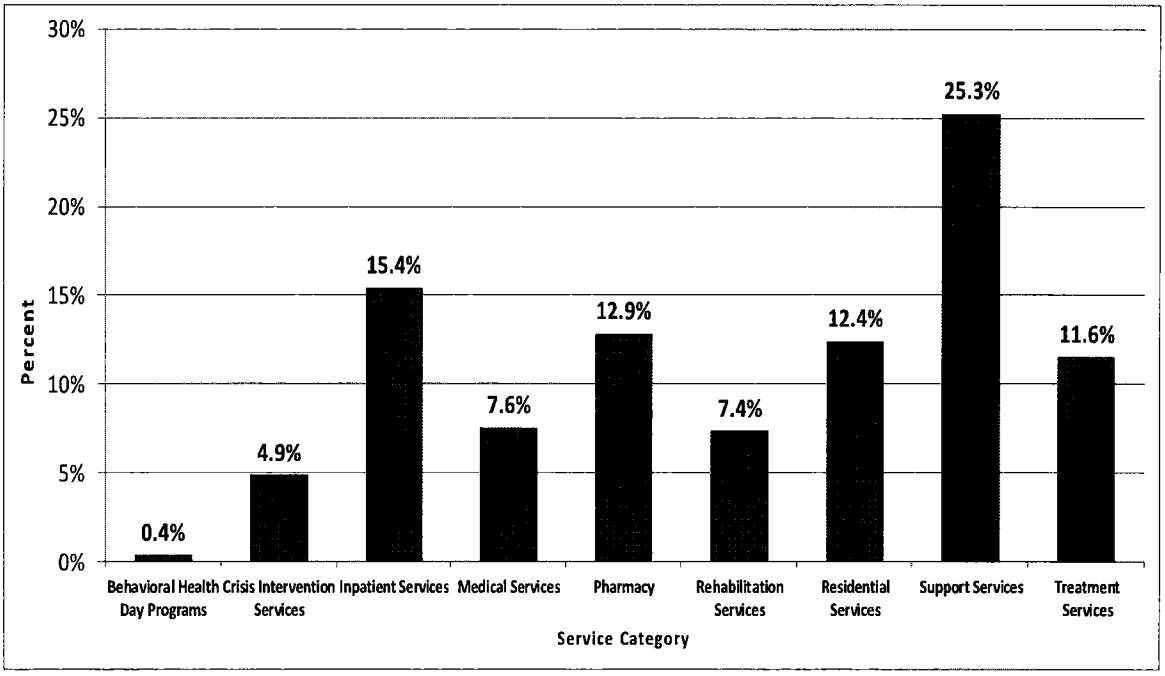
Service Category	Description
Treatment Services	Individual and group counseling, therapy, assessment, evaluation, screening, and other professional services.
Rehabilitation Services	Living skills training, cognitive rehabilitation, health promotion, and ongoing support to maintain employment.
Medical 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.
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 (25.3%), whereas Behavioral Health Day Programs encountered at the least percent (0.4%). Please note, the number of 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— SFY 2016 Percent Encountered by Service Category



Treatment Needs Addressed by the Programs

Alcohol remained the most common substance used by those in treatment in SFY 2016; 32.8 percent of all members cited it as their primary substance, almost a 2 percent increase from SFY 2015.

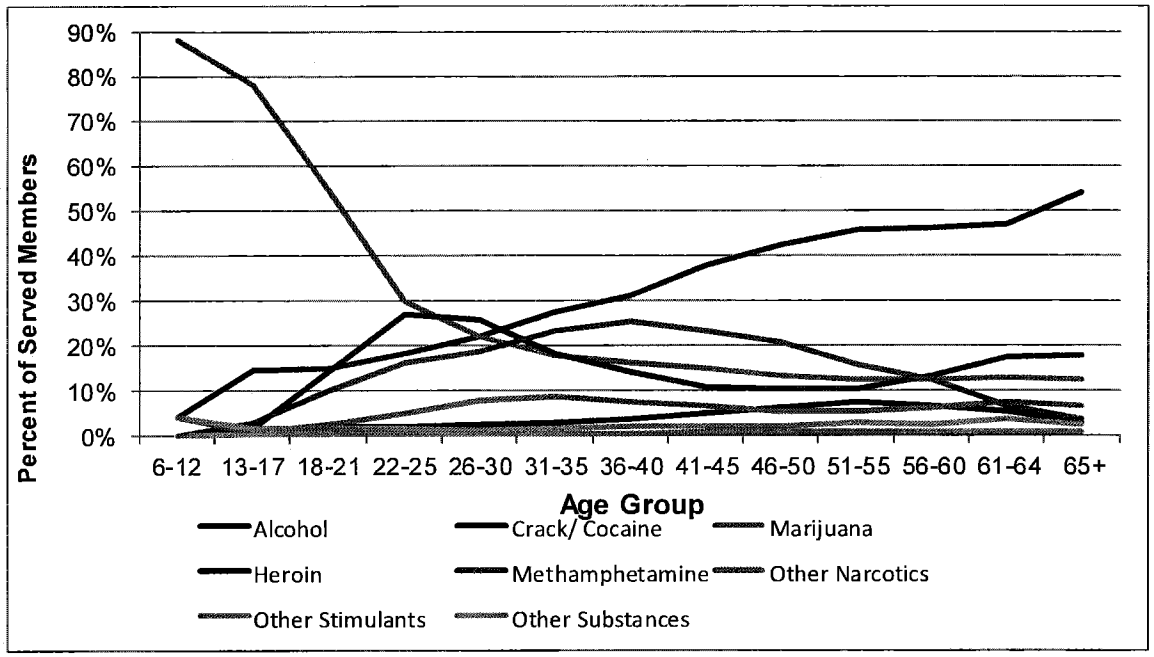
As in past years, patterns in substance preference differed greatly between children/adolescents and adults. For example, 79.7 percent of children/adolescents receiving substance abuse treatment services cited marijuana as the primary substance used, compared to 19.5 percent of adults receiving substance 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 3). 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—SFY 2016



Treatment Outcomes and System Performance

Table 5— SFY2016 Outcomes

Outcomes	How has participating in the behavioral health system impacted the lives of our clients?	
Our Substance Abuse Clients:	**Percent**	**Change**
No Alcohol Use	42.4%	**+26.6%**
No (Other) Drug Use	30.7%	**+26.2%**
Participate in Self-Help Programs During Treatment	0.8%	**+91.9%**
Are Not Homeless	92.5%	**+1.0%**
Are Competitively Employed Full or Part-Time	19.2%	**+18.8%**
Have No Recent Involvement with the Criminal Justice System	17.2%	**-8.2%**

ADHS/DBHS employed 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 SFY2016 was 26 percent greater in relation to those abstaining from alcohol at admission.

Participation in self-help programs during treatment at discharge was 91.9 percent greater than at admission. However, this significant percent increase is the result of a small number of members participating in self-help programs at admission; thus resulting in the significant change. Improving transitions, services, and outcomes for members involved with the Justice System is a priority for AHCCCS. Effective 10/1/16 AHCCCS requires all managed care plans to conduct reach in activities into the jails and prisons to more actively engage in complex member transitions.

Data Source: Arizona Health Care Cost Containment System, Division of Health Care Management. ARS §36-2023 (SFY 2016); December 2016.