

## The Arizona Substance Abuse Partnership (ASAP):



A Statewide Collaboration Aimed at Maximizing Health and Safety Outcomes through the Elimination of Substance Abuse

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## ASAP ORIGIN

- Substance Abuse Mental Health Services Administration (SAMHSA) – Center for Substance Abuse Prevention (CSAP) grant awarded October, 2004
- Grant aimed at systems transformation through:
  - Infrastructure change
  - Capacity building
  - Engagement at the state and local levels
- Two significant requirements:
  - Development or identification of an advisory council
  - Creation of a substance abuse epidemiological work group

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## CALENDAR OF EVENTS

- 2004
  - Strategic Prevention Framework – State Incentive Grant (SPF – SIG) Awarded – SAMHSA - CSAP
  - Substance Abuse Epidemiology Work Group formed
  - Co-Occurring Stage Incentive Grant (COSIG) Awarded – SAMHSA – Center for Mental Health Services (CMHS)
- 2005
  - SPF SIG Advisory Council formed
  - Underage Drinking Committee formed
- 2006
  - Methamphetamine Task Force formed
  - Workforce Development Committee formed
- 2007
  - Executive Order forming ASAP
  - New committees
    - Community Advisory Board (to be formed)
    - Emerging Issues formed

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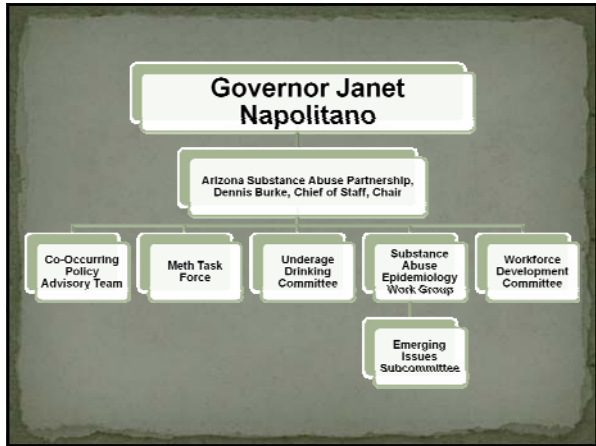
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### VISION/MISSION

- **Vision:** Maximize health and safety outcomes for all Arizonans through the elimination of substance abuse.
- **Mission:** To ensure community driven, agency supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs by building and sustaining partnerships between prevention, treatment and enforcement.

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### ASAP MEMBERSHIP

- Chaired by the Governor's Chief of Staff, ASAP is composed of representatives from state governmental entities, federal entities and community organizations, including:
  - Arizona Department of Education (ADE)
  - Arizona Health Care Cost Containment System (AHCCCS)
  - Arizona Administrative Office of the Courts (AOC)
  - United States Drug Enforcement Administration (DEA)
  - Arizona Department of Economic Security (DES)
  - Arizona Department of Public Safety (DPS)
  - Governor's Office of Children, Youth and Families (GOCYF)
  - Governor's Office for Highway Safety (GOHS)
  - Governor's Policy Advisers
  - Arizona National Guard
  - Attorney General's Office (AG)
  - Arizona Department of Health Services (DHS)
  - Arizona Department of Liquor License and Control (DLLC)
  - Substance Abuse Mental Health Services Administration – Center for Substance Abuse Prevention (SAMHSA/CSAP)
  - Department of Corrections (ADC)
  - COPE Behavioral Services, Inc.
  - Pinal County Sheriff
  - Arizona Department of Juvenile Corrections (ADJC)
  - Arizona Criminal Justice Commission (ACJC)
  - Coalitions
  - Recovery Community

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## COMMITTEE MEMBERSHIP

- Staffed by the Governor's Office, ASAP Committees include members from many of the agencies represented on the ASAP as well as:
  - Arizona State Board of Pharmacy
  - Arizona State Liquor Board
  - Arizona State University
  - Arizona's Institute for Higher Education Network
  - CHEEERS
  - CODAC Behavioral Health Services, Inc.
  - Colorado River Indian Tribe
  - Community Bridges
  - Compass Health Care
  - COPE Behavioral Services, Inc.
  - HIDTA Southwest Methamphetamine Initiative
  - HOPE, Inc.
  - Indian Health Services
  - Inter Tribal Council of Arizona (ITCA)
  - Investigation Target Corporation
  - Maricopa County Board of Supervisors
  - Mothers Against Drunk Driving (MADD)
  - Navajo Behavioral Health Services
  - Navajo Nation
  - Old Pueblo Community Foundation
  - Parker Area Alliance for Community Empowerment (PAACE)
  - Paxis Institute
  - Phoenix Police Department
  - Pima County Attorney's Office
  - Pima County/Tucson Metropolitan Counter Narcotics
  - Pima Prevention Partnership (PPP)
  - Pinal County Sheriff's Department
  - PSA Behavioral Health Agency
  - Regional Behavioral Health Authorities
  - Students Against Destructive Decisions (SADD)
  - United States Air Force
  - University of Arizona
  - Yavapai County Drug Courts

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## GOAL 1

- Integrate effective substance abuse prevention, education, early intervention, enforcement, treatment and aftercare strategies to achieve the most favorable outcomes for all Arizonans.

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## GOAL 2

- Enhance the ability of public, private and community-based organizations to engage diverse and underserved populations to participate in planning strategies and activities for reducing the consensus of substance abuse behaviors.

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### GOAL 3

- Enhance the capacity of families and communities to reduce the causes and effects of substance abuse and associated behaviors.

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### GOAL 4

- Establish and sustain a statewide prevention and enforcement substance abuse infrastructure that incorporates: a common purpose/planning efforts, on-going examination and development of policy, mechanism for effective state and local partnerships, data infrastructure and evaluation systems to assess and improve outcomes.

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### STRATEGIES

- Conduct an inventory of all data collection systems that measure substance abuse consumption behavior and the consequences resulting from such use and Identify gaps in data collection efforts.
- Provide an annual data analysis of substance abuse problems utilizing existing data collection sources and provide relevant policy recommendations.
- Support a data analyst to coordinate data collection and to analyze existing data.
- Develop a dedicated clearinghouse/person that collects and analyzes substance use/abuse data information.
- Identify agencies or organizations providing substance abuse services that are not already captured and report results of this survey. Provide an assessment of the consistency of reporting in non-state systems; Provide recommendations for data collection and analysis.

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## STRATEGIES CONTINUED

- Establish a mechanism for collecting general population data on adult substance use and abuse.
- Collaborate with the responsible agencies working on treatment issues within the child welfare system to establish measures for determining the prevalence of the co-occurrence of substance abuse.
- Collaborate with the agencies responsible for working on treatment issues within the child welfare system to establish measures for determining the prevalence of the occurrence of substance abuse in this population.
- Identify national and state models for assessing treatment capacity and adopt appropriate instruments for Arizona.

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## Substance Abuse Epidemiology Work Group

- Collected state and national data
- Developed criteria to evaluate data
- Completed two Statewide Substance Abuse Epidemiology Profiles (2005 & 2007)
  - Completed more concise *Snapshot* report on several indicators (2007)
- Identified significant statewide and localized substance abuse issues
- Recommended geographic target areas

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## INDICATORS IDENTIFIED

- Problematic Drinking
  - Underage Drinking
  - Underage Binge Drinking
  - Alcohol-Related Crash Injuries
  - Adult Binge Drinking
- Youth Illicit Drug Use

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## DATA SOURCES

- Arizona Adult Probation Report
- Arizona Adult Tobacco Survey Report
- Arizona Alliance for Drug Endangered Children Program Report
- Arizona Boating Safety Report
- Arizona Department of Corrections Annual Report
- Arizona Department of Education
- Arizona Department of Juvenile Corrections Annual Report
- Arizona Health Status and Vital Statistics
- Arizona Motor Vehicle Crash Facts
- Arizona Youth Survey: State and County Reports
- Arizona Youth Tobacco Survey Report
- Behavioral Risk Factor Surveillance System (BRFSS) Survey
- Behavioral Risk Factors of Arizona Adults
- Crime in Arizona Report
- Hospital Discharge Database Summary Report
- Juveniles Processed in the Arizona Court System
- Monitoring the Future Survey (MTF)
- National Survey on Drug Use and Health (NSDUH)
- National Vital Statistics System (NVSS)
- Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)
- Traffic Safety Facts
- Treatment Episode Data Set (TEDS)
- Youth Risk Behavioral Surveillance System (YRBSS)

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## Emerging Issues Subcommittee

- Formed in 2007 in response to need for early identification of “new” drugs used or emerging drug use patterns.
- Attempts to identify emerging substance use and abuse issues before they devastate our communities.
- Data from practitioners/practice to inform data collection.

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## Meth Task Force

- Formed in 2006 in response to Governor’s Call to Action to address methamphetamine production, distribution and use.
- Comprised of Prevention; Treatment; Enforcement; Providers; Tribal leaders
- Assessed the impact of the methamphetamine use and consequences statewide.
- Hosted two-day action planning summit in January, 2007.
- Provided recommendations to the Governor.
- *A Plan for Action: Addressing the Methamphetamine Crisis in Arizona* released in May, 2007.

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## Meth Task Force

- The Governor's Office for Children, Youth and Families, Division for Substance Abuse Policy and the state of Arizona have been selected to participate in the Eight-State Combat Methamphetamine Initiative. Arizona's selection was based on the outstanding work accomplished by the Governor's Methamphetamine Task Force and ASAP. The Governor's *Plan for Action* has emerged as a national model in program and policies to combat methamphetamine.

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## Underage Drinking Committee

- Formed as a result of National Meeting of the States.
- Expanded membership to include statewide advocacy groups.
- Reviewed existing UAD strategies and resources.
- Held policy forum to review and recommend existing and new policies impacting UAD.
- Developed statewide strategy to reduce UAD.
- Hosted first ever Underage Drinking Conference, spring 2007.
- Created cross-agency statewide social norms media campaign, launched September 2007.
- Developing outcome report from 2006-2007 for ASAP, July 2008.

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## Workforce Development Committee

- Formed in 2006 to identify the unique training and technical assistance needs of individuals working in the substance abuse field.
- Identified various state and local providers.
- Coordinated available trainings.
- Developed a prevention workforce assessment tool.
- Created shared agreements to open trainings across systems.
- Adapting specific trainings to be utilized by regional behavioral health authorities, local coalitions and prevention providers.

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### Co-Occurring Policy Advisory Team (CPAT)

- 5-year SAMHSA-funded CMHS grant.
- Co-Occurring Policy Advisory Team:
  - Department of Corrections
  - Department of Juvenile Corrections
  - Administrative Office of the Courts
  - Arizona Department of Health Services, Division of Behavioral Health Services
  - Regional Behavioral Health Authorities (RBHAs), providers and consumers
- Evolved from Co-Occurring Policy Academy (April, 2004).

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### Co-Occurring Policy Advisory Team (CPAT)

- Recommends and advises statewide initiative for individuals in criminal justice system with mental health and substance abuse issues.
- Systems transformation through identification and delivery of Comprehensive Continuous Integrated System of Care (CCISC).
- Pre- and post-release services.
- Customized training to partnering agencies.
- Support data sharing across systems of care.

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### Why ASAP is Important

- Saves the state money.
- Provides strategic coordination and eliminate duplication.
- Insists on accountability and measurement.
- Drives state policy into community action.
- Makes policy and funding decisions based on data.
- Reinforces and drives the interlocking program and policy linkages among existing taskforces and committees.

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## Why ASAP is Important Continued

- Creates Partnership/Avoids Silos.
- Centralized Authority and Accountability.
- Centralized Point of Contact.
- Coordination.
- Emphasis on Policy Change and Environmental Change.

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## Strategic Focus Areas

- Need for substance abuse treatment services within the child welfare system.
- The Need for Data Driven Decision Making and Policy Development.
- Emerging Issues and the State's Capacity to Respond.
- The Need to Enhance Law Enforcement Capacity to Respond to the Importation of Illicit Drugs and the Manufacture of Synthetic Drugs within Arizona.

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## Substance Abuse Treatment Services Capacity Assessment

- January 14, 2008—Governor Napolitano signed *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)*.
  - This Executive Order prioritizes families involved in the child welfare system for access to substance abuse treatment services.
- This report addresses the fourth requirement of Executive Order 2008-01; it reports on Arizona's capacity to provide substance abuse treatment services to those in need of such treatment.
- Data collected by the Arizona Department of Health Services, Division of Behavioral Health Services; the Arizona Department of Economic Security, Division of Children, Youth and Families (DCYF) and the Substance Abuse Epidemiology Work Group.

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## Substance Abuse Treatment Services System

- The substance abuse delivery system in Arizona is complex. Throughout the state, ADHS/DBHS contracts with Regional Behavioral Health Authorities (RBHAs) and Tribal RBHAs (TRBHAs) to deliver behavioral health services in a managed-care delivery system.
- These managed-care delivery systems are administered in specified Geographic Service Areas (GSAs). The six GSAs are encompassed within the state's four RBHAs and five TRBHAs.

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## METHODS

- Substance Abuse Epidemiology Work Group Survey.
- Arizona Department of Health Services Provider Network Inventory.
- Arizona Department of Economic Security, Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together).
  - Providers surveyed using Substance Abuse Epidemiology Work Group Survey and Network Inventory.

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## KEY FINDINGS

- The total number of providers across the state contracted through ADHS/DBHS to provide substance abuse treatment services to adults is 133.
- These 133 providers staff a total of 327 outpatient clinics; 251 specialty treatments; 1010 residential substance abuse beds; 355 detoxification inpatient beds; 180 detoxification sub-acute beds; 40 stabilization services; and 18 Methadone clinics.
- At any one time, Arizona Families, Families in Recovery Succeeding Together (F.I.R.S.T.) (AFF) providers have the capacity to service 1,207 individuals in non-residential services and 27 individuals in residential services through Department of Economic Security AFF funding.

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## KEY FINDINGS Continued

- The number of AFF treatment providers per 100,000 adults is highest in GSA 4, which is inclusive of Gila and Pinal counties, and in GSA 1, which covers the northernmost parts of the state. The GSA with the lowest number of AFF service providers per capita is GSA 6, the most populous area of the state.
- This same pattern is found for substance abuse treatment providers available to the overall adult population. Substance abuse treatment services (per 100,000 adults) are fewer in Maricopa County than they are in other areas of the state.

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## OUTCOMES

- ADHS/DBHS gathered names, addresses and credentials of the staff serving within each agency and their sub-contractors. This information will be useful for follow-up and future analyses related to the credentialing of those providing services and the best practices that they employ.
- The Substance Abuse Epidemiology Work Group collected information on the number and type of substance abuse service providers by county who deliver services to incarcerated populations, to those involved with DUI/Drug Court and to those involved in the child welfare system.
- The data collected serve as a baseline to identify areas of need.
- The collaborative work of ADHS/DBHS, the Substance Abuse Epidemiology Work Group and DES/DCYF has paved the way for future work between these three groups.

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## NEXT STEPS

- The data collected and the collection system should become integrated into DBHS's network development and system of care plans.
- The survey created by the Substance Abuse Epidemiology Work Group and the network provider inventory should be merged into one assessment instrument.
- This enhanced provider inventory should be completed on a yearly basis in order to assess changes in the state's capacity to provide substance abuse treatment services and to assess gaps in service capacity in each county/GSA.

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## NEXT STEPS

- Collaboration and coordination between ADHS/DBHS, DES/DCYF and the Substance Abuse Epidemiology Work Group should continue between inventories in order to ensure that the network inventory provides information that meets the needs of all audiences.
- The addresses and zip codes of the service providers captured through the efforts of ADHS/DBHS, DES/DCYF and the Substance Abuse Epidemiology Work Group should be mapped using Geographic Information Systems (GIS) software to graphically portray the locations of service providers to determine gaps in services by type of service provider.

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## NEXT STEPS

- Information on substance abuse treatment services should be coupled with data on adult substance use patterns in Arizona. The simultaneous assessment of these two components will allow a better determination of potential gaps between substance abuse treatment service need and the state's ability to adequately address such need.
- DBHS will conduct site visits to review the program effectiveness and will be making recommendations to providers for program improvements. They will also be targeting expansion where it appears to be most needed.

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