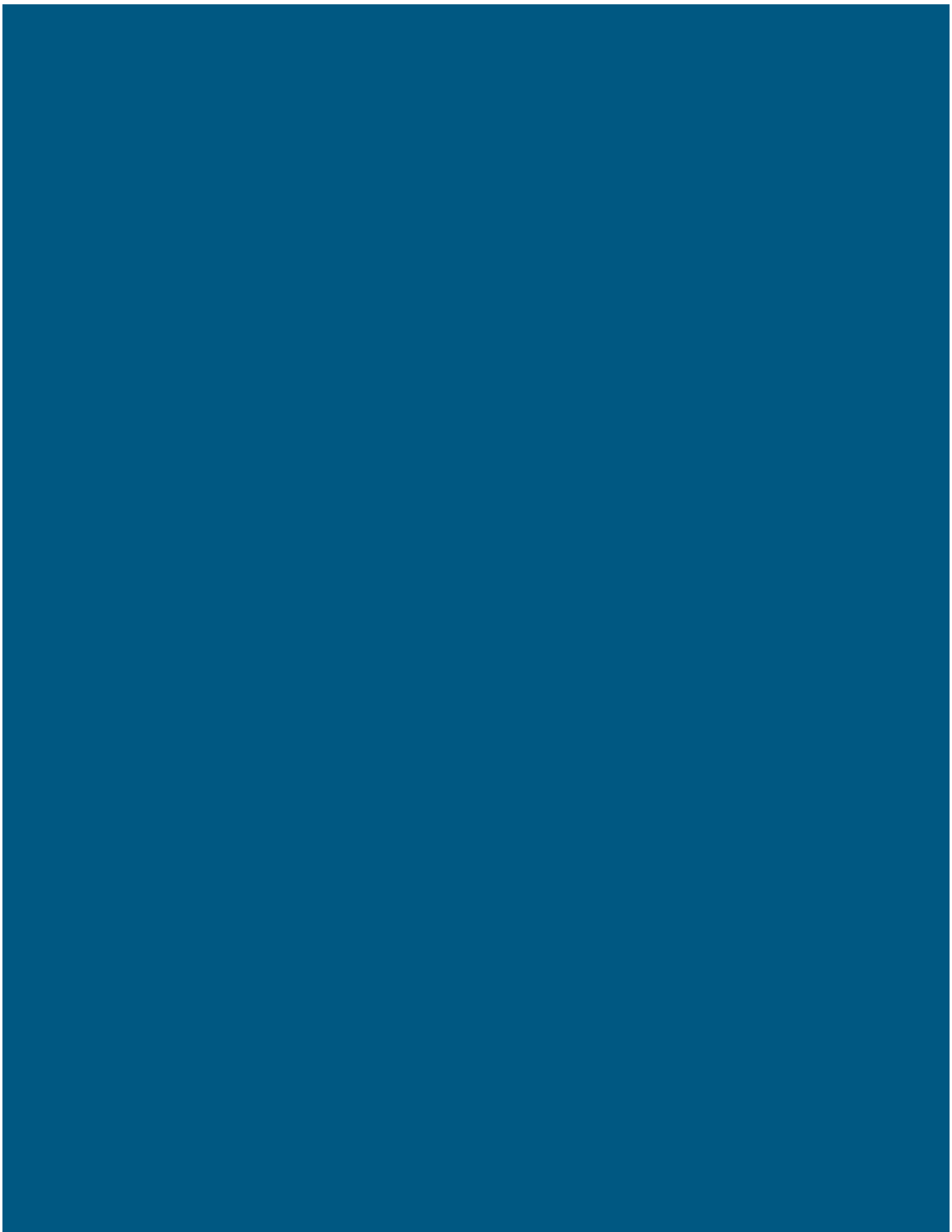


2012 ARIZONA SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES CAPACITY REPORT

**Southwest Interdisciplinary Research Center
Governor's Office for Children, Youth, and Families
Substance Abuse Epidemiology Work Group
September, 2012**



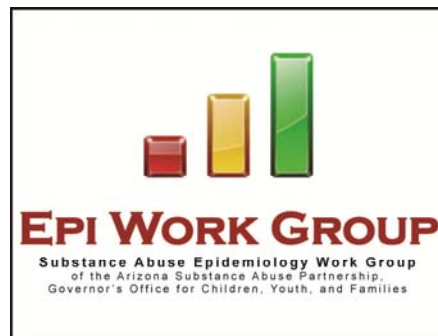
2012 ARIZONA SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES CAPACITY REPORT

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SEPTEMBER 2012

ON BEHALF OF THE SUBSTANCE ABUSE EPIDEMIOLOGY WORK GROUP AND THE GOVERNOR'S OFFICE FOR CHILDREN, YOUTH AND FAMILIES



ACKNOWLEDGEMENTS

A very special acknowledgement goes out to the **Substance Abuse Epidemiology Work Group** (Epi Work Group), whose membership is composed of many dedicated individuals whose mutual efforts helped to create this document. They hope that this collaborative endeavor will be utilized to help broaden the understanding of the impact of substance abuse in Arizona's communities and the resources available to prevent and treat the associated consequences. Each of the members give freely of their personal time and show enormous dedication to ensuring that only the most accurate and timely data are used to inform all of the Epi Work Group's products.

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Funding for this *Arizona Substance Abuse Prevention and Treatment Services Capacity Report* was provided by the Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), administered by Synectics for Management Decisions, Inc. through a State Epidemiological Outcomes Workgroup (SEOW) subcontract award.

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EXECUTIVE SUMMARY

The *2012 Arizona Substance Abuse Prevention and Treatment Capacity Report* details substance misuse data for youth and adults, prevention providers and strategies, and treatment capacity for adults who qualify for public behavioral health services in the state of Arizona. Substance use data and prevention providers are broken down by Geographic Service Area and County and compared across regions to identify trends and capacity to address the substance misuse/abuse challenges in specific regions. Treatment providers are considered across the state to reflect capacity for serving substance misuse/abuse and behavioral health clients.

Overall, substance misuse data reflect similarities and differences between youth and adults across the state, as well as differences in prevention and treatment capacities. As the state's public behavioral health system is designed as a managed-care delivery system administered by Regional Behavioral Health Authorities (General Service Areas or GSAs) and Tribal Regional Behavioral Health Authorities, these regions provide a useful unit of analysis for determining substance misuse/abuse patterns among youth and adults in the State of Arizona.

Within the counties of GSA 1 in northern Arizona, prescription pain reliever use between youth and adults is most prevalent in Mohave County. Alcohol and tobacco use are most prevalent in youth in Mohave and Apache counties, while alcohol use among adults is highest in Yavapai and Navajo counties. Overall, prevention providers in GSA 1 are more limited in number, with the exception of those serving in Coconino County.

GSA 2 is comprised of two counties with substance misuse/abuse rates lower than the state rates, with the exception of prescription pain reliever use among youth and illegal/illicit drug use among adults. While prevention providers are more numerous in Yuma, GSA 2 overall maintains lower substance misuse/abuse rates among youth and adults compared to the state and other GSAs.

Similar to GSA 2, GSA 3 has a smaller total population of residents, however it also has some of the highest substance misuse/abuse rates between youth and adults. Within Graham and Greenlee counties, alcohol and tobacco use among youth are some of the highest rates in the state, as are the rates of youth prescription pain reliever use without the consent of a doctor. Despite the high rates of substance use in this region, GSA 3 has comparatively fewer identified prevention providers in the state, but some of the highest treatment capacity based on providers per 1,000 qualified individuals.

GSA 4 is a larger area including Gila and Pinal counties, and subsequently shows higher rates of substance use among youth and adults. When comparing the two counties, Gila has even higher rates of substance use between youth and adults, especially with regard to alcohol and other illegal/illicit drugs. However, in Pinal County illegal/illicit drug use among adults is highest, while in Gila County prescription drug use without the consent of a doctor is highest among adults. Similar to GSA 3, there are limited prevention providers identified in this area, but more numerous treatment providers for public health clients.

GSA 5 and GSA 6 represent two of the most populated service areas and have substance misuse/abuse rates closer to the statewide projections. Overall, youth and adults in Pima and Maricopa counties tend to have higher rates of substance use with alcohol, tobacco, and marijuana.

Treatment capacity within each GSA varies based on population size, the needs of clients, and geographic dispersion. Across the GSAs, services tend to align with the population of individuals who qualify for public behavioral health services. In sum, given the geographic differences across Arizona, and the specificity of the needs of individuals within those areas, substance misuse/abuse data for youth and adults continue to support a localized, data-driven approach to prevention and treatment provider services.

INTRODUCTION

Purpose

In FY 2011, 68,135 children and adults were enrolled in Arizona’s public behavioral health system receiving treatment for substance abuse, suggesting that for Arizona youth and adults alike, substance misuse and abuse are a challenge.^[1] Addressing the needs of individuals who use or misuse alcohol, illegal/illicit drugs, and/or prescription drugs necessitates a coordinated effort by substance abuse prevention and treatment providers throughout the state. In an effort to bring about greater awareness of available prevention and treatment services for youth and adults, the Arizona State Epidemiological Outcomes Workgroup (SEOW) (formally known as the Arizona Substance Abuse Epidemiology Work Group (hereafter referred to as the *Epi Work Group*) provides communities, policymakers, and local/state/tribal officials with data on alcohol and illicit drug use, the contextual factors related to misuse/abuse, and associated consequences.

The *Epi Work Group* is comprised of statisticians and data analysts from various state agencies who collaborate and advise on the compilation of epidemiological profiles and reports every other year (see the *Epi Members Roster* in Appendix A). The *Epi Work Group*, staffed by the Governor’s Office for Children, Youth and Families, also responds to data requests related to the application of a data-driven decision-making process and provides information on emerging issues in the state. This group continuously evaluates data related to substance misuse/abuse and acts as a resource to guide data-driven decision-making processes.

The *Epi Work Group* compiles data on the prevalence of substance misuse and abuse as well as information regarding the resources available to address these concerns. Identifying substance misuse and abuse patterns across Arizona to determine gaps in prevention and treatment services for youth and adults is important in order to better understand whether gaps exist between the need for services and their availability. To assess potential gaps, this report compiles data from multiple sources provided in the table below. Table 1 summarizes the indicators, data sources, and data collection methods used to highlight overall trends in prevention and treatment capacity based on regional substance use data among youth and adults.

Table 1: Data Sources utilized in this Report

Indicator (s)	Data Source	Data Collection Method
Prevention Services and Strategies	Arizona Department of Health Services Bureau of Women and Children’s Health, Youth Prevention Programs Asset Mapping Report	Self-report data from 2011 <i>Youth Prevention Programs Asset Mapping</i>
Youth Alcohol and Substance Use	Arizona Criminal Justice Commission, Community Data Project	Drug-Severity Index Scores calculated using 2010 <i>Arizona Youth Survey</i> data, a self-report survey of 8 th , 10 th , and 12 th grade youth in Arizona Public Schools
Adult Alcohol and Substance Use	St. Luke’s Health Initiative, AZ Health Survey: Adult Substance Use in Arizona 2010	Self-report data from the <i>Arizona Health Survey</i> , a random-digit dial telephone survey of Arizona households sponsored by St. Luke’s Health Initiative, 2010
Number of Treatment Service Providers and Service Types	Arizona Department of Health Services/Division of Behavioral Health Services, FY 2011 Network Inventory	<i>Network Inventory</i> collected by ADHS/DBHS, 2011, an audit of treatment providers funded by the Arizona Department of Health Services

¹ *Annual Report on Substance Abuse Treatment Programs: FY2011*, Arizona Department of Health Services/Division of Behavioral Health Services.

Methodology

The 2012 Arizona Substance Abuse Prevention and Treatment Services Capacity report draws upon four data sources and provides information for each Geographic Service Area (GSA). Data sources are from the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), the Arizona Department of Health Service's Bureau of Women and Children's Health, the Arizona Health Survey of St. Luke's Health Initiatives, and the Arizona Community Data Project (CDP) of the Arizona Criminal Justice Commission (ACJC). In some instances, data are provided for each of the counties within the GSA. The four data sources, further detailed below, provide information on youth substance misuse, youth prevention services and strategies, adult substance misuse, and treatment services and resources for adults who qualify for public behavioral health services.

Prevention Services and Strategies: Data on prevention service were collected by the Arizona Department of Health Services through its *Youth Prevention Program Asset Mapping Project*, which used existing databases to identify community prevention coalitions which were asked to provide contact information for their partner prevention service providers throughout the state. Agencies identified as prevention service providers were asked to complete an on-line survey detailing the specific characteristics of their agency, including service areas, prevention service types, and prevention strategies employed. Data also include contact information for each agency that participated in the survey, which also lists other types of prevention providers (see Appendix B for a list of provider contact information).

Youth Alcohol and Substance Use: The youth alcohol and substance misuse data are presented herein using the Youth Drug Severity Index (DSI) measure developed by the Arizona Criminal Justice Commission as part of its *Community Data Project*. The DSI is a composite score designed to represent the overall severity of youth (8th, 10th and 12th graders) substance use in a specific geographic location. The index score is calculated using the prevalence of youth substance use, the frequency of that use in the past 30 days (experimental, weekend use, weekend and some weekday, habitual), and the level of harm associated with the substance(s) used. By including these three components, the DSI moves beyond simply reporting the percentage of youth who reported using substance(s), by considering the breadth (i.e., frequency) and depth (i.e., harm) of that use. Collectively, this information provides an overall comprehensive picture, or **pulse**, of each region's youth substance use problem. Higher scores indicate a greater level of severity.

Adult Substance Use: Adult substance use data include self-reported alcohol, illegal/illicit drug use, and prescription drug misuse in the 30 days preceding the *AZ Health Survey*, which was sponsored by St. Luke's Health Initiative. This survey utilized random digit dialing (RDD) technology to survey respondents and capture information about substance use and frequency of use among 8,215 adults 18 and older, with data generalizable to the Geographic Service Area (GSA)-level. Data published in the *AZ Health Survey: Adult Substance Use in Arizona 2010* focuses on GSA- level data, however, the findings included in this report reflect additional data analysis at the county level.

Treatment Service Providers and Capacity: Data on treatment service providers and their treatment capacity were collected by the Arizona Department of Health Services/Department of Behavioral Health Services (ADHS/DBHS) from the Regional Behavioral Health Authorities (RBHAs) reporting system.^[2] The ADHS/DBHS, *2011 Network Inventory*, is produced by the Division of Behavioral Health Services to facilitate the planning and implementation of programs and resources throughout the state in FY2012. For the purposes of this capacity report, the *2011 Network Inventory* provides current data on the number of adult treatment service providers and the types of services they provide to allow an examination of capacity statewide and by GSA. Capacity is determined by the number of facilities and bed counts in those facilities per 1,000 people who qualify for public behavioral health services (uninsured adults and clients within the Arizona Health Care Cost Containment System (AHCCCS) or Medicaid).

² See *2011 Network Inventory*, Arizona Department of Health Services

Data in the overall report are provided by GSA and, when available, by county to help facilitate data-driven, localized decisions. Each section of this report includes the following information, followed by an aggregates summary of treatment service providers per 1,000 adults who qualify for public services within each GSA and across the state:

- Population by GSA and County
- Youth Substance Use/Misuse
- Adult Substance Use/Misuse
- Youth Prevention Services/Strategies

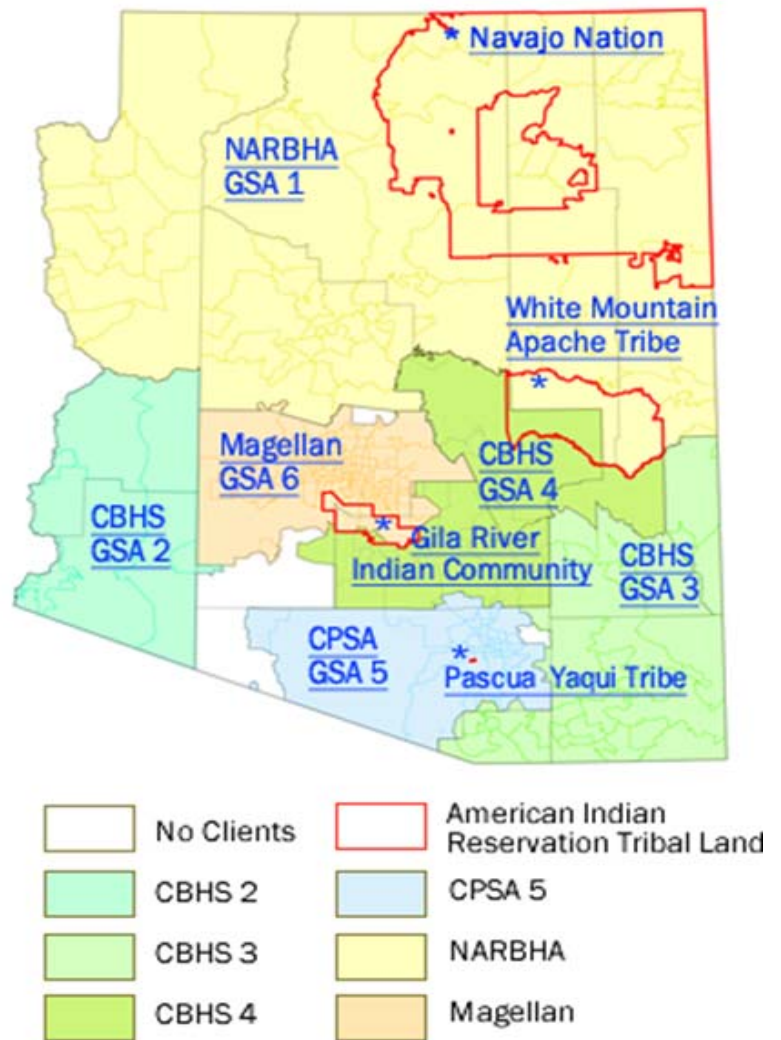
OVERVIEW OF ARIZONA

Arizona is both a geographically and demographically diverse state that spans more than 113,000 square miles (some of which borders Mexico), and is home to more than twenty federally-recognized rural and urban American Indian tribes that reside in regions throughout the state.^[3] Comprised of 15

Figure 1. Arizona's Geographic Service Areas (GSA), Regional Behavioral Health Authorities and Tribal Regional Behavioral Health Authorities

counties, Arizona has three primary population centers: Flagstaff in Coconino County (GSA 1), Tucson in Pima County (GSA 5), and the Phoenix metropolitan area in Maricopa County (GSA 6). Given the geographic and demographic diversity, Arizona's behavioral health system addresses the needs of clients within the public behavioral health system in hard-to-reach locations throughout the state. As such, particular emphasis is placed on establishing service provider facilities in convenient locations where clients live.

The Arizona Department of Health Services/ Division of Behavioral Health Services (ADHS/ DBHS) contracts with Regional Behavioral Health Authorities (RBHAs), and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer integrated managed care delivery services in six distinct geographic service areas (GSAs) throughout the State (map at right). The ADHS/DBHS is responsible for providing funding for these services with multiple funding sources. The six service areas represent different regions of the state; however, the regional providers may be the same in some cases. For example, GSA 2, 3, and 4 have the same regional provider, Cenpatico Behavioral Health of Arizona, L.L.C. (CBHS) while the GSA 5 provider is the Community Partnership of Southern Arizona, Inc. (CPSA).



³ National Conference of State Legislatures: Federally Recognized Tribes, May 2011.

Arizona's regionalized approach allows local communities to provide services in a manner appropriate to meet the unique needs of individuals and families, as the deleterious effects of substance use are seen in the public health system, the adult and juvenile justice systems, as well as within smaller communities and families.

The Division requires RBHAs to maintain a comprehensive network of behavioral health providers that deliver prevention, intervention, treatment and rehabilitative services to a variety of populations including:

- Children and Adolescents
- Adults with Serious Mental Illnesses (SMI)
- Adults with General Mental Health Disorders (GMH)
- Adults with Substance Use Disorders (SUD/SA)

Substance misuse/abuse data for youth and adults for counties within the six GSAs are grouped in each section of the report and compared across GSAs and to state-wide totals. These trends are further considered in the final section of the report which includes treatment providers in the public health system. To that end, it is important to make a note of the comparisons between substance use data and the treatment providers captured in this report.

The substance use data were collected in a manner which makes them generalizable to the specific population within Arizona (youth and adults by GSA, County, and Statewide); however, data for treatment providers are specific to the *public* health system providers and individuals who qualify for public behavioral health services. Therefore, capacity in this report does not include private treatment providers, which also meet the needs of individuals challenged by substance who do not qualify for and/or choose not to use public treatment services. As a result, treatment providers per 1,000 people are considered for only those individuals who qualify for public health services, including uninsured adults and adult clients in the Arizona Health Care Cost Containment System (AHCCCS) or Medicaid.^[4]

OVERVIEW OF PREVENTION STRATEGIES

Many different prevention strategies have been developed to prevent social problems. Prevention strategies may aim to prevent problems such as family violence, suicide, obesity, smoking and substance abuse before they occur or aim to prevent the progression of a problem that has already begun. There are numerous types of prevention strategies. For example, changes to laws and policies are the most commonly used deterrents for risky behavior. Receiving a citation for driving under the influence of drugs or alcohol (DUI) in Arizona, for example, may result in significant fines, mandatory counseling, jail time, or the installation of a breathalyzer in an individual's vehicle.

Other methods include community-based public programs, support groups, and school-based initiatives. Such efforts may focus on decreasing childhood and underage drinking; reducing substance abuse-related problems in communities; challenging cultural norms and adult perceptions related to underage drinking; building prevention capacity and infrastructure at the state and community levels; as well as changing laws and public policies which support community programming and education.

By identifying populations most likely to engage in problematic behaviors, prevention providers, as well as policymakers and other community stakeholders can better understand where prevention efforts should be targeted.

⁴ Adults who qualify for treatment services were determined by the percentages of uninsured and those insured through AHCCCS, Arizona's Public Health Insurance System as captured in the *Arizona Health Survey* (2011).

While youth populations should be the focus of prevention strategies, given that they are less likely to have already engaged in risky behaviors, it is also necessary to identify the particular youth who are most at risk; which will serve to maximize program effectiveness.

OVERVIEW OF TREATMENT STRATEGIES

Treatment services and strategies can include different types of efforts depending on the context. Treatment services discussed in this report are specific to substance misuse/abuse and behavioral health-related issues like serious mental illness and other general mental health disorders.

The consequences of substance misuse and abuse impact the judicial system, the safety of roadways and drivers, the effectiveness of schools, and the overall well-being of communities and families. It also imposes an extraordinary financial burden on society.^[5] Treatment services address alcohol abuse or addiction and related consequences, prescription drug misuse and addiction, and other types of illegal/illicit drug use. Treatment service providers may include those contracted with state agencies or RBHAs, not-for-profit organizations such as churches or other community-based entities, or those in private practice (although not accounted for in this report).

Entities that provide treatment services utilize numerous methods and curricula. An audit of every approach employed nationally is outside the scope of this report. Instead, this report documents the prevalence of state- and federally-funded treatment services presently available across Arizona in the public behavioral health network.

GEOGRAPHIC SERVICE AREA 1: NORTHERN BEHAVIORAL HEALTH AUTHORITY

The Northern Arizona Regional Behavioral Health Authority (NARBHA) is the ADHS-contracted not-for-profit regional behavioral health authority (RBHA) for publicly-funded behavioral health services in northern Arizona (GSA) 1. Despite enormous geographic distances and sparsely-populated communities, the NARBHA has established, and continues to expand upon and enhance, a full continuum of covered behavioral health services to meet members' needs in a timely, culturally-relevant, and clinically-appropriate manner. The NARBHA's geographic service area (GSA) consists of more than 62,000 square miles, approximately half of the geographic area of Arizona, and includes the counties of Mohave, Yavapai, Coconino, Navajo, and Apache.

To ensure that services are accessible to members in the small communities throughout the GSA, the NARBHA has divided its coverage area into nine sub-regions and subcontracted with a Service Area Agency or Tribal Area Agency (SAA/TAA) in each of these sub-regions, enabling individuals to receive services in their local community. In addition to the NARBHA's nine case management agencies, it also contracts with 52 providers to ensure that clients have access to the full range of covered behavioral health services. Between the NARBHA's nine SAA/TAA's and 52 fee-for-service or block-purchase providers, children and families, adults, and adults with SMI (serious mental illness) receive the full range of covered behavioral health services, within the member's community, and in a timely and culturally-appropriate manner.

Population

The population of GSA 1 is spread across the five counties in northern Arizona, and the largest total population resides in Yavapai County. However, Yavapai County has the lowest percentage of the population comprised of youth. Apache County has the largest proportion of its population made up of youth under 18 but the smallest total population of the five counties (see Table 2). Almost one-third of the total population of Apache County is under the age of 18. Navajo County has the second largest percentage of the population composed of youth and the fourth largest total population. By identifying youth population percentages, prevention providers are better able to target programming efforts across the GSAs and counties.

Table 2. Total Population of State, GSA 1 and Counties in GSA 1, 2010

	Population						
	State 2010	GSA 1 2010	Apache	Coconino	Mohave	Navajo	Yavapai
Total Population	6,393, 017	724, 607	71, 518	134, 421	200, 186	107, 449	211, 033
Percentage of Population Under 18	25.5	23.2	31.7	23.6	20.6	29.8	19.1

Source: 2010 U.S. Census Bureau State and Quick Facts found at: <http://quickfacts.census.gov/qfd/states/04000.html>

Youth Substance Misuse and Abuse

Slightly more than 11 percent of the population of Arizona resides within the five counties that comprise GSA 1, and their substance misuse/abuse numbers indicate patterns of use among youth similar to the statewide population of youth. Table 3 outlines the Youth Drug Severity Index (DSI) constructed with data from the 2010 *Arizona Youth Survey*, a self-report survey of Arizona students in grades 8, 10, & 12 throughout the State. The Index Score includes the percentage of youth using substances, as well as the frequency of that use in the past 30 days, and the harmfulness of the substance(s) used. Overall, youth in Apache and Mohave counties indicated using more harmful substances with greater frequency than youth in other counties in GSA 1 and across the state. For example, the Index for Alcohol is highest in Mohave County (16.52), while the Tobacco Index is highest in Apache County (15.30) as compared to other counties in GSA 1. Even though Apache County youth reported the most frequent tobacco use, the Tobacco Index in all five counties is well above the state DSI for tobacco use. In fact, the DSI for tobacco use in the state is 10.38, while the county-level DSIs for tobacco use range from 10.98 to 15.30, up to 1.5 times higher than the state DSI. This suggests that youth in GSA 1 are using tobacco, a more harmful drug, with greater frequency than youth throughout the State.

Youth in Mohave County reported using tobacco less frequently than their peers in other counties within GSA 1. Instead, inhalant use (2.02) and prescription pain reliever use (5.09) are highest in Mohave County compared to youth in the other four counties. Both DSIs are well above the state DSI of 1.49 for inhalants and 3.48 for prescription pain relievers. Youth in Apache County also reported using marijuana (12.48) and alcohol (16.52) with greater frequency than youth in other counties and throughout the State, further demonstrating substance use and misuse issues that need to be addressed. The next section provides adult substance use data.

Table 3. Substance Use and Drug Severity Indices by Substance Among Youth in GSA 1

Drug Severity Index							
	State 2010	GSA 1 2010	Apache	Coconino	Mohave	Navajo	Yavapai
Used to Calculate the Youth Drug Severity Indices							
Percentage of Substance Users	42.3	42.32	46.14	43.90	45.10	36.83	41.95
Average Frequency of Use	1.82	1.74	2.02	1.81	2.09	1.78	1.85
Average Harm	6.46	6.21	7.07	6.42	7.23	5.96	6.51
Youth Drug Severity Index by Drugs (harm ranks in parentheses; higher = more harmful*)							
Tobacco (7)	10.38	10.98	15.30	12.77	10.98	12.93	12.90
Alcohol (9)	14.96	14.74	12.64	13.41	16.52	12.75	14.27
Marijuana (5)	9.18	7.58	12.48	10.55	9.97	9.04	8.74
Hallucinogens (3)	0.65	0.56	0.48	0.40	0.96	0.32	0.66
Cocaine (11)	0.64	0.62	0.63	0.60	0.47	0.74	0.22
Inhalants (4)	1.49	1.23	1.57	1.79	2.02	1.08	1.07
Meth (8)	0.21	0.26	0.46	0.26	0.14	0.30	0.13
Heroin (12)	0.40	0.25	0.29	0.13	0.49	0.52	0.32
Ecstasy (1)	1.00	0.45	0.39	0.62	1.34	0.52	0.84
Steroids (2)	0.32	0.44	0.53	0.19	0.32	0.37	0.35
Rx Pain Relievers (6)	3.48	3.95	3.43	2.62	5.09	3.59	4.22
Rx Stimulants (8)	0.99	0.77	0.97	0.66	0.82	0.51	0.71
Rx Sedatives (10)	1.87	1.79	1.40	1.32	3.24	1.71	1.82
Drug Severity Index Score**	26.99	26.24	29.06	26.38	30.83	26.38	27.22

Source: Arizona Criminal Justice Commission Statistical Analysis Center Publication. The 2011 Community Data Project Data Booklet(s).

*For details on harm ranks, see Nutt, D. et. al.(2007). Development of a rational scale to assess the harm of drugs and potential misuse, Lancet, 369: 1047-1053.

**DSI scores based on weighted frequency of use reported and may vary from county level to GSA as weights are adjusted when aggregated.

Adult Substance Misuse and Abuse

The *AZ Health Survey: Adult Substance Use in Arizona 2010* captures adult, self-reported substance use throughout the State and within counties and GSAs. Table 4 reflects adult substance use in GSA 1 within the 30 days preceding the survey. GSA 1 counties reflect overall adult substance use percentages as being lower than the statewide percentages in most areas. However, among adults in the five counties within GSA 1, alcohol consumption in the past 30 days is highest in Yavapai and Navajo counties, where over 50 percent of adults indicated that they drank alcohol in the past 30 days. The majority of adults who reported drinking alcohol indicated that they consumed an occasional drink, but not every day, followed by one-two drinks per day. While Coconino County adults reported less overall alcohol use in the past 30 days, six percent of adults reported drinking six or more alcoholic beverages a day; this figure is three times the state percentage of adult alcohol consumption in the past 30 days.

Table 4. Percentage of Self-reported Adult Past 30-Day Substance Use/Abuse in GSA 1

Adult Past 30-Day Substance Use							
Substance	State 2010	GSA	Apache	Coconino	Mohave	Navajo	Yavapai
Drink Alcohol	59.00	52.00	40.00	46.00	49.00	53.00	57.00
Occasional, not every day	74.00	69.00	86.00	68.00	62.00	74.00	68.00
1-2 per day	19.00	21.00	14.00	21.00	25.00	9.00	24.00
3-5 per day	5.00	8.00	0.00	5.00	8.00	17.00	6.00
6 or more per day	2.00	3.00	0.00	6.00	4.00	0.00	2.00
Illegal/Illicit Drug	10.00	8.00	0.00	8.00	11.00	13.00	6.00
Prescription Drug*	13.00	13.00	0.00	13.00	20.00	6.00	8.00

Source: 2010 Arizona Health Survey, unpublished data.

*Prescription drug type not specified (i.e. sedative, stimulant, pain reliever).

Twenty percent of adults surveyed in Mohave County reported using prescription drugs without the consent of a doctor in the past 30 days; well above the state average of 13 percent. The highest incidence of illegal/illicit drug use appears to have been in Navajo County, where 13 percent of adults indicated using illegal/illicit drugs in the past 30 days, three percentage points more than the State. These data also suggest that while fewer adults drank alcohol in the past 30 days, when alcohol was consumed it was usually on occasion or one-two drinks per day, in indication of lower alcohol use. Prescription drug misuse is highest in Mohave County, suggesting the need to identify drug type and misuse patterns for prevention and treatment providers. Prescription pain reliever and sedative use were also highest among youth in Mohave County indicating a need for increased programming for youth and adults with regard to prescription drug misuse.

Prevention Programming

This section examines the prevention programming across the counties in GSA 1 that strive to prevent substance use and misuse. Using the *Youth Asset Mapping Project* conducted by the Arizona Department of Health Services, Table 5 indicates the types of prevention programming currently offered by providers who responded to the survey indicating that they serve individuals in the counties included in GSA 1. Of primary interest to this report are the agencies that offer programming that addresses the use of alcohol, tobacco, and other drugs. Nevertheless, because prevention providers maintain a diversity of services for multiple community challenges, including suicide, teen pregnancy, and drop-out prevention, prevention providers and strategies capture more than substance misuse/abuse programming.

Overall, prevention agencies in GSA 1 report that programs targeting alcohol and other drug use, as well as tobacco use, represent the most frequent type of prevention services provided to youth up to 24 years of age. Across the five counties, 13 agencies reported providing prevention services in Coconino County, the largest number of agencies providing services within the geographic area. Conversely, the fewest number of prevention services were provided in Mohave County. You will recall that Mohave County had the highest drug severity index score for youth substance misuse/abuse in GSA 1, and has the second largest population of youth among counties in GSA 1.

Table 5. Prevention Services Provided to Youth in Counties in GSA 1

Prevention Services*					
Prevention Service Type	Apache (N=7)	Coconino (N=13)	Mohave (N=1)	Navajo (N=6)	Yavapai (N=6)
Substance abuse	5	13	1	6	4
Tobacco use	5	8	0	4	2
Gangs	1	2	0	1	1
Obesity	4	6	0	2	2
Dating/Sexual Violence	4	5	0	2	3
Teen Pregnancy	5	4	0	2	2
Suicide	2	6	0	4	2
Injuries	0	1	0	0	2
HIV/AIDS	2	2	0	0	2
STI's/ STD's	2	3	0	0	1
Bullying	4	5	0	2	3
Dropout	2	3	0	0	0
Gun Violence	0	2	0	0	2
Family Violence	2	4	0	1	3
Other**	1	4	0	2	4

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may offer more than one type of prevention service.

** May include homelessness, cyber bullying, depression, eating disorders, etc. For a complete list please see the Youth Asset Mapping Project in the reference list.

Detailed in Table 6 are the types of prevention strategies that agencies reported using in their prevention service provision; most agencies reported providing a combination of community education and public information/social marketing. Agencies serving youth in Coconino County also reported using peer leadership strategies, life skills, and personal/cultural development more than agencies serving the other four counties. While many strategies are used by providers, some areas like Mohave lack sufficient numbers of providers.

Table 6. Youth Prevention Strategies Utilized by Prevention Providers in Counties in GSA 1

Prevention Strategies*					
Prevention Strategy	Apache (7)	Coconino (13)	Mohave (1)	Navajo (6)	Yavapai (6)
Community Education	6	11	0	4	6
Public Information/Social Marketing	5	13	0	4	6
Life Skills	5	9	0	4	5
Personal/Cultural Development	4	9	0	2	5
Training	4	7	0	2	6
Parent Education	5	6	0	3	4
Mentoring	3	7	0	2	5
Peer Leadership	6	9	1	4	5
Community Development/Capacity Building	2	6	1	3	2

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may use more than one strategy.

GEOGRAPHIC SERVICE AREA 2,3,4: CENPATICO BEHAVIORAL HEALTH AUTHORITY, L.L.C.

Cenpatico Behavioral Health of Arizona, L.L.C. (Cenpatico), is contracted with the Arizona Department of Health Services/Division of Behavioral Health Services to serve as the Regional Behavioral Health Authority for GSA 2 (Yuma and La Paz counties), GSA 3 (Cochise, Graham, Greenlee and Santa Cruz counties), and GSA 4 (Gila and Pinal counties). Community Advisory Councils in each county serve as advisory groups to the Cenpatico leadership team. Cenpatico was established in 2005 to provide a local Arizona-based corporation to administer the RBHA contract. Cenpatico is a managed-care subsidiary of Centene Corporation.

CBHA has designed its network for each GSA by providing all behavioral health recipients a choice of two Intake Agencies within 25 miles of their residence. All Intake Agencies are contracted to supply a full array of behavioral health services, as outlined in the *ADHS/DBHS Covered Services Guide*. CBHA has funded Intake Providers to serve all populations (children/youth, General Mental Health (GMH), Substance Abuse and persons with Serious Mental Illness (SMI)). All Intake Providers are required to provide timely access to covered behavioral health services that are effective in achieving individual service plan (ISP) goals and to deliver them in a manner consistent with the Arizona System Principles. If the Intake Agency does not offer a required service, the provider is responsible for developing the service or referring the behavioral health recipient to another qualified service provider located within the network. In cases where there may be no provider qualified to provide the service, the provider will refer to an out-of-network provider, possibly in another GSA.

Population

The two counties in GSA 2 represent the southwestern-most counties in Arizona. While 18 percent of the population in La Paz County is less than 18 years of age, a larger percentage of the population in Yuma is younger than 18. In total, people residing in GSA 2 represent about three percent of the population of Arizona.

Table 7. Total Population of State, GSA 2 and Counties in GSA 2

	Population			
	State 2010	GSA 2 2010	La Paz	Yuma
Total Population	6,393,017	216,240	20,489	195,751
Percentage of Population Under 18	25.5	27.2	18.0	28.2

Source: 2010 U.S. Census Bureau State and Quick Facts found at: <http://quickfacts.census.gov/qfd/states/04000.html>

Youth Substance Misuse and Abuse

According to the data collected in the 2010 administration of the *Arizona Youth Survey*, youth in La Paz and Yuma counties reported using alcohol and drugs deemed to be less harmful and used them less frequently than youth throughout the State. For example, the overall Drug Severity Index for each county is lower than the state DSI and the overall Index for GSA 2. With the exception of prescription pain relievers, the substance-specific indices for the GSA are below the State-level indices across alcohol and other drug types. While this does not suggest that youth in GSA 2 are without substance abuse challenges, it does indicate that the frequency and harm of drugs being used by youth may be less severe than the State overall. The drug severity index score for prescription pain relievers used by youth in La Paz and Yuma counties may be an indication of a need for targeted prevention services and strategies directed at prescription drug misuse.

Table 8. Substance Use and Drug Severity Indices by Substance Among Youth in GSA 2

Drug Severity Index				
GSA 2				
	State 2010	GSA 2 2010	La Paz	Yuma
Used to Calculate the Youth Drug Severity Indices				
Percentage of Substance Users	42.3	41.48	41.36	41.38
Average Frequency of Use	1.82	1.62	1.51	1.53
Average Harm	6.46	6.01	5.65	5.88
Youth Drug Severity Index by Drugs (harm ranks in parentheses; higher = more harmful*)				
Tobacco (7)	10.38	7.87	8.50	7.35
Alcohol (9)	14.96	14.67	14.52	14.60
Marijuana (5)	9.18	7.36	6.16	6.21
Hallucinogens (3)	0.65	0.47	0.64	0.37
Cocaine (11)	0.64	0.51	0.28	0.48
Inhalants (4)	1.49	1.36	1.20	1.33
Meth (8)	0.21	0.33	0.00	0.40
Heroin (12)	0.40	0.20	0.00	0.17
Ecstasy (1)	1.00	0.76	0.71	0.81
Steroids (2)	0.32	0.11	0.00	0.13
Rx Pain Relievers (6)	3.48	3.95	3.54	3.60
Rx Stimulants (8)	0.99	1.36	0.57	1.37
Rx Sedatives (10)	1.87	1.43	1.63	1.37
Drug Severity Index Score**	26.99	24.28	22.80	23.17

Source: Arizona Criminal Justice Commission Statistical Analysis Center Publication. The 2011 Community Data Project Data Booklet(s).

*For details on harm ranks, see Nutt, D. et. al.(2007). Development of a rational scale to assess the harm of drugs and potential misuse, Lancet, 369: 1047-1053.

**DSI scores based on weighted frequency of use reported and may vary from county level to GSA as weights are adjusted when aggregated.

Adult Substance Misuse and Abuse

Similar patterns are noted for adult substance misuse/abuse. For example, 43 percent of adults in La Paz County and 50 percent of adults in Yuma County indicated they consumed alcohol in the past 30 days, both of which are below the state percentage of 59 percent of adults. In contrast, nearly one-third of adults in La Paz County indicated consuming an occasional drink while a little over one-third reported consuming 1-2 drinks or 3-5 drinks per day. These numbers are higher than the state-wide number of drinks per day consumed. This indicates that while the percentage of adults who consumed alcohol in the past 30 days in La Paz County is below the state average, the frequency of consumption is much higher.

Table 9. Percentage of Self-reported Adult Past 30-Day Substance Use/Abuse in GSA 2

Substance	Adult Past 30-Day Substance Use			
	State	GSA	La Paz	Yuma
Drink Alcohol	59.00	50.00	43.00	50.00
Occasional, not every day	74.00	70.00	31.00	71.00
1-2 per day	19.00	19.00	35.00	17.00
3-5 per day	5.00	8.00	34.00	8.00
6 or more per day	2.00	3.00	0.00	4.00
Illegal/Illicit Drug	10.00	7.00	23.00	6.00
Prescription Drug	13.00	25.00	0.00	26.00

Source: 2010 Arizona Health Survey, unpublished data.

*Prescription drug type not specified (i.e. sedative, stimulant, pain reliever).

Further, in La Paz County 23 percent of adults reported using illegal/illicit drugs in the past 30 days, more than double the percentage of adults reporting similar drug use throughout the State. In contrast, adults in Yuma County were more likely to report prescription drug use than illegal/illicit drug use. In fact, 26 percent of adults in Yuma reported prescription drug use; double the percentage of adults in the State who reported using prescription drugs without the consent of a doctor.

Prevention Programming

Prevention services data include the types of prevention services and the counties in which services are provided to youth up to 24 years of age. Within GSA 2, providers indicated that their services are provided across a range of prevention areas, including the most frequently cited prevention programs: substance abuse, tobacco use, and obesity. Given the lower drug severity indices for GSA 2, prevention services in La Paz and Yuma counties may be preventing higher rates of substance use with peer leadership, community education, public information/social marketing, and personal/cultural development strategies (Table 10).

Table 10. Prevention Services Provided to Youth in Counties in GSA 2

Prevention Services*		
	Counties	
	La Paz (3)	Yuma (6)
Substance abuse	3	5
Tobacco use	3	4
Gangs	2	1
Obesity	0	4
Dating/Sexual Violence	3	3
Teen Pregnancy	1	2
Suicide	1	2
Injuries	0	2
HIV/AIDS	1	1
STI's/ STD's	1	1
Bullying	3	3
Dropout	3	2
Gun Violence	2	1
Family Violence	2	3
Other**	0	2

Table 11. Youth Prevention Strategies Utilized by Prevention Providers in Counties in GSA 2

Prevention Strategies *		
	Counties	
	La Paz (3)	Yuma (6)
Community Education	2	4
Public Information/ Social Marketing	3	4
Life Skills	3	3
Personal/Cultural Development	2	4
Training	1	3
Parent Education	2	2
Mentoring	1	3
Peer Leadership	3	5
Community Development/ Capacity Building	2	2

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may offer more than one type of prevention service or strategy.

** May include homelessness, cyber bullying, depression, eating disorders, etc. For a complete list please see the Youth Asset Mapping Project in the reference list.

Geographic Service Area 3

Population

GSA 3 includes the four counties which comprise the southeastern-most part of Arizona: Greenlee, Santa Cruz, Graham and Cochise. Based on percentages of the population, both Greenlee and Santa Cruz have the largest percentage of individuals less than 18 years of age in the region, followed by Graham and Cochise Counties. While Cochise has the largest population of the four counties in GSA 3, Santa Cruz has the largest percentage of the population under 18 years of age. Overall, GSA 3 represents about four percent of the total state population of Arizona.

Table 12. Total Population of State, GSA 3 and Counties in GSA 3

	Population					
	State 2010	GSA 3 2010	Cochise	Graham	Greenlee	Santa Cruz
Total Population	6,393, 017	224, 423	131, 346	37, 220	8, 437	47, 420
Percentage of Population Under 18	25.5	24.9	23.0	23.0	29.2	30.7

Source: 2010 U.S. Census Bureau State and Quick Facts found at: <http://quickfacts.census.gov/qfd/states/04000.html>

Youth Substance Misuse and Abuse

Overall, youth in the counties of GSA 3 tend to use more harmful drugs more frequently than youth throughout the state. For example, drug use is more frequent and of more harmful substances in Greenlee County as compared to other counties in GSA3 given the overall county DSI of 34.45.

Table 13. Substance Use and Drug Severity Indices by Substance Among Youth in GSA 3

Drug Severity Index						
GSA 3						
	State 2010	GSA 3 2010	Cochise	Graham	Greenlee	Santa Cruz
Used to Calculate the Youth Drug Severity Indices						
Percentage of Substance Users	42.3	47.65	43.18	40.76	51.41	53.89
Average Frequency of Use	1.82	2.09	1.91	2.11	2.29	2.03
Average Harm	6.46	7.34	6.72	6.91	7.98	7.71
Youth Drug Severity Index by Drugs (harm ranks in parentheses; higher = more harmful*)						
Tobacco (7)	10.38	15.12	12.75	16.23	21.08	12.27
Alcohol (9)	14.96	18.56	15.75	16.14	16.87	22.47
Marijuana (5)	9.18	7.88	7.83	9.24	8.03	7.16
Hallucinogens (3)	0.65	0.48	0.53	0.47	0.30	0.51
Cocaine (11)	0.64	0.97	0.92	0.28	1.10	1.22
Inhalants (4)	1.49	1.71	2.16	1.58	1.71	1.46
Meth (8)	0.21	0.21	0.12	0.28	0.20	0.21
Heroin (12)	0.40	0.43	0.36	0.89	0.00	0.21
Ecstasy (1)	1.00	0.68	1.13	0.54	0.00	0.61
Steroids (2)	0.32	0.41	0.39	0.19	0.90	0.32
Rx Pain Relievers (6)	3.48	3.54	2.91	4.37	4.32	2.93
Rx Stimulants (8)	0.99	0.73	1.07	0.79	0.70	0.43
Rx Sedatives (10)	1.87	1.63	1.90	1.84	1.91	0.91
Drug Severity Index Score**	26.99	31.91	28.55	31.72	34.45	31.70

Source: Arizona Criminal Justice Commission Statistical Analysis Center Publication. The 2011 Community Data Project Data Booklet(s)

*For details on harm ranks, see Nutt, D. et. al.(2007). Development of a rational scale to assess the harm of drugs and potential misuse, Lancet, 369: 1047-1053.

**DSI scores based on weighted frequency of use reported and may vary from county level to GSA as weights are adjusted when aggregated.

While drug use and harmfulness are highest among youth in Greenlee County, relative to other counties in GSA 3, the overall Drug Severity Indices for the GSA demonstrate that drug use is higher for youth in this area compared to youth throughout the state. The Drug Severity Index for tobacco and alcohol use in all four counties is above the state Drug Severity Indices for these substances. Even more, in Santa Cruz County the youth alcohol severity index (22.47) is 1.5 times higher than the state drug severity index score (14.96). Therefore, youth in Santa Cruz County report consuming alcohol more frequently than youth in other parts of the state as well as neighboring counties in GSA 3.

This is similar with tobacco use in Greenlee County where the severity index (21.08) is double the index for the state (10.38), suggesting that youth in Greenlee are using tobacco more frequently than in other areas. Prescription pain reliever use is another index that is higher than the state index in both Graham and Greenlee counties. Also in Graham County, the Drug Severity Index for heroin (.89) is double the index for the state (.4) among youth, indicating that youth in Graham County use heroin with more frequency than youth throughout the state. This is also the case for Santa Cruz County where the DSI for cocaine (1.22) is almost double the state index for cocaine use among youth (.64). The next section details adult 30 day substance use.

Adult Substance Misuse and Abuse

Adult substance use demonstrates many differences from youth substance use in the region. For example, in Greenlee County 59 percent of adults report drinking alcohol in the past 30 days and of those, 40 percent reported drinking 1-2 drinks per day. This figure is almost double the percentage of adults who reported having 1-2 drinks per day in the last 30 days in Cochise and Santa Cruz counties as well as throughout the state, and more than three times as many as those in Graham County. Youth in Greenlee however, tend to use tobacco with greater frequency than alcohol use.

Table 14. Percentage of Self-reported Adult Past 30-Day Substance Use/Abuse in GSA 3

Substance	Adult Past 30-Day Substance Use					
	State	GSA	Cochise	Graham	Greenlee	Santa Cruz
Drink Alcohol	59.00	58.00	60.00	45.00	59.00	50.00
Occasional, not every day	74.00	75.00	74.00	80.00	56.00	75.00
1-2 per day	19.00	19.00	20.00	12.00	40.00	20.00
3-5 per day	5.00	5.00	4.00	7.00	0.00	3.00
6 or more per day	2.00	1.00	1.00	0.00	4.00	2.00
Illegal/Illicit Drug	10.00	14.00	15.00	13.00	0.00	20.00
Prescription Drug	13.00	28.00	36.00	0.00	0.00	29.00

Source: 2010 Arizona Health Survey, unpublished data.

*Prescription drug type not specified (i.e. sedative, stimulant, pain reliever).

At the same time, 36 percent of adults in Cochise County and 29 percent of adults in Santa Cruz County indicate using prescription drugs without the consent of a doctor. These figures are both more than double the percentage of adults throughout the state who indicate the use of prescription drugs without the consent of a doctor in the past 30 days. On the other hand, youth in Graham and Greenlee counties report higher frequencies of prescription pain reliever use than in Cochise or Santa Cruz counties. Further, in Santa Cruz County, 20 percent of adults indicate they have used illegal/illicit drugs in the past 30 days, which is double the percentage throughout the state. Overall in GSA 3, adult substance use demonstrates similar or higher percentages of alcohol and drug use compared to adults throughout the state.

Prevention Programming

Youth prevention services in GSA 3 are focused on substance misuse/abuse and tobacco use among youth in the region. While the organizations serving this region of the state are limited in number, given the response rates of the survey, overall providers maintain prevention services across a number of issue areas like substance use, tobacco, dating/sexual violence, and teen pregnancy.

Table 15. Prevention Services Provided to Youth in Counties in GSA 3

Prevention Services*				
	Counties			
	Cochise (2)	Graham (2)	Greenlee (4)	Santa Cruz (4)
Substance abuse	1	2	4	4
Tobacco use	1	1	3	2
Gangs	0	0	0	1
Obesity	1	1	2	2
Dating/Sexual Violence	2	2	3	2
Teen Pregnancy	2	2	3	3
Suicide	1	2	2	2
Injuries	0	0	1	0
HIV/AIDS	2	2	2	2
STI's/ STD's	2	2	3	2
Bullying	1	2	2	4
Dropout	0	0	0	1
Gun Violence	0	0	0	1
Family Violence	0	1	2	1
Other**	0	1	2	2

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may offer more than one type of prevention service.

** May include homelessness, cyber bullying, depression, eating disorders, etc. For a complete list please see the Youth Asset Mapping Project in the reference list.

Table 16. Youth Prevention Strategies Utilized by Prevention Providers in Counties in GSA 3

Prevention Strategies*				
	Counties			
	Cochise (2)	Graham (2)	Greenlee (4)	Santa Cruz (4)
Community Education	2	2	2	3
Public Information/Social Marketing	2	2	2	4
Life Skills	1	0	0	3
Personal/Cultural Development	2	1	1	3
Training	2	1	1	3
Parent Education	1	0	1	2
Mentoring	1	0	0	2
Peer Leadership	2	1	1	4
Community Development/Capacity Building	1	1	1	3

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may use more than one strategy.

Likewise, in terms of prevention strategies, prevention service providers who service the counties of GSA 3 also appear to have a range of prevention strategies to use in service provision. The greatest variety of prevention strategies seems to be service providers who serve in Santa Cruz County.

Geographic Service Area 4

Population

GSA 4 is comprised of two counties in the middle part of the state just south of Maricopa County. Gila and Pinal counties have vastly different population sizes, but similar percentages of youth in their geographic areas. Overall, about 7 percent of Arizona residents reside within these two counties.

Table 17. Total Population of State, GSA 4 and Counties in GSA 4

	Population			
	State 2010	GSA 4 2010	Gila	Pinal
Total Population	6,393, 017	429, 367	53, 597	375, 770
Percentage of Population Under 18	25.5	25.9	21.4	26.5

Source: 2010 U.S. Census Bureau State and Quick Facts found at: <http://quickfacts.census.gov/qfd/states/04000.html>.

Youth Substance Misuse and Abuse

Table 18. Substance Use and Drug Severity Indices by Substance Among Youth in GSA 4

Drug Severity Index				
GSA 4				
	State 2010	GSA 4 2010	Gila	Pinal
Used to Calculate the Youth Drug Severity Indices				
Percentage of Substance Users	42.3	43.49	54.77	48.21
Average Frequency of Use	1.82	1.84	2.43	1.93
Average Harm	6.46	6.53	8.36	6.90
Youth Drug Severity Index by Drugs (harm ranks in parentheses; higher = more harmful*)				
Tobacco (7)	10.38	10.87	15.96	11.50
Alcohol (9)	14.96	15.00	19.54	16.14
Marijuana (5)	9.18	9.01	13.23	9.46
Hallucinogens (3)	0.65	0.56	0.42	0.51
Cocaine (11)	0.64	0.60	0.85	0.87
Inhalants (4)	1.49	1.70	1.58	1.86
Meth (8)	0.21	0.29	0.31	0.30
Heroin (12)	0.40	0.23	0.12	0.25
Ecstasy (1)	1.00	0.94	0.69	0.86
Steroids (2)	0.32	0.39	0.88	0.30
Rx Pain Relievers (6)	3.48	3.59	4.50	3.96
Rx Stimulants (8)	0.99	0.97	0.62	0.61
Rx Sedatives (10)	1.87	1.80	2.08	1.63
Drug Severity Index Score**	26.99	27.10	35.80	28.61

Source: Arizona Criminal Justice Commission Statistical Analysis Center Publication. The 2011 Community Data Project Data Booklet(s).

*For details on harm ranks, see Nutt, D. et. al.(2007). Development of a rational scale to access the harm of drugs and potential misuse, Lancet, 369: 1047-1053.

**DSI scores based on weighted frequency of use reported and may vary from county level to GSA as weights are adjusted when aggregated.

In both counties of GSA 4, the average harm and frequency of drug use among youth are above the state averages, indicating that youth use more harmful drugs with greater frequency than youth throughout the state. However, the County DSI for Gila is 1.25 times higher than in Pinal County, as tobacco, alcohol, marijuana, and prescription pain reliever use all have higher index scores; which suggests that youth report using these substances with greater frequency than in Pinal County. Further, nearly 55 percent of youth in Gila County indicate that they are substance users, as compared to 48 percent of youth in Pinal County. Nevertheless, both counties have higher substance use rates than the statewide percentage of 42 percent of youth.

Alcohol appears to be the substance used with greatest frequency in GSA 4 as compared to other areas of the state. Specifically, in Gila County the Severity Index for alcohol is 19.54, which is more than any other county alcohol index throughout the state, except Santa Cruz County in GSA 3, where the alcohol severity index is 22.47. In addition, prescription pain reliever use without the consent of a doctor is higher in Gila County as compared to Pinal County.

On the other hand, prescription stimulant use is lower in both Gila and Pinal counties when compared to the state index. Overall, based on the indices for GSA 4, substance use is relatively higher in Gila and Pinal counties as these two regions have two of the highest overall Drug Severity Index scores.

Table 19. Percentage of Self-reported Adult Past 30-Day Substance Use/Abuse in GSA 4

Substance	Adult Past 30-Day Substance Use			
	State 2010	GSA 4	Gila	Pinal
Drink Alcohol	59.00	55.00	47.00	57.00
Occasional, not every day	74.00	71.00	75.00	71.00
1-2 per day	19.00	17.00	15.00	16.00
3-5 per day	5.00	10.00	9.00	11.00
6 or more per day	2.00	2.00	0.00	2.00
Illegal/Illicit Drug	10.00	14.00	4.00	14.00
Prescription Drug	13.00	5.00	16.00	3.00

Source: 2010 Arizona Health Survey, unpublished data.

*Prescription drug type not specified (i.e. sedative, stimulant, pain reliever).

Adult Substance Misuse and Abuse

Adult substance use in GSA 4 indicates that alcohol consumption in the past 30 days is below the state percentage, but higher in Pinal County than in Gila County. Of those adults in Pinal County that indicate having consumed alcohol in the past 30 days, the majority of them indicate having an occasional drink, while 16 percent indicate having 1-2 drinks per day. This pattern is also true for the 47 percent of adults that consumed alcohol in the past 30 days in Gila County; however only 15% of adults report having 1-2 drinks per day. At the same time, in Gila County, 16 percent of adults report having used a prescription drug in the past 30 days without the consent of a doctor, which is higher than the 3 percent of adults in Pinal County and the 13 percent of adults in statewide. The opposite is true for illegal/illicit drug use in Pinal County where 14 percent of adults report use in the past 30 days, while only 4 percent of adults in Gila County and 10 percent of adults statewide indicate illegal/illicit drug use in the past 30 days.

Prevention Programming

Youth prevention services captured in the *Youth Asset Mapping Project*, demonstrate a large number of prevention service providers servicing Pinal County. There are more than three times as many prevention providers serving Pinal County as compared to Gila County. The vast majority of those providing prevention services include substance use, tobacco use, bullying, and dating sexual/violence as areas of focus for prevention services. Prevention strategies tend to include community education, public information/social marketing, peer leadership, and life skills training. Overall, within GSA 4, youth prevention service providers include a wide range of focus areas and prevention strategies.

Table 20. Prevention Services Provided to Youth in Counties in GSA 4

Prevention Services*		
	Counties	
	Gila (4)	Pinal (15)
Substance abuse	4	14
Tobacco use	3	9
Gangs	1	3
Obesity	2	6
Dating/Sexual Violence	2	7
Teen Pregnancy	3	5
Suicide	0	4
Injuries	1	3
HIV/AIDS	1	2
STI's/ STD's	1	3
Bullying	3	8
Dropout	2	3
Gun Violence	0	2
Family Violence	1	5
Other**	0	4

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may offer more than one type of prevention service.

** May include homelessness, cyber bullying, depression, eating disorders, etc. For a complete list please see the Youth Asset Mapping Project in the reference list.

Table 21. Youth Prevention Strategies Utilized by Prevention Providers in Counties in GSA 4

Prevention Strategies*		
	Counties	
	Gila (4)	Pinal (15)
Community Education	4	12
Public Information/Social Marketing	4	13
Life Skills	2	8
Personal/Cultural Development	3	6
Training	1	4
Parent Education	3	7
Mentoring	3	5
Peer Leadership	3	9
Community Development/Capacity Building	2	7

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may use more than one strategy.

GEOGRAPHIC SERVICE AREA 5: COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA

The Community Partnership of Southern Arizona, Inc. (CPSA) is a community-based, nonprofit organization under contract with the ADHS/DBHS to provide comprehensive mental health and substance use treatment and prevention services across Pima County (GSA 5). The southern portion of Pima is situated along the United States border with Mexico. CPSA geographically covers more than 9,000 square miles, which includes two tribal reservations: San Xavier Indian Reservation and part of the Tohono O’odham Nation Reservation (which is shared with GSA 3). The Pascua Yaqui Tribe is also within the geographic boundaries of GSA 5, but functions in the capacity of a TRBHA under contract with ADHS/DBHS for the provision of behavioral health services to Pascua Yaqui tribal members.

CPSA coordinates, by way of a comprehensive network of qualified providers, the delivery of covered behavioral health services in partnership with members and their families, providers, state agencies and other community stakeholders. The structure of the provider network in GSA 5 is designed to assure ease of access, offer member choice, maximize opportunities for collaboration across communities, respond to members and their families in a culturally proficient manner and utilize empirical data to evaluate results. CPSA has 101 direct contracts with providers to offer a comprehensive array of covered behavioral health services directly or through subcontract agreements.

Population

Pima County is the second largest populated county in Arizona and includes the City of Tucson, the second most populated city in Arizona. While the youth in Pima represent 23 percent of the population of the county, by sheer number Pima County includes close to 15 percent of the total population of the state.

Table 22. Total Population of State, GSA 5 and Counties in GSA 5

	Population		
	State 2010	GSA 5 2010	Pima
Total Population	6,393, 017	980, 263	980, 263
Percentage of Population Under 18	25.5	23.0	23.0

Source: 2010 U.S. Census Bureau State and Quick Facts found at: <http://quickfacts.census.gov/qfd/states/04000.html>.

Youth Substance Misuse and Abuse

In Pima County, a little more than 50 percent of youth indicate that they are substance users, and of those youth they tend to use more harmful substances more frequently than youth throughout the state. Overall the Drug Severity Index for Pima County is 1.3 times higher than the state index, and tobacco, alcohol, marijuana, and prescription pain relievers tend to be the most severe problems in the county.

On the other hand, meth and inhalant use tends to be less of an issue for youth in Pima County as compared to youth across the state as both indices are below the state scores. While the index for prescription pain relievers are nearly 1.3 times higher compared to the state, both prescription stimulant and sedative use are also above the state index scores, demonstrating an area of focus for substance use prevention and treatment. Further, the same is true for cocaine use which is 2.2 times higher than the rest of the state given its harmfulness and frequency of use.

Table 23. Substance Use and Drug Severity Indices by Substance Among Youth in GSA 5

Drug Severity Index		
GSA 5		
	State 2010	GSA 5/Pima County
Used to Calculate the Youth Drug Severity Indices		
Percentage of Substance Users	42.3	52.58
Average Frequency of Use	1.82	2.35
Average Harm	6.46	8.08
Youth Drug Severity Index by Drugs (harm ranks in parentheses; higher = more harmful*)		
Tobacco (7)	10.38	13.83
Alcohol (9)	14.96	18.78
Marijuana (5)	9.18	12.18
Hallucinogens (3)	0.65	1.07
Cocaine (11)	0.64	1.42
Inhalants (4)	1.49	1.37
Meth (8)	0.21	0.17
Heroin (12)	0.40	0.66
Ecstasy (1)	1.00	1.27
Steroids (2)	0.32	0.28
Rx Pain Relievers (6)	3.48	4.47
Rx Stimulants (8)	0.99	1.11
Rx Sedatives (10)	1.87	2.16
Drug Severity Index Score**	26.99	34.96

Source: Arizona Criminal Justice Commission Statistical Analysis Center Publication. The 2011 Community Data Project Data Booklet(s).

*For details on harm ranks, see Nutt, D. et. al.(2007). Development of a rational scale to assess the harm of drugs and potential misuse, Lancet, 369: 1047-1053.

**DSI scores based on weighted frequency of use reported and may vary from county level to GSA as weights are adjusted when aggregated.

Adult Substance Misuse and Abuse

Adult substance use data in Pima County indicates that the past 30 day alcohol consumption is higher in GSA 5 than the state average, with 63 percent of adults indicating some kind of alcohol consumption as compared to 59 percent of adults statewide. While the majority of those adults consumed an occasional drink, 23 percent indicate having consumed 1-2 drinks per day in the last 30 days. Further, illegal/illicit drug use in adults is 2 percent lower than the state average, while prescription drug use in the past 30 days is 2 percent higher than adults throughout the state.

Table 24. Percentage of Self-reported Adult Past 30-Day Substance Use/Abuse in GSA 5

Substance	Adult Past 30-Day Substance Use	
	State	Pima
Drink Alcohol	59.00	63.00
Occasional, not every day	74.00	72.00
1-2 per day	19.00	23.00
3-5 per day	5.00	3.00
6 or more per day	2.00	2.00
Illegal/Illicit Drug	10.00	8.00
Prescription Drug	13.00	15.00

Source: 2010 Arizona Health Survey, unpublished data.

*Prescription drug type not specified (i.e. sedative, stimulant, pain reliever).

Prevention Programming

Pima County in GSA 5 has 21 youth prevention service providers who responded to the survey. These services providers target a range of prevention services including substance abuse, tobacco use, dating/sexual violence, and bullying. While most prevention providers tend to rely on public information outreach and social marketing, providers servicing youth in Pima County also indicate using peer leadership and training as prevention strategies.

Table 25. Prevention Services Provided to Youth in Counties in GSA 5

Prevention Services*	
	County
	Pima (21)
Substance abuse	15
Tobacco use	10
Gangs	8
Obesity	6
Dating/Sexual Violence	12
Teen Pregnancy	9
Suicide	8
Injuries	5
HIV/AIDS	8
STI's/ STD's	8
Bullying	11
Dropout	8
Gun Violence	5
Family Violence	10
Other**	6

Table 26. Youth Prevention Strategies Utilized by Prevention Providers in Counties in GSA 5

Prevention Strategies*	
	County
	Pima (21)
Community Education	17
Public Information/Social Marketing	19
Life Skills	11
Personal/Cultural Development	9
Training	13
Parent Education	11
Mentoring	8
Peer Leadership	16
Community Development/Capacity Building	12

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may offer more than one type of prevention service or strategy.

** May include homelessness, cyber bullying, depression, eating disorders, etc. For a complete list please see the Youth Asset Mapping Project in the reference list.

GEOGRAPHIC SERVICE AREA 6: MAGELLAN HEALTH SERVICES OF ARIZONA

Magellan Health Services of Arizona, Inc. serves as the RBHA for GSA 6 and is responsible for administering behavioral health services across Maricopa County, and a small portion of Pinal County. Within the overall network, there are five service delivery systems organized by population and/or service; persons with a Serious Mental Illness (SMI), general mental health/substance abuse (GMH/SA), children/adolescents, prevention, and crisis services. Some providers deliver services to multiple populations while others are dedicated to a select population. These provider network arrangements allow DBHS to deliver care that is geographically-sensitive, culturally-relevant, and integrated with the communities the different providers serve.

As the RBHA for central Arizona, Magellan serves as a critical point of connection to the more than 80,000 individuals who have experienced life challenges as a result of mental illness and substance abuse. Currently operating 20 Direct Care Sites, Magellan's subcontractor's provide assessment, case management, psychiatric services, medication management, nursing services, rehabilitation services, housing services, substance abuse services, benefit services, peer supports, family support, Site Mentors, Family Mentors, psycho-educational services and counseling services. Magellan also partners with community providers who are co-located at the Direct Care Sites. Co-located services include substance abuse services, employment services, DBT services, bus mobility services and peer support services. In addition to the clinic-based services, sub-contracts are held with nearly 30 core providers for outpatient services such as substance abuse treatment for co-occurring disorders, rehabilitation, peer support and recovery coaching, community placement and home and community based services. Magellan also contracts for Level II and III residential services.

Magellan's General Mental Health and Substance Abuse (GMH/SA) service-delivery network is comprised of 29 provider organizations and numerous Fee-for-Service and Single Case Agreement providers available to provide specialty services as needed. Magellan's GMH/SA network provides a full array of services, including Treatment, Rehabilitation, Medical, Support, Inpatient, Residential, and Day Program Services.

Magellan operates a Crisis Phone Line for all of Maricopa County. The Magellan Crisis Line offers 24 hour assistance for callers and families that may be experiencing a crisis in their lives. It provides crisis assessments, interventions, de-escalations, information and referrals. If necessary, the Crisis Line may dispatch a Crisis Mobile Team to help a person or family that may need further services that cannot be provided over the phone. The Crisis Mobile Teams provide face-to-face evaluations and interventions at the crisis caller and/or family's location. This service is available for all Maricopa County residents.

There are nine Level I Crisis Stabilization Centers available in the County, which include both Level I Detoxification and Level I Crisis Stabilization Units. All are subcontracted by a behavioral health provider. They are available for substance misuse/abuse assessments, crisis detoxification, inpatient detoxification, and referrals for aftercare.

The geographic size of Maricopa County and the diversity of cultures within it and existence of urban, suburban, and rural regions directly affect the type of service delivery needed and require creativity in meeting the needs of individuals and families. Provider agencies are dispersed throughout Maricopa County.

Population

GSA 6 is comprised of Maricopa County, which represents 60 percent of the state's population and the largest county in Arizona. Further, a little more than 26 percent of the residents in Maricopa County are youth under 18 years of age, which is more than a fourth of the total population in Maricopa County.

Table 27. Total Population of State, GSA 6 and Counties in GSA 6

	Population		
	State 2010	GSA 6 2010	Maricopa
Total Population	6,393, 017	3, 817, 117	3, 817, 117
Percentage of Population Under 18	25.5	26.4	26.4

Source: 2010 U.S. Census Bureau State and Quick Facts found at: <http://quickfacts.census.gov/qfd/states/04000.html>.

Youth Substance Misuse and Abuse

Youth substance use in Maricopa County indicates that youth use less harmful drugs with less frequency than youth throughout the state. In fact, 41.7 percent of youth report using substances in Maricopa County, as compared to 42.3 percent of youth in the state. Within Maricopa County, or GSA 6, most of the drug severity indices fall below the state indices with the exception of hallucinogens, heroin, ecstasy, and prescription stimulants.

However, this is not to say that Maricopa County is without youth substance abuse challenges. Like most of the other GSA's, youth tend to have the highest use of tobacco, alcohol, and marijuana. Alcohol has the highest index within Maricopa County, followed by tobacco.

In looking to adult substance use, the patterns are very similar when comparing state to county use. Given the size of Maricopa County it is expected that the numbers in this county would most closely align with statewide indices.

Table 28. Substance Use and Drug Severity Indices by Substance Among Youth in GSA 6

Drug Severity Index			
GSA 6			
	State 2010	GSA 6 2010	Maricopa
Used to Calculate the Youth Drug Severity Indices			
Percentage of Substance Users	42.3	40.46	41.69
Average Frequency of Use	1.82	1.73	1.74
Average Harm	6.46	6.17	6.20
Youth Drug Severity Index by Drugs (harm ranks in parentheses; higher = more harmful*)			
Tobacco (7)	10.38	9.22	9.29
Alcohol (9)	14.96	14.38	14.42
Marijuana (5)	9.18	8.84	8.92
Hallucinogens (3)	0.65	0.64	0.66
Cocaine (11)	0.64	0.57	0.58
Inhalants (4)	1.49	1.44	1.46
Meth (8)	0.21	0.19	0.20
Heroin (12)	0.40	0.40	0.42
Ecstasy (1)	1.00	1.05	1.06
Steroids (2)	0.32	0.31	0.31
Rx Pain Relievers (6)	3.48	3.22	3.23
Rx Stimulants (8)	0.99	1.08	1.09
Rx Sedatives (10)	1.87	1.86	1.87
Drug Severity Index Score**	26.99	25.55	25.72

Source: Arizona Criminal Justice Commission Statistical Analysis Center Publication. The 2011 Community Data Project Data Booklet(s).

*For details on harm ranks, see Nutt, D. et. al. (2007). Development of a rational scale to assess the harm of drugs and potential misuse, *Lancet*, 369: 1047-1053.

**DSI scores based on weighted frequency of use reported and may vary from county level to GSA as weights are adjusted when aggregated.

Adult Substance Misuse and Abuse

In Maricopa County, 60 percent of adults report having consumed alcohol in the past 30 days. Of those who consumed alcohol, 75 percent did so on occasion, but not every day, while 18 percent consumed one to two drinks per day. Illegal/illicit drug use and prescription drug use without a doctor's consent in Maricopa County are at or near the state percentages.

Table 29. Percentage of Self-reported Adult Past 30-Day Substance Use/Abuse in GSA 6

Substance	Adult Past 30-Day Substance Use	
	State	Maricopa
Drink Alcohol	59.00	60.00
Occasional, not every day	74.00	75.00
1-2 per day	19.00	18.00
3-5 per day	5.00	5.00
6 or more per day	2.00	2.00
Illegal/Illicit Drug	10.00	11.00
Prescription Drug	13.00	13.00

Source: 2010 Arizona Health Survey, unpublished data.

*Prescription drug type not specified (i.e. sedative, stimulant, pain reliever).

Prevention Programming

Youth prevention services in Maricopa County reflect the numerous service providers in the area. With 46 agencies reporting that Maricopa County is a geographic service area, this is the largest number of providers throughout the state. Targeted prevention services seem to be focused on substance abuse, dating/sexual violence, bullying, teen pregnancy, and tobacco use.

Table 30. Prevention Services Provided to Youth in Counties in GSA 6

Prevention Services*	
	County
	Maricopa (46)
Substance abuse	35
Tobacco use	25
Gangs	15
Obesity	16
Dating/Sexual Violence	30
Teen Pregnancy	25
Suicide	17
Injuries	12
HIV/AIDS	14
STI's/ STD's	17
Bullying	28
Dropout	17
Gun Violence	9
Family Violence	21
Other**	8

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may offer more than one type of prevention service.

** May include homelessness, cyber bullying, depression, eating disorders, etc. For a complete list please see the Youth Asset Mapping Project in the reference list.

Within Maricopa County, prevention strategies are also inclusive of many different approaches including community education, public information/social marketing, life skills, and peer leadership.

Table 31. Youth Prevention Strategies Utilized by Prevention Providers in Counties in GSA 6

Prevention Strategies*	
	County
	Maricopa (46)
Community Education	34
Public Information/Social Marketing	26
Life Skills	26
Personal/Cultural Development	20
Training	18
Parent Education	21
Mentoring	13
Peer Leadership	27
Community Development/Capacity Building	21

*Service providers in parenthesis represent the total number of agencies that reported providing services in the county; agencies may be counted more than once across counties if they provide services in multiple counties. Prevention service providers may use more than one strategy.

BEHAVIORAL HEALTH TREATMENT SERVICES AND FACILITIES, STATEWIDE AND BY GEOGRAPHIC SERVICE AREA

Each year the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), surveys the public treatment provider network by geographic service area (GSA) in order to determine sufficiency and capacity to provide treatment services to clients within the public behavioral health system. While treatment provider numbers help to provide perspective on the size and scope of the public network, for purposes of this report, it is important to consider capacity with respect to the number of individuals eligible to receive services. It is also useful to make comparisons across GSAs and by types of providers.

In order to consider capacity based on the population of people who qualify for public behavioral health services, provider capacity in this report is calculated per 1,000 adults who are either uninsured or are insured through the Arizona Health Care Cost Containment System (AHCCCS), the State's Medicaid authority. While substance misuse/abuse data were calculated relative to the state and total GSA population, treatment service providers or bed counts per 1,000 people are relative to the population of individuals who are uninsured or have public health insurance (AHCCCS) rather than the total population of individuals in the state or region, regardless of substance use projections. By calculating providers per 1,000 people using the qualified population within each GSA, it more closely captures capacity for treating behavioral health recipients.

Adult Behavioral Health and Substance Abuse Providers

Table 32 includes the number of providers within the GSA and a calculation of providers per 1,000 uninsured/AHCCCS clients. Community Service Agencies refer to non-licensed behavioral health facilities that have certification and are registered through the Arizona Department of Health Services/Department of Behavioral Health Services. A Level I Facility includes licensed treatment facilities with a residential treatment center and/or psychiatric acute hospital while Level II and Level III Facilities are not considered institutions for mental disorders and therefore operate without psychiatric services. Outpatient centers provide substance abuse services outside a residential treatment setting.

Statewide, the outpatient clinic accounts for the greatest number of providers within the adult behavioral health network, meanwhile Level III Behavioral Health Residential facilities account for the fewest number of identified providers. As the table indicates, outpatient clinics are distributed throughout the state and tend to have more locations per 1,000 eligible recipients in the more rural areas of Arizona, i.e. GSA 2 (21.60 providers per 1,000 uninsured/AHCCCS adult clients) and GSA 3 (16.61 providers per 1,000 uninsured/AHCCCS adult clients), compared to 1.88 facilities per 1,000 eligible recipients in GSA 5 (Pima County/Tucson). Level I and Level II facilities represent the second most common adult behavioral health provider type; similar to outpatient clinics, this type of provider also has more capacity, per capita, in the rural regions of the state.

In looking across the adult behavioral health provider types, GSAs with smaller populations (i.e. GSA 2 and GSA 3) appear to have greater capacity to serve their potential pool of clients, compared to those GSAs with greater population concentrations. However, in considering the larger population centers, GSA 5 and GSA 6, GSA 5 has the greater capacity to serve behavioral health clients in terms of the number of providers per 1,000 uninsured/AHCCCS adult clients. This is true for GSA 5 across the five adult behavioral health provider types indicated in Table 32. It is critical to consider the vast disproportion in population distribution between rural and urban GSAs when determining adequate capacity for treatment.

Table 32. Adult Behavioral Health Providers for State and GSA

Adult Behavioral Health Provider Types	Adult GMH/SA* Providers FY11	Providers per 1,000 Qualified Adults **
Statewide (34)***		
Community Service Agency - (A3)	43	.03
Level I Facility (B1, B3, B5, B6, 02, 71)	67	.04
Level II Behavioral Health Residential - Non IMD (74)	120	.07
Level III Behavioral Health Residential - Non IMD (A2)	20	.01
Outpatient Clinic (77)	368	.23
GSA 1: Northern Arizona Regional Behavioral Health Authority (5)***		
Community Service Agency - (A3)	10	.36
Level I Facility (B1, B3, B5, B6, 02, 71)	17	.61
Level II Behavioral Health Residential - Non IMD (74)	13	.46
Level III Behavioral Health Residential - Non IMD (A2)	4	.14
Outpatient Clinic (77)	79	2.82
GSA 2: Cenpatico Behavioral Health of Arizona, L.L.C (1)***		
Community Service Agency - (A3)	1	.64
Level I Facility (B1, B3, B5, B6, 02, 71)	11	6.99
Level II Behavioral Health Residential - Non IMD (74)	20	12.70
Level III Behavioral Health Residential - Non IMD (A2)	0	0.00
Outpatient Clinic (77)	34	21.60
GSA 3: Cenpatico Behavioral Health of Arizona, L.L.C. (1)***		
Community Service Agency - (A3)	5	2.97
Level I Facility (B1, B3, B5, B6, 02, 71)	12	7.12
Level II Behavioral Health Residential - Non IMD (74)	5	2.97
Level III Behavioral Health Residential - Non IMD (A2)	0	0.00
Outpatient Clinic (77)	28	16.61
GSA 4: Cenpatico Behavioral Health of Arizona, L.L.C. (3)***		
Community Service Agency - (A3)	2	.21
Level I Facility (B1, B3, B5, B6, 02, 71)	10	1.05
Level II Behavioral Health Residential - Non IMD (74)	9	.94
Level III Behavioral Health Residential - Non IMD (A2)	0	0.00
Outpatient Clinic (77)	40	4.19
GSA 5: Community Partnership of Southern Arizona, Inc. (5)***		
Community Service Agency - (A3)	9	.24
Level I Facility (B1, B3, B5, B6, 02, 71)	9	.24
Level II Behavioral Health Residential - Non IMD (74)	32	.85
Level III Behavioral Health Residential - Non IMD (A2)	5	.13
Outpatient Clinic (77)	71	1.88
GSA 6: Magellan Health Services of Arizona, Inc. (21)***		
Community Service Agency - (A3)	16	.03
Level I Facility (B1, B3, B5, B6, 02, 71)	8	.01
Level II Behavioral Health Residential - Non IMD (74)	41	.07
Level III Behavioral Health Residential - Non IMD (A2)	11	.02
Outpatient Clinic (77)	116	.20

Source: Arizona Department of Health Services, 2011 Network Inventory.

* General Mental Health/Substance Abuse.

**Adults who qualify for treatment services were determined by the percentages of uninsured and those insured through AHCCCS, Arizona's Public Health Insurance System as captured in the Arizona Health Survey (2011).

***Percentage of the adult population in a GSA who qualify for public behavioral health services are indicated in () after the GSA name.

Table 33 captures adult substance abuse provider types per 1,000 uninsured/AHCCCS adult clients, which includes more specific services in substance abuse facilities. The general outpatient substance abuse provider includes substance abuse treatment services outside a behavioral health outpatient clinic. Intensive outpatient services include the specific programs provided through outpatient service providers, whereby services are rendered more frequently, i.e. multiple times per week, to each member, in comparison to standard outpatient treatment. Substance abuse residential service providers include treatment for substance abuse in a residential setting. Throughout the state, the general outpatient substance abuse service providers represent the most prevalent adult provider type per 1,000 uninsured/AHCCCS adult clients. The greatest number of general outpatient service providers is located in GSA 6, or Maricopa County, while the fewest number are located in the counties within GSA 1.

Table 33. : Adult Substance Abuse Treatment Provider Types and Rates per 1,000 People, Statewide and GSA

Adult Substance Abuse Treatment Provider Types	FY11 Locations	Providers per 1,000 people
Statewide (34)**		
General Outpatient Substance Services (77)	258	0.16
Intensive Outpatient Substance Abuse Services (77)	75	0.05
Substance Abuse Residential (B1, B3, B6, 02, 71)	3	0.00
Substance Abuse Residential Contracts Outside their GSA	0	0.00
GSA 1: Northern Arizona Regional Behavioral Health Authority (5)**		
General Outpatient Substance Services (77)	12	0.43
Intensive Outpatient Substance Abuse Services (77)	3	0.11
Substance Abuse Residential (B1, B3, B6, 02, 71)	0	0.00
Substance Abuse Residential Contracts Outside their GSA	0	0.00
GSA 2: Cenpatico Behavioral Health of Arizona, L.L.C. (1)**		
General Outpatient Substance Services (77)	16	8.00
Intensive Outpatient Substance Abuse Services (77)	5	2.50
Substance Abuse Residential (B1, B3, B6, 02, 71)	0	0.00
Substance Abuse Residential Contracts Outside their GSA	0	0.00
GSA 3: Cenpatico Behavioral Health of Arizona, L.L.C (1)**		
General Outpatient Substance Services (77)	32	16.00
Intensive Outpatient Substance Abuse Services (77)	9	4.50
Substance Abuse Residential (B1, B3, B6, 02, 71)	1	0.50
Substance Abuse Residential Contracts Outside their GSA	0	0.00
GSA 4: Cenpatico Behavioral Health of Arizona, L.L.C (3)**		
General Outpatient Substance Services (77)	25	2.50
Intensive Outpatient Substance Abuse (77)	4	0.40
Substance Abuse Residential (B1, B3, B6, 02, 71)	0	0.00
Substance Abuse Residential Contracts Outside their GSA	0	0.00
GSA 5: Community Partnership of Southern Arizona, Inc. (5)**		
General Outpatient Substance Services (77)	24	0.63
Intensive Outpatient Substance Abuse Services (77)	18	0.47
Substance Abuse Residential (B1, B3, B6, 02, 71)	0	0.00
Substance Abuse Residential Contracts Outside their GSA	0	0.00
GSA 6: Magellan Health Services of Arizona, Inc. (21)**		
General Outpatient Substance Services (77)	149	0.25
Intensive Outpatient Substance Abuse Services(77)	36	0.06
Substance Abuse Residential (B1, B3, B6, 02, 71)	2	0.00
Substance Abuse Residential Contracts Outside their GSA	0	0.00

Examining substance abuse treatment providers for adult clients specifically, Table 33 indicates that intensive outpatient substance abuse services are the second most prevalent type of facility. Statewide, there are .05 facilities available per 1,000 eligible adult clients, with the largest capacity in GSA 3 where there are 4.50 facilities per 1,000 uninsured/AHCCCS adult clients. While GSA 3 has the second smallest number of uninsured/AHCCCS adults, this area shows a greater number of outpatient facilities per 1,000 uninsured/AHCCCS adult clients.

As is seen with other treatment provider types, GSA 6 has the largest population of uninsured/AHCCCS adult clients, and it is due to the large population that this area has the lowest capacity of outpatient treatment providers per 1,000 .

Source: Arizona Department of Health Services, 2011 Network Inventory.

**Percentage of the adult population in a GSA who qualify for public behavioral health services are indicated in () after the GSA name.

However, with regard to substance abuse residential centers (Table 33), GSA 6 has the largest number of residential centers with two providers followed by GSA 3 which has one provider. The table also indicates that at this time there are no identified substance abuse residential contracts outside a GSA area, suggesting that most of the substance abuse treatment services are likely occurring outside a residential treatment center within a specific GSA. In the next section, the treatment capacity within the network is further specified in terms of bed capacity.

Table 34. Adult Substance Abuse Providers-Bed Capacity, Statewide and GSA

Adult Substance Abuse Detox/ Stabilization/Transition Program Provider Types (bed capacity)	FY11*	Bed Capacity per 1,000
Statewide (34)***		
Inpatient Hospital (02, 71) – Total Number of Contracted Beds	103	0.06
Sub-Acute Facility (B5, B6) – Total Number of Contracted Beds	92	0.06
Level I Crisis Provider (B7) – Contracted Capacity	0	0.00
Rural Substance Abuse Transitional Center (A6) – Total Number of Beds	50	0.03
GSA 1: Northern Arizona Regional Behavioral Health Authority (5)***		
Inpatient Hospital (02, 71) – Total Number of Contracted Beds	29	1.04
Sub-Acute Facility (B5, B6) – Total Number of Contracted Beds	16	0.57
Level I Crisis Provider (B7) – Contracted Capacity	0	0.00
Rural Substance Abuse Transitional Center (A6) – Total Number of Beds	4	0.14
GSA 2: Cenpatico Behavioral Health of Arizona, L.L.C (1)***		
Inpatient Hospital (02, 71) – Total Number of Contracted Beds**	0	0.00
Sub-Acute Facility (B5, B6) – Total Number of Contracted Beds	18	9.00
Level I Crisis Provider (B7) – Contracted Capacity	0	0.00
Rural Substance Abuse Transitional Center (A6) – Total Number of Beds	16	8.00
GSA 3: Cenpatico Behavioral Health of Arizona, L.L.C (1)***		
Inpatient Hospital (02, 71) – Total Number of Contracted Beds**	0	0.00
Sub-Acute Facility (B5, B6) – Total Number of Contracted Beds	0	0.00
Level I Crisis Provider (B7) – Contracted Capacity	0	0.00
Rural Substance Abuse Transitional Center (A6) – Total Number of Beds	12	6.00
GSA 4: Cenpatico Behavioral Health of Arizona, L.L.C (3)***		
Inpatient Hospital (02, 71) – Total Number of Contracted Beds**	10	1.00
Sub-Acute Facility (B5, B6) – Total Number of Contracted Beds	37	3.70
Level I Crisis Provider (B7) – Contracted Capacity	0	0.00
Rural Substance Abuse Transitional Center (A6) – Total Number of Beds	18	1.80
GSA 5: Community Partnership of Southern Arizona, Inc. (5)***		
Inpatient Hospital (02, 71) – Total Number of Contracted Beds	36	0.95
Sub-Acute Facility (B5, B6) – Total Number of Contracted Beds	12	0.32
Level I Crisis Provider (B7) – Contracted Capacity	0	0.00
Rural Substance Abuse Transitional Center (A6) – Total Number of Beds	0	0.00
GSA 6: Magellan Health Services of Arizona, Inc. (21)***		
Inpatient Hospital (02, 71) – Total Number of Contracted Beds	24	0.04
Sub-Acute Facility (B5, B6) – Total Number of Contracted Beds	32	0.05
Level I Crisis Provider (B7) – Contracted Capacity	0	0.00
Rural Substance Abuse Transitional Center (A6) – Total Number of Beds	0	0.00

Source: Arizona Department of Health Services, 2011 Network Inventory.
*Total numbers reflect total combined capacity within and outside the GSA.

**GSA 2,3,4, Inpatient Hospital (02, 71)- Total Number of Contracted Beds includes an additional 101 beds located outside the GSA.

***Percentage of the adult population in a GSA who qualify for public behavioral health services are indicated in () after the GSA name.

As seen in table 34, statewide, the greatest bed capacity for treating adult substance abuse is found within inpatient hospitals and sub-acute facilities. Inpatient treatment services tend to occur in a psychiatric acute hospital or residential treatment center, while a sub-acute facility provides inpatient services outside the context of a hospital or residential treatment center. The prevalence of inpatient hospitals and sub-acute facilities is highest in GSAs 1, 4, 5 and 6. As was the case in measuring capacity by treatment providers, Maricopa County (GSA 6) has some of the smallest bed capacity across the detox/stabilization facilities per 1,000 uninsured/AHCCS adult clients, while GSA 2 has some of the highest treatment capacity in sub-acute facilities (9.00 per 1,000 uninsured/AHCCS adult clients) and rural substance abuse transitional centers (9.00 per 1,000 uninsured/AHCCS adult clients).

Data in Table 34 indicate that there are no specific Level I Crisis providers in the state; however, it is important to note that Table 34 does not reflect all provider types that support Crisis Intervention Services outside of a Level I Crisis Provider. For example, the services available in a Level I Crisis Provider include crisis intervention “stabilization”, crisis intervention “telephone” and crisis intervention “mobile teams.” These services can be provided by a total of eight other ADHS Provider Types and therefore are captured in other provider types listed.

Table 35. Residential Substance Abuse Treatment Services - Bed Capacity, Statewide and GSA

Residential Services Co-Occurring & Substance Abuse Treatment Services Only (bed capacity)	FY11	Bed Capacity Per 1,000
Statewide (34)*		
Level II SMI Specific Beds (Non Co-Occurring)	298	0.18
Level II SMI Beds (Co-Occurring)	390	0.24
Level II GMH/SA Beds (Co-Occurring or SA only)	522	0.32
Level II Beds (For SA Women with Dependent Children and/or Pregnant)	306	0.19
GSA 1: Northern Arizona Regional Behavioral Health Authority (5)*		
Level II SMI Specific Beds (Non Co-Occurring)	0	0.00
Level II SMI Beds (Co-Occurring)	44	1.57
Level II GMH/SA Beds (Co-Occurring or SA only)	58	2.07
Level II Beds (For SA Women with Dependent Children and/or Pregnant)	12	0.43
GSA 2: Cenpatico Behavioral Health of Arizona, L.L.C (1)*		
Level II SMI Specific Beds (Non Co-Occurring)	0	0.00
Level II SMI Beds (Co-Occurring)	12	6.00
Level II GMH/SA Beds (Co-Occurring or SA only)	28	14.00
Level II Beds (For SA Women with Dependent Children and/or Pregnant)	32	16.00
GSA 3: Cenpatico Behavioral Health of Arizona, L.L.C (1)*		
Level II SMI Specific Beds (Non Co-Occurring)	20	10.00
Level II SMI Beds (Co-Occurring)	8	4.00
Level II GMH/SA Beds (Co-Occurring or SA only)	52	26.00
Level II Beds (For SA Women with Dependent Children and/or Pregnant)	32	16.00
GSA 4: Cenpatico Behavioral Health of Arizona, L.L.C (3)*		
Level II SMI Specific Beds (Non Co-Occurring)	14	1.40
Level II SMI Beds (Co-Occurring)	5	0.50
Level II GMH/SA Beds (Co-Occurring or SA only)	38	3.80
Level II Beds (For SA Women with Dependent Children and/or Pregnant)	32	3.20
GSA 5: Community Partnership of Southern Arizona, Inc. (5)*		
Level II SMI Specific Beds (Non Co-Occurring)	97	2.55
Level II SMI Beds (Co-Occurring)	198	5.21
Level II GMH/SA Beds (Co-Occurring or SA only)	198	5.21
Level II Beds (For SA Women with Dependent Children and/or Pregnant)	62	1.63
GSA 6: Magellan Health Services of Arizona, Inc. (21)*		
Level II SMI Specific Beds (Non Co-Occurring)	167	0.28
Level II SMI Beds (Co-Occurring)	123	0.21
Level II GMH/SA Beds (Co-Occurring or SA only)	148	0.25
Level II Beds (For SA Women with Dependent Children and/or Pregnant)	136	0.23

Source: Arizona Department of Health Services, 2011 Network Inventory.

*Percentage of the adult population in a GSA who qualify for public behavioral health services are indicated in () after the GSA name.

The following section also provides bed capacity per 1,000 adults within residential service providers for co-occurring and substance abuse treatment. As is seen in Table 35, overall, bed capacity in residential treatment service providers varies across the state. For example, in GSA 1 and 2 there are no Level II SMI specific beds, while there are anywhere from .28 to 10 beds per 1,000 uninsured/AHCCCS adult clients in GSAs 3, 4, 5, and 6. Level II GMH/SA beds are of greatest capacity statewide as compared to other residential service providers, however, bed capacity is highest in GSA 2, 3, and 5. GSA 2 and 3 have the highest capacity to provide Level II services for women with dependent children or who are pregnant, with 16 beds per 1,000 uninsured/AHCCCS adult clients. Once again, GSAs with larger populations (5 and 6) tend to have smaller rates of bed capacities, per capita, relative to the lesser populated GSAs (1, 2, and 3). In the following section, Opioid treatment facilities are specified across the state reflecting an initiative by the state to increase facilities for treatment of clients with dependency.

Table 36. Opioid Treatment Centers, Statewide and GSA

Opioid Treatment Opioid Treatment (Methadone)	FY11	Providers Per 1,000 people
Statewide (34)*		
Capacity to Dispense Methadone	23	0.01
Capacity to Dispense Buprenorphine	50	0.03
GSA 1: Northern Arizona Regional Behavioral Health Authority (5)*		
Capacity to Dispense Methadone	3	0.11
Capacity to Dispense Buprenorphine	3	0.11
GSA 2: Cenpatico Behavioral Health of Arizona, L.L.C (1)*		
Capacity to Dispense Methadone	1	0.50
Capacity to Dispense Buprenorphine	2	1.00
GSA 3: Cenpatico Behavioral Health of Arizona, L.L.C (1)*		
Capacity to Dispense Methadone	1	0.50
Capacity to Dispense Buprenorphine	5	2.50
GSA 4: Cenpatico Behavioral Health of Arizona, L.L.C (3)*		
Capacity to Dispense Methadone	1	0.10
Capacity to Dispense Buprenorphine	4	0.40
GSA 5: Community Partnership of Southern Arizona, Inc. (5)*		
Capacity to Dispense Methadone	3	0.08
Capacity to Dispense Buprenorphine	1	0.03
GSA 6: Magellan Health Services of Arizona, Inc. (21)*		
Capacity to Dispense Methadone	14	0.02
Capacity to Dispense Buprenorphine	35	0.06

Source: Arizona Department of Health Services, 2011 Network Inventory.

*Percentage of the adult population in a GSA who qualify for public behavioral health services are indicated in () after the GSA name.

Opioid treatment facilities are relatively similar in number across the six GSA's. The exception is GSA 3, where there is the highest rate of treatment providers, .50 Methadone and 2.50 Buprenorphine, per 1,000 uninsured/AHCCCS adult clients and GSA 6 where there are the greatest number of providers to dispense Methadone and Buprenorphine. Overall, the capacity to provide Opioid treatment is consistent across the state in that each GSA has access to providers, with the greatest number of treatment providers identified in GSA 6. The following Discussion and Summary sections provide a more detailed analysis, comparing treatment capacity and examining potential gaps.

DISCUSSION

Examining the Geographic Service Areas of the public behavioral health system in Arizona, a number of important trends can be seen in the combination of substance use and prevention/treatment provider data. Substance use between youth tends to be higher in more geographically rural areas with smaller population concentrations, while adult prescription and illegal/illicit drug use also tends to be highest in rural counties. Across the GSAs there are no consistent patterns of youth and adult substance use, which speaks to the need for continued local assessments of substance misuse/abuse patterns and localized prevention and treatment services. For example, GSA 3 is home to only four percent of Arizona's total population, lacks any large urban population centers, and has some of the highest percentages of youth and adults who reported substance use. In fact, in Greenlee and Santa Cruz counties, over 50 percent of youth indicated using substances, with tobacco and alcohol being the most harmful and most frequently used substances, respectively. Additionally, youth in Graham and Greenlee counties indicated using prescription pain relievers without the consent of a doctor more frequently than their peers statewide. However, prescription pain reliever use without a doctor's consent was highest among adults in Cochise County, almost three times higher than adults throughout the state. Overall, GSA 3 has one of the smallest populations, some of the highest substance use rates, and some of the greatest treatment capacity per 1,000 uninsured/AHCCCS adult clients. As can be seen in GSA 3, treatment capacity is being placed in areas of the state with greatest need. However, GSA 3 has fewer prevention providers addressing the substance abuse challenges of youth populations compared to other GSAs.

A similar trend is found in the counties that comprise GSA 1, including Mohave and Yavapai counties. More specifically, alcohol use among youth and prescription pain reliever use between youth and adults, without the consent of a doctor, were highest in Mohave County. However, there is only one identified prevention provider in the County and treatment capacity per 1,000 people varies depending on the type of facility. Nevertheless, overall behavioral health provider capacity in GSA 1 tends to be higher as compared to the more urban GSAs of 5 and 6, but lower than other rural GSAs. Overall, bed capacity tends to be more proportional than provider types across the GSAs when comparing rates per 1,000 uninsured/AHCCCS adult clients.

Another example, in looking at substance use in GSA 2, 26 percent of surveyed adults in Yuma County reported prescription drug use without the consent of a doctor, double the statewide percentage. At the same time, illegal/illicit drug use among adults in La Paz County was more than double the state percentage, reflecting the need for continued adult treatment capacity in GSA 2. However, in GSA 2, youth substance use rates tend to be lower than the statewide rates.

Finally, GSA 6 (Maricopa County) has the largest population of people in the state as well as the highest number of people who are uninsured/AHCCCS adult clients. GSA 6 overall has a lower prevalence of youth and adult substance misuse/abuse, and some of the smallest capacity to provide substance abuse/mental health treatment services for adults relative to the population of uninsured/AHCCCS adult clients. GSA 6 does however have the largest number of prevention providers, with 46 identified providers.

As for treatment services, overall, areas with smaller populations tend to have greater capacity to serve clients in the behavioral health system in terms of providers per 1,000 uninsured/AHCCCS adult clients. Given that those areas also tend to have higher substance use percentages among adults and higher Drug Severity Index scores for youth, the public behavioral health system reflects greater representation of providers based on client needs and geographic dispersion. So while it may seem useful to achieve proportional representation based on population counts, the GSAs are better able to serve their clients with treatment providers and bed-capacity by locating providers based on the specific needs of communities within their region.

SUMMARY

This report provides an overview of substance use by youth and adults, as well as an aggregated summary of prevention and treatment providers across the six GSAs. Overall, from a system-planning perspective, the behavioral health system has some of the greatest treatment capacity and lowest prevention capacity in the least-populated areas. While the prevention provider information is reflective of those providers who had access and responded to the asset mapping survey, there continues to be a need for better identification of prevention provider service locations to address substance misuse/abuse trends in specific communities and regions throughout the state. As is reflected in the prevention provider data, areas with higher youth substance use tend to have fewer prevention provider services, reflecting a gap in identification or existence of substance abuse prevention services.

Additionally, regional differences in substance use trends indicate that some areas may have a need for greater focus and attention on addressing specific substances for prevention and treatment. This report and the data that informed this analysis can be utilized by stakeholders within the substance abuse prevention and treatment communities to determine gaps in their own capacity as well as programming that may be better directed at populations within specific geographic regions, based on identified substance abuse challenges.

Referenced Reports Web-Access

Annual Report on Substance Abuse Treatment Programs (2011). Arizona Department of Health Services/Division of Behavioral Health Services. http://www.azdhs.gov/bhs/documents/reports/Substance-Abuse-Treatment-Programs_Annual-Report.pdf

Arizona Health Survey: Adult Substance Use in Arizona 2010 (2010). St. Luke's Health Initiative. <http://www.arizonahealthsurvey.org/wp-content/uploads/2010/12/ahs-2010-SubstanceUse-Dec10.pdf>

Community Data Project (2011). Arizona Criminal Justice Commission. <http://www.bach-harrison.com/arizonadataproject/Indicators.aspx>

Network Inventory (2011), Arizona Department of Health Services, Department of Behavioral Health Services.

Prevention Programs Asset Mapping Report (2011). Arizona Department of Health Services: Bureau of Women and Children's Health. <http://www.azdhs.gov/phs/owch/pdf/issues/AdolescentAssetInventoryReport2011.pdf>

APPENDIX A

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APPENDIX B

Youth Prevention Service Organizations

- 1n10**
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Organization Website: www.co.apache.az.us
- Arizona Youth Partnership**
Address: 3275 W. Ina Road, Ste. 135,
Tucson, AZ 85741
Contact Person: Daniel Stoltzfus
Telephone Number: 520-744-9595
Email address: daniel@azyp.org
Organization Website: www.azyp.org
- Arizona Coalition Against Domestic Violence**
Address: 2800 N. Central Ave., Ste. 1570,
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Organization Website: www.azcadv.org
- Arizonans for Gun Safety**
Address: 9920 S. Rural Road, Ste. 108 PMB #36,
Tempe, AZ 85284
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Telephone Number: 602-790-8581
Email address: azgsinfo@cox.net
Organization Website: www.azfgs.com
- Arizona Facts of Life, Inc.**
Address: P.O. Box 93872,
Phoenix, AZ 85070
Contact Person: Yolanda Robinson
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Organization Website: www.azfactsoflife.org
- B.O.S.S.**
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Email address: tburton@bosssite.org
Organization Website: www.bosssite.org
- Arizona National Guard
Drug Demand Reduction**
Address: 5636 E. McDowell Road,
Phoenix, AZ 85008
Contact Person: Captain Malina Botkin
Telephone Number: 602-267-2901
Email address: malina.botkin@us.army.mil
Organization Website: none
- Boys & Girls Clubs of Metropolitan Phoenix**
Address: 2645 N. 24th Street,
Phoenix, AZ 85008
Contact Person: Vonn Magnin
Telephone Number: 602-954-8182
Email address: vmagnin@bgcmp.org
Organization Website: www.bgcmp.org
- Boys & Girls Clubs of the East Valley-Tempe**
Address: 715 W. 5th Street,
Tempe, AZ 85281
Contact Person: Vic Cordts
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Email address: vicc@clubzona.org
Organization Website: www.clubzona.org

Boys & Girls Clubs of Tucson

Address: PO Box 40217,
Tucson, AZ 85717
Contact Person: John McDowell
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Organization Website: bgctucson.org

Canyonlands Healthcare - Duncan

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Organization Website: www.cchcaz.org

Casa Grande Fire Department

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Casa Grande Valley Elks Lodge #1957

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Citizens Against Substance Abuse

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Flagstaff, AZ 86001
Contact Person: Connie Leto
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Email address: connie@flagcasa.org
Organization Website: flagcasa.org

City of Scottsdale Youth and Family Services

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Scottsdale, AZ 85251
Contact Person: Hugh McGill
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Email address: hmcgill@scottsdaleaz.gov
Organization Website: scottsdaleaz.gov

City of Tempe

Address: 715 W. Fifth Street,
Tempe, AZ 85281
Contact Person: Kim Bauman
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Organization Website: www.tempe.gov

Cochise County Health Department

Address: 1415 Melody Lane,
Bisbee, AZ 85603
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Devereux AZ

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Organization Website: drugfreeaz.org

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Telephone Number: 602-254-6137
Email address: ebonyhouse.dora@gmail.com
Organization Website: ebonyhouseinc.org

EMPACT-SPC

Address: 1232 E. Broadway Road, Ste. 120,
Tempe, AZ 85282
Contact Person: Sandra McNally
Telephone Number: 480-784-1514, ext. 1219
Email address: SANDRA.MCNALLY@EMPACT-SPC.COM
Organization Website: WWW.EMPACT-SPC.COM

Encompass Health Services (formerly Community Behavioral Health Services)

Address: PO Box 790, Page, AZ 86040
Contact Person: Bunny Cochran
Telephone Number: 928-645-5113
Email address: bunny.cochran@cbhs-az.org
Organization Website: <http://www.cbhs-az.org/>

Family Tree Healthcare

Address: 5351 S. Mill Avenue,
Tempe, AZ 85283
Contact Person: Kim Dartez
Telephone Number: 480-529-1686
Email address: kdartez@cox.net
Organization Website: familytreehealthcare.org

Father Matters INC.

Address: PO Box 13575,
Tempe, AZ 85284
Contact Person: Vance Simms
Telephone Number: 480-720-9228
Email address: vance@fathermatters.org
Organization Website: fathermatters.org

FIBCO Family Services, Inc.

Address: 1141 E. Jefferson Street,
Phoenix, AZ 85034
Contact Person: Roy T. Dawson
Telephone Number: 602-385-3901
Email address: roy.dawson@fibco.org
Organization Website: www.fibco.org

Fix the Hurt

Address: 945 N. Pasadena, Unit 42,
Mesa, AZ 85201
Contact Person: Linda King
Telephone Number: 480-834-3387
Email address: lepking@helpfixthehurt.org
Organization Website: helpfixthehurt.org

**Flagstaff Unified School District -
Prevention Department**

Address: 3285 E. Sparrow Avenue,
Flagstaff, AZ 86004
Contact Person: Sally Ake
Telephone Number: 928-527-6162
Email address: sake@fUSD1.org
Organization Website: fUSD1.org

Florence Crittenton

Address: 715 W. Mariposa,
Phoenix, AZ 85013
Contact Person: Meghan Arrigo
Telephone Number: 602-680-8182
Email address: marrigo@flocrit.org
Organization Website: www.flocrit.org

**Gila County Division of Health
and Community Services**

Address: 5515 S. Apache Avenue, Ste. 100,
Globe, AZ 85501
Contact Person: Paula Horn
Telephone Number: 928-402-8813
Email address: phorn@co.gila.az.us
Organization Website: www.gilacountyaz.gov

Glendale Fire Department

Address: 5800 W. Glenn Drive, Ste. 350,
Glendale, AZ 85301
Contact Person: Dr. Janet Boberg
Telephone Number: 623-930-4483
Email address: jboberg@glendaleaz.com
Organization Website: [http://www.glendaleaz.com/
fire](http://www.glendaleaz.com/fire)

Grand Canyon University Cooke Health Center

Address: 3300 W. Camelback Road,
Phoenix, AZ 85017
Contact Person: Anne McNamara RN, PhD
Telephone Number: 602-639-6167
Email address: anne.mcnamara@gcu.edu
Organization Website: www.gcu.edu

**Greenlee County Health Department -
Tobacco & Chronic Disease Prevention**

Address: PO Box 936 (253 Fifth St), C
ifton, AZ 85533
Contact Person: Carren Nicklas
Telephone Number: 928-865-2601
Email address: cnicklas@co.greenlee.az.us
Organization Website: co.greenlee.az.us/Health
Department

Help Enrich African American Lives

Address: 700 E. Jefferson Street, Suite 200,
Phoenix, AZ 85034
Contact Person: Loren Grizzard
Telephone Number: 602-253-6904, ext. 205
Email address: lorengrizzard@tcdccorp.org
Organization Website: www.tcdccorp.org

Housing Authority of the City of Yuma

Address: 420 S. Madison Avenue,
Yuma, AZ 85364
Contact Person: Michael Morrissey
Telephone Number: 928-782-3823
Email address: michaelm@hacy.org
Organization Website: www.hacy.org

INSPIREHealth.org

Address: PO Box 25152, Scottsdale, AZ 85255
Contact Person: Dr. Bill Gallagher, DC
Telephone Number: 480-513-3909
Email address: info@inspirehealth.org
Organization Website: inspirehealth.org

Inter Tribal Council of Arizona, Inc.

Address: 2214 N. Central Avenue, Ste. 100,
Phoenix, AZ 85004
Contact Person: Gwenda Gorman
Telephone Number: 602-258-4822
Email address: gwenda.gorman@itcaonline.com
Organization Website: www.itcaonline.com

JFCS Tucson

Address: 4301 E. 5th Street,
Tucson, AZ 85716
Contact Person: Kristina Richer
Telephone Number: 520-795-0300, ext. 2270
Email address: kricher@jfcstucson.org
Organization Website: www.jfcstucson.org

John Valenzuela Youth Center

Address: 1550 S. 6th Avenue, S
outh Tucson, AZ 85713
Contact Person: Gloria Hamelitz
Telephone Number: 520-792-9251
Email address: glorihamelitz@hotmail.com
Organization Website: ccs-soaz.org

**Kingman Youth Coalition Beating Up
Teen Tobacco**

Address: Mohave County Health Department,
700 W. Beale Street,
Kingman, AZ 86401
Contact Person: Annie Meredith
Telephone Number: 928-753-0794, ext. 4360
Email address: annie.meredith@co.mohave.az.us
Organization Website: n/a- facebook page under
kyc butt

Knowledge Quest Outreach Foundation, Inc.

Address: 21368 N. Denver Court,
Maricopa, AZ 85138
Contact Person: Leigh Riese
Telephone Number: 520-705-6698
Email address: leighriese@hotmail.com
Organization Website: KnowledgeQuestfounda-
tion.com

La Paz County Health Department

Address: 1112 Joshua,
Parker, AZ 85344
Contact Person: Marion Shontz
Telephone Number: 928-669-1100
Email address: mshontz@co.la-paz.az.us
Organization Website: co.la.paz-az.us

La Paz County Safe Schools Programming

Address: 1312 Kofa Avenue,
Parker, AZ 85344
Contact Person: Cherre Hooper
Telephone Number: 928-669-6188
Email address: chooper@parkerusd.org

**Maricopa County Department of
Public Health - Division of Community Health**

Address: 4041 N. Central Avenue, #1400, Phoe-
nix, AZ 85012
Contact Person: David Dube
Telephone Number: 602-506-6608
Email address: daviddube@mail.maricopa.gov
Organization Website: wearepublichealth.org

McGruff Safe Kids Total Identification System

Address: 1928 E. Highland Street,
Ste. F-104, PMB #424,
Phoenix, AZ 85014
Contact Person: Marie Camarano
Telephone Number: 602-266-8447
Email address: marie@mcgruff-tid.com
Organization Website: http://phoenix.mcgruff-
tid.com

Mt. Graham Regional Medical Center

Address: 1600 S. 20th Avenue,
Safford, AZ 85546
Contact Person: Darlene Horst
Telephone Number: 928-348-8777
Email address: darleneh@mtgraham.org
Organization Website: mtgraham.org

Native Americans for Community Action

Address: 2717 N. Steves Blvd., Suite #11,
Flagstaff, AZ 86004
Contact Person: Aaron Secakuku
Telephone Number: 928-526-2968
Email address: asecakuku@nacainc.org
Organization Website: www.nacainc.org

NATIVE HEALTH

Address: 4520 N. Central Avenue,
Phoenix, AZ 85012
Contact Person: Wendy Philpot
Telephone Number: 602-279-5262, ext. 3210
Email address: WPHILPOT@NACHCI.COM
Organization Website:
WWW.NATIVEHEALTHPHOENIX.ORG

NAZCARE, INC.

Address: 599 White Spar Road,
Prescott, AZ 86303
Contact Person: Roberta Howard
Telephone Number: 928-442-9205, ext. 3
Email address: rhoward@nazcare.org
Organization Website: www.nazcare.org

Nogales Police Department

Address: 777 N. Grand Avenue,
Nogales, AZ 85621
Contact Person: Jeff Kirkham
Telephone Number: 520-287-6571
Email address: jkirkham@nogalesaz.gov
Organization Website: [http://nogales.delaware.net/
Police-Department/](http://nogales.delaware.net/Police-Department/)

**Northern Gila County Community
Prevention Council**

Address: PO Box 64,
Payson, AZ 85547
Contact Person: Debra Shewey
Telephone Number: 928-468-8055
Email address: debras@sbhservices.org

Northland Family Help Center

Address: 2532 N. Fourth St., #506,
Flagstaff, AZ 86004
Contact Person: Myra Ferrell-Womochil
Telephone Number: 928-233-4315
Email address: mferell@northlandfamily.org
Organization Website: www.northlandfamily.org

notMYkid, Inc.

Address: 5230 E. Shea Blvd., #100,
Scottsdale, AZ 85254
Contact Person: Jill Woods
Telephone Number: 602-652-0163
Email address: jill@notmykid.org
Organization Website: www.notmykid.org

One More Step Coalition, Inc.

Address: PO Box 10978,
Casa Grande, AZ 85320
Contact Person: Billie R. Davis
Telephone Number: 520-280-1570
Email address: bdavis@onemorestep.net
Organization Website: OneMoreStep.net

Our Family Services, Inc.

Address: 3830 E. Bellevue Street,
Tucson, AZ 85716
Contact Person: Angela Hagen
Telephone Number: 520-323-1708
Email address: info@ourfamilyservices.org
Organization Website: www.ourfamilyservices.org

Page Unified Schools

Address: 500 S. Navajo Drive,
Page, AZ 86040
Contact Person: Sharon Woodard
Telephone Number: 928-608-4152
Email address: swoodard@pageud.k12.az.us
Organization Website: www.pageusd.org

Paiute Neighborhood Center

Address: 6535 E. Osborn Road,
Scottsdale, AZ 85251
Contact Person: Valerie Kime Trujillo
Telephone Number: 480-312-2326
Email address: vtrujillo@scottsdaleaz.gov
Organization Website: www.scottsdaleaz.gov

**Parker Area Alliance for
Community Empowerment, Inc. (PACE)**

Address: 1309 9th Street,
Parker, AZ 85344
Contact Person: Duce Minor
Telephone Number: 928-669-0175
Email address: minorduce@hotmail.com
Organization Website: www.paace.org

Pascua Yaqui Tribe

Address: 9405 S. Avenida Del Yaqui,
Guadalupe , AZ 85283
Contact Person: Ralph A Cota
Telephone Number: 480-768-2063
Email address: ralph.cota@pascuayaqui-nsn.gov
Organization Website: <http://www.pascuayaqui-nsn.gov/>

Peer Solutions, Inc.

Address: PO Box 24148,
Phoenix, AZ 85074
Contact Person: Hannah Larson
Telephone Number: 602-225-0942
Email address: hannah@peersolutions.org
Organization Website: www.peersolutions.org

Phoenix Fire Department

Address: 150 S. 12th Street,
Phoenix, AZ 85034
Contact Person: Victor Campbell
Telephone Number: 602-262-7757
Email address: victor.l.campbell@phoenix.gov

Phoenix Indian Center / Urban Indian Coalition of Arizona

Address: 4520 N. Central Avenue, Ste. 250,
Phoenix, AZ 85012
Contact Person: S. Jo Lewis
Telephone Number: 602-264-6768
Email address: jlewis@phxindcenter.org
Organization Website: www.phxindcenter.org

Pima Prevention Partnership's Pima County Teen Court

Address: 330 E. Broadway, Ste 180,
Tucson, AZ 85716
Contact Person: Adelita S Grijalva
Telephone Number: 520-326-2528, ext. 2147
Email address: adelita_g@yahoo.com
Organization Website: www.pcteencourt.com

Pinal County Public Health Services District

Address: PO Box 2945,
Florence, AZ 85232
Contact Person: Jan Vidimos
Telephone Number: 520-866-7335
Email address: jan.vidimos@pinalcountyz.gov
Organization Website: www.pinalcountyz.gov

Pinal Hispanic Council

Address: 519 N Main Street,
Eloy, AZ 85231
Contact Person: Tammy McCarville
Telephone Number: 520-466-0921
Email address: tmccarville@pinalhispaniccouncil.org
Organization Website: pinalhispaniccouncil.org
List of programs

PLAAD

Address: 1200 W. White Mountain Blvd.,
Lakeside, AZ 85929
Contact Person: Diana Butler
Telephone Number: 928-368-6328, ext. 121
Email address: dbutler@brusd.k12.az.us
Organization Website: [plaadrgs@gmail](mailto:plaadrgs@gmail.com)

Planned Parenthood Arizona

Address: 2255 N. Wyatt Drive,
Tucson, AZ 85712
Contact Person: Vicki Hadd-Wissler
Telephone Number: 520-784-5839
Email address: vhadd-wissler@ppaz.org
Organization Website: www.ppaz.org

Rehoboth Community Development Corporation

Address: 2315 N. 35th Avenue,
Phoenix, AZ 85009
Contact Person: Gwen Relf
Telephone Number: 602-272-4133
Email address: grelf@rehobothphx-cdc.org
Organization Website: www.rehobothphx-cdc.org

Seeds of Hope, Inc.

Address: 702 E. Cottonwood Lane,
Casa Grande, AZ 85122
Contact Person: Mark Vanderheyden
Telephone Number: 520-836-6335
Email address: mark@seedsofhopeaz.com
Organization Website: seedsofhopeaz.com

Southeastern Arizona Behavioral Health Services, Inc.

Address: 611 W. Union Street,
Benson, AZ 85602
Contact Person: Dan Barden
Telephone Number: 520-604-6455
Email address: Dan_Barden@seabhssolutions.org
Organization Website: www.seabhs.org

Southern Arizona AIDS Foundation

Address: 375 S. Euclid Avenue,
Tucson, AZ 85719
Contact Person: Luis Ortega
Telephone Number: 520-628-7223
Email address: lortega@saaf.org
Organization Website: www.saaf.org

Southern Arizona Center Against Sexual Assault

Address: 1600 N. Country Club,
Tucson, AZ 85716
Contact Person: Rowan Frost
Telephone Number: 520-327-1171, ext. 1974
Email address: rfrost@arizonaschildren.org
Organization Website: www.sacasa.org

Southwest Behavioral Health Services

Address: 2580 Hwy 95, Ste. 120,
Bullhead City, AZ 86442
Contact Person: Skip Matthies
Telephone Number: 928-763-7776
Email address: skipm@sbhservices.org
Organization Website: Southwest Behavioral Health Services

Southwest Behavioral Health Services, Inc.

Address: 4420 S. 32nd Street,
Phoenix, AZ 85040
Contact Person: Christine Montague
Telephone Number: 602-305-7126
Email address: Christinem@sbhservices.org
Organization Website: www.sbhservices.org

Southwest Conservation Corps

Address: 1376 W. St Mary's Road,
Tucson, AZ 85745
Contact Person: Jean Hickman
Telephone Number: 520-884-5550, ext. 8
Email address: jean@sccorps.org
Organization Website: www.sccorps.org

Sports Ventures and Maximum Effort Productions, LLC

Address: PMB 616 ,7904 E. Chaparral Rd, #A110,
Scottsdale, AZ 85250
Contact Person: Larry McGill
Telephone Number: 480-381-4000 (bus) 602-818-1739 (cell)
Email address: lmcgill2@cox.net
Organization Website: memaximumeffort.com

Success4Kids

Address: 5300 N. Central Avenue, Ste. 200,
Phoenix, AZ 85012
Contact Person: Jerry Bernard
Telephone Number: 602-776-6300
Email address: Jerry@pkcpa.com
Organization Website: www.success4kids.org

Sun Life Family Health Center

Address: 865 N. Arizola Road,
Casa Grande, AZ 85122
Contact Person: Renee Louzon-Benn
Telephone Number: 520-381-0366
Email address: reneel@slfhc.org
Organization Website: www.sunlifefamilyhealth.org

Teen Lifeline

Address: PO Box 10745,
Phoenix, AZ 85064
Contact Person: Alicia Celis
Telephone Number: 602-248-8337
Email address: alicia@teenlifeline.org
Organization Website: www.teenlifeline.org

TERROS

Address: 3235 W. Thomas Road,
Phoenix, AZ 85017
Contact Person: Adonis Deniz Jr.
Telephone Number: 602-685-6013
Email address: adonisd@terros.org
Organization Website: www.terros.org and/or
www.copecoalitionaz.org

The Clean Scene

Address: PO Box 1030,
Page, AZ 86040
Contact Person: Catherine J. Smith
Telephone Number: 800-498-7741
Email address: catherine@kxaz.com
Organization Website: lakepowelllife.com/
cleanscene

The Leona Group / American Charter Schools Foundation

Address: 7878 N. 16th Street, Ste. 150,
Phoenix, AZ 85020
Contact Person: Samantha Sinclair
Telephone Number: 602-953-2933
Email address: samantha.sinclair@leonagroup.com
Organization Website: www.leonagroup.com

**The University of Arizona -
Oasis Program Against Sexual Assault
and Relationship Violence**

Address: 1224 E. Lowell Street,
Tucson, AZ 85721
Contact Person: Erin Strange
Telephone Number: 520-626-1829
Email address: Strange@health.arizona.edu
Organization Website: health.arizona.edu

Touchstone Behavioral Health

Address: 15648 N. 35th Avenue,
Phoenix, AZ 85053
Contact Person: Thalia Williams
Telephone Number: 602-732-4974
Email address: thalia.williams@touchstonebh.org
Organization Website: www.touchstonebh.org

Tucson Fire Department

Address: 300 S. Fire Central Place,
Tucson, AZ 85701
Contact Person: Clint Gerber
Telephone Number: 520-837-7091
Email address: clinton.gerber@tucsonaz.gov
Organization Website: [http://www.tucsonaz.gov/
fire/](http://www.tucsonaz.gov/fire/)

Verde Valley Sanctuary

Address: PO Box 595,
Sedona, AZ 86339
Contact Person: Carole Benedict
Telephone Number: 928-634-2511
Email address: cbenedict@sedona.net
Organization Website: verdevalleysanctuary.org

**Way out West Coalition /
Youth Evaluation and Treatment Centers**

Address: 4414 N. 19th Avenue,
Phoenix, AZ 85015
Contact Person: Jillian Laham
Telephone Number: 602-285-5550, ext. 339
Email address: jlaham@youthetc.org
Organization Website: [wayoutwestcoalition.org /
youthetc.org](http://wayoutwestcoalition.org/)

Worthy Institute, LLC

Address: 2942 N. 24th Street, Ste. #207,
Phoenix, AZ 85016
Contact Person: April Welch
Telephone Number: 602-258-3300
Email address: awelch@worthyinstitute.com
Organization Website: www.worthyinstitute.com

Yavapai County Community Health Services

Address: 1090 Commerce Drive,
Prescott, AZ 86305
Contact Person: Leslie Horton
Telephone Number: 928-442-5570
Email address: Leslie.Horton@co.yavapai.az.us
Organization Website: www.yavapaihealth.com

Youth On Their Own

Address: 1443 W. Prince Road,
Tucson, AZ 85705
Contact Person: Jayne Song-Gin
Telephone Number: 520-293-1136
Email address: song-gin@yoto.org
Organization Website: yoto.org

Yuma County Health Services District

Address: 2200 W. 28th Street,
Yuma, AZ 85364
Contact Person: Diana Gomez
Telephone Number: 928-317-4580, ext. 1729
Email address: diana.gomez@yumacountyaz.gov
Organization Website: <http://www.co.yuma.az.us/>

Yuma Family YMCA

Address: 2550 S. 4th Avenue,
Yuma, AZ 85364
Contact Person: Hilda Lopez
Telephone Number: 928-317-0522
Email address: hlopez@vosymca.org
Organization Website: www.valleyymca.org

Zeta Phi Beta Sorority, Inc.

Address: PO Box 26760,
Tempe, AZ 85285
Contact Person: Shana Clark
Telephone Number: 480-203-5886
Email address: dgzarchonettes@yahoo.com
Organization Website: www.deltagammazeta.org

