

# ARIZONA

## State SSA Director

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## Structure and Function

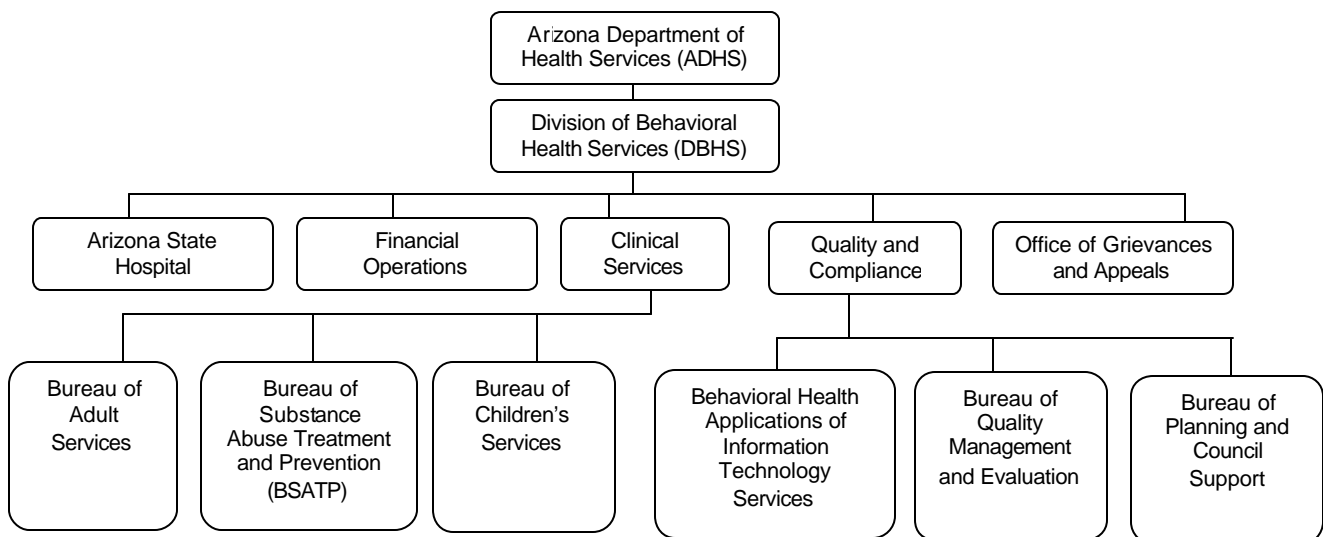


The Arizona Department of Health Services/Division of Behavioral Health (ADHS/DBHS) administers statewide behavioral health programs and services for children, adults, and their families, including treatment, support/preventive care, and emergency and crisis response. Within DBHS, the Bureau for Substance Abuse Treatment and Prevention Services (BSTAP) is responsible for fiscal and programmatic oversight, monitoring, and technical assistance/training for substance abuse service delivery. The agency contracts with five regional

organizations to administer care delivery systems in specific geographic areas (Regional Behavioral Health Authorities [RBHAs]), as well as with three Tribal Behavioral Health Authorities (TBHAs). The RBHAs are capitated managed-care agencies responsible for providing a full range of substance abuse prevention, treatment, and rehabilitation services.

Additionally, the Behavioral Health Planning Council assists DBHS in planning and administering the public treatment system. The Council comprises 30 members from the mental health and substance abuse services field; consumers, parents, and family members; Native Americans and other minority populations; and delegates from the RBHAs/TBHAs and several state agencies.

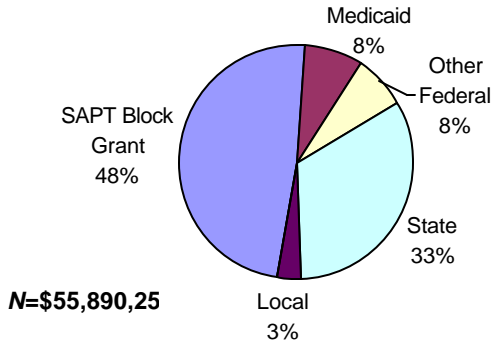
### Single State Agency Structure



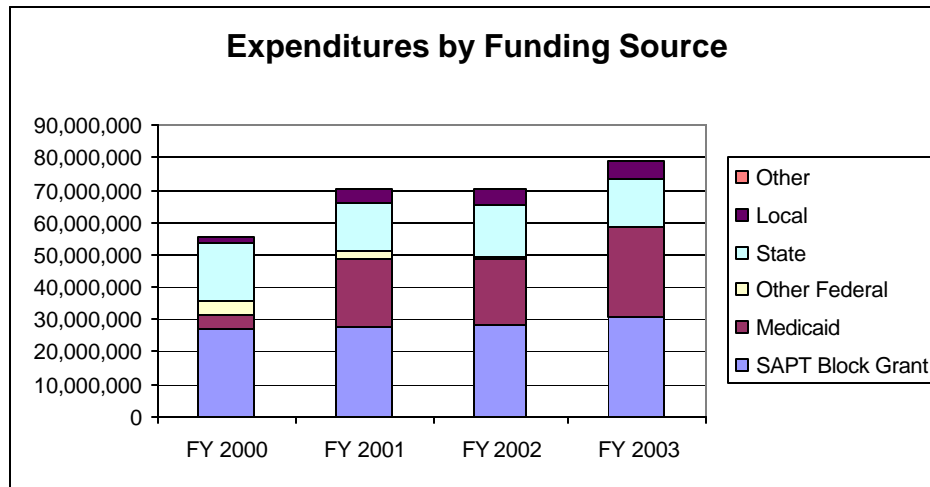
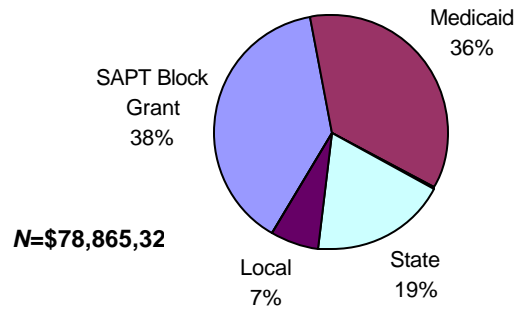
## Single State Agency Funding Overview

Between FYs 2000 and 2003 total Single State Agency (SSA) funding in Arizona increased from \$55.9 to \$78.9 million. This large increase was largely driven by an increase in Medicaid funding during that time period, from \$4.3 to \$28.1 million. During these years, the Block Grant as a proportion of total funds declined from 48 to 38 percent, State funds declined from 33 to 19 percent, and other Federal funds declined from 8 to 0 percent. By contrast, Medicaid as a proportion of total funds increased dramatically from 8 to 38 percent.

**FY 2000 Expenditures by Funding Source**



**FY 2003 Expenditures by Funding Source**



**Single State Agency Expenditures From All Funding Sources**

| Funding Source   | FY 2000           |            | FY 2001           |            | FY 2002           |            | FY 2003           |            |
|------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|
|                  | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          |
| SAPT Block Grant | 27,127,147        | 48         | 27,464,395        | 39         | 28,117,057        | 40         | 30,548,743        | 38         |
| Medicaid         | 4,319,789         | 8          | 21,265,913        | 30         | 20,606,849        | 29         | 28,092,326        | 36         |
| Other Federal    | 4,243,926         | 8          | 2,738,561         | 4          | 596,246           | 1          | 337,165           | 0          |
| State            | 18,270,505        | 33         | 14,931,000        | 21         | 16,025,660        | 23         | 14,750,878        | 19         |
| Local            | 1,928,892         | 3          | 3,922,383         | 6          | 5,312,695         | 8          | 5,136,209         | 7          |
| Other            | 0                 | 0          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| <b>Total*</b>    | <b>55,890,259</b> | <b>100</b> | <b>70,322,252</b> | <b>100</b> | <b>70,658,507</b> | <b>100</b> | <b>78,865,321</b> | <b>100</b> |

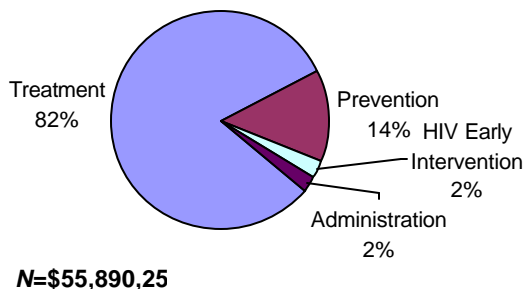
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

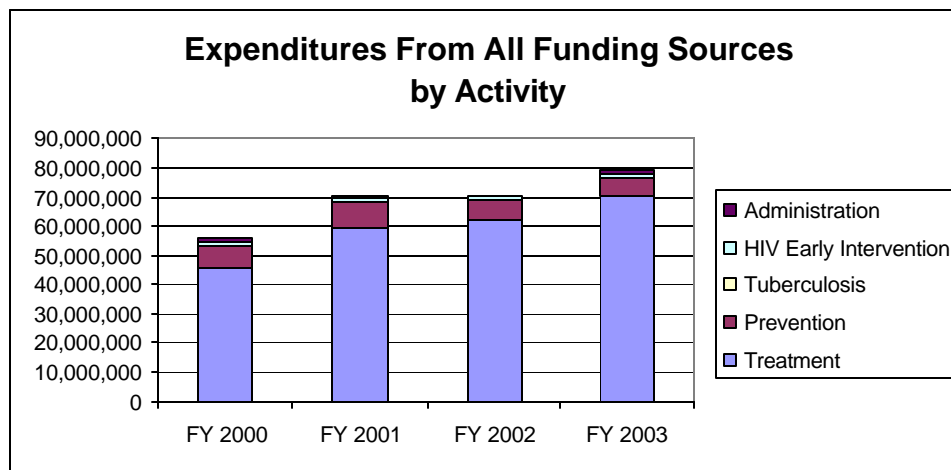
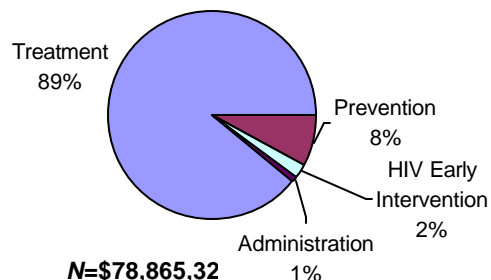
### Activities and Expenditures From All Funding Sources

Of the \$78.9 million in SSA expenditures in FY 2003 nearly 90 percent were allocated toward treatment services, and 8 percent toward prevention services. By contrast, in FY 2000, 82 percent of total funds were spent on treatment and 14 percent on prevention.

**FY 2000 Expenditures by Activity**



**FY 2003 Expenditures by Activity**



#### Single State Agency Expenditures From All Funding Sources by Activity

| Activity                     | FY 2000           |            | FY 2001           |            | FY 2002           |            | FY 2003           |            |
|------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|
|                              | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          |
| Treatment and Rehabilitation | 8,303,815         | 15         | 59,580,609        | 85         | 62,515,230        | 88         | 70,096,302        | 89         |
| Alcohol Treatment            | 19,106,184        | 34         | 0                 | 0          |                   |            |                   |            |
| Drug Treatment               | 18,005,136        | 33         | 0                 | 0          |                   |            |                   |            |
| Prevention                   | 7,885,779         | 14         | 8,599,105         | 12         | 6,254,952         | 9          | 6,261,531         | 8          |
| Tuberculosis                 | 0                 | 0          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| HIV Early Intervention       | 1,356,977         | 2          | 1,356,105         | 2          | 1,357,221         | 2          | 1,527,437         | 2          |
| Administration               | 1,232,368         | 2          | 786,433           | 1          | 531,104           | 1          | 980,051           | 1          |
| <b>Total*</b>                | <b>55,890,259</b> | <b>100</b> | <b>70,322,252</b> | <b>100</b> | <b>70,658,507</b> | <b>100</b> | <b>78,865,321</b> | <b>100</b> |

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

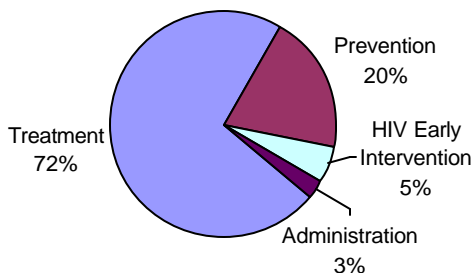
\* Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

### Expenditures of Block Grant Funds

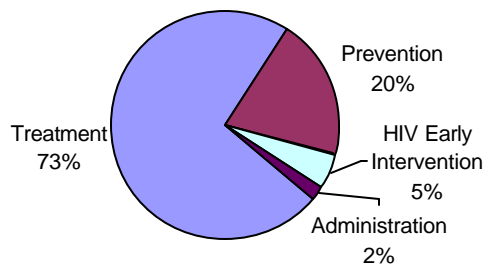
Block Grant expenditures in Arizona increased between FYs 2000 and 2003 from \$27.1 to \$30.5 million. Nearly three-fourths of the Block Grant expenditures were earmarked for treatment, and 20 percent were earmarked for prevention services. This distribution has remained stable since FY 2000.

**FY 2000 Block Grant Expenditures by Activity**

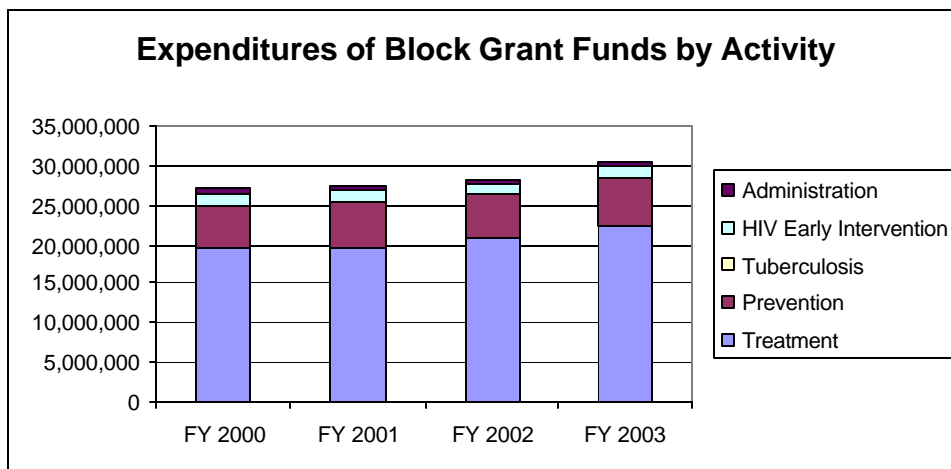


**N=\$27,127,147**

**FY 2003 Block Grant Expenditures by Activity**



**N=\$30,548,743**



### Single State Agency Expenditures of Block Grant Funds by Activity

| Activity                     | FY 2000           |            | FY 2001           |            | FY 2002           |            | FY 2003           |            |
|------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|
|                              | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          |
| Treatment and Rehabilitation | 0                 | 0          | 19,690,054        | 72         | 20,807,126        | 74         | 22,343,290        | 73         |
| Alcohol Treatment            | 7,929,302         | 29         | 0                 | 0          |                   |            |                   |            |
| Drug Treatment               | 11,648,027        | 43         | 0                 | 0          |                   |            |                   |            |
| Prevention                   | 5,426,916         | 20         | 5,819,691         | 21         | 5,635,130         | 20         | 6,115,130         | 20         |
| Tuberculosis                 | 0                 | 0          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| HIV Early Intervention       | 1,356,977         | 5          | 1,356,105         | 5          | 1,357,221         | 5          | 1,527,437         | 5          |
| Administration               | 765,925           | 3          | 598,545           | 2          | 317,580           | 1          | 562,886           | 2          |
| <b>Total*</b>                | <b>27,127,147</b> | <b>100</b> | <b>27,464,395</b> | <b>100</b> | <b>28,117,057</b> | <b>100</b> | <b>30,548,743</b> | <b>100</b> |

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

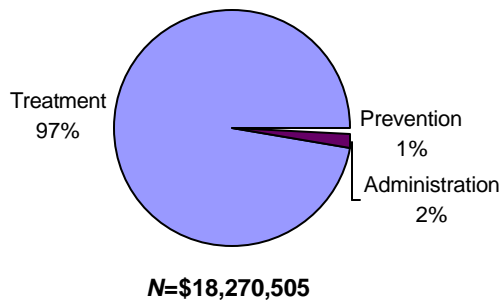
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

\* Totals may not equal 100 percent due to rounding.

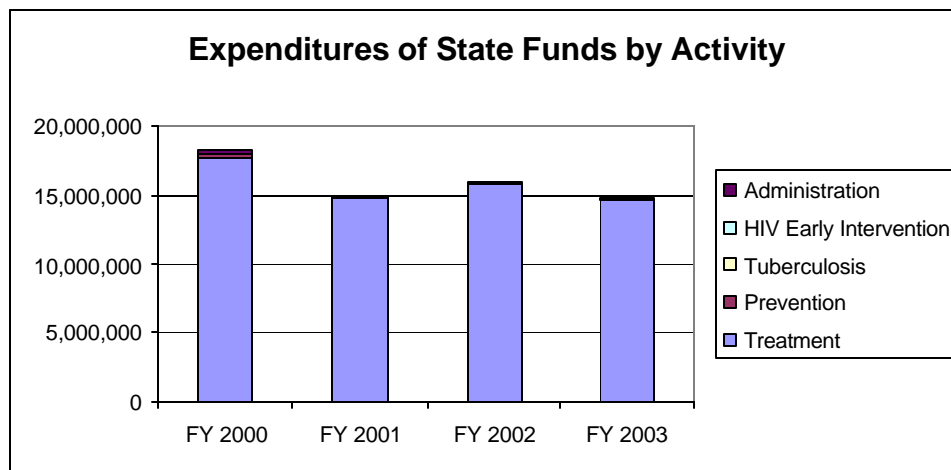
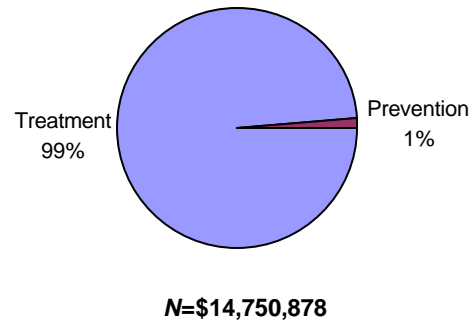
### Expenditures of State Funds

Between FYs 2000 and 2003 State expenditures for alcohol and drug abuse services declined from \$18.3 to \$14.8 million. During that time period nearly all State expenditures went toward treatment services.

**FY 2000 State Expenditures by Activity**



**FY 2003 State Expenditures by Activity**



### Single State Agency Expenditures of State Funds by Activity

| Activity                     | FY 2000           |            | FY 2001           |            | FY 2002           |            | FY 2003           |            |
|------------------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|
|                              | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          |
| Treatment and Rehabilitation | 2,160,026         | 12         | 14,776,500        | 99         | 15,868,560        | 99         | 14,604,477        | 99         |
| Alcohol Treatment            | 9,247,990         | 51         | 0                 | 0          |                   |            |                   |            |
| Drug Treatment               | 6,357,109         | 35         | 0                 | 0          |                   |            |                   |            |
| Prevention                   | 154,172           | 1          | 154,500           | 1          | 157,100           | 1          | 146,401           | 1          |
| Tuberculosis                 | 0                 | 0          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| HIV Early Intervention       | 0                 | 0          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| Administration               | 351,208           | 2          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| <b>Total*</b>                | <b>18,270,505</b> | <b>100</b> | <b>14,931,000</b> | <b>100</b> | <b>16,025,660</b> | <b>100</b> | <b>14,750,878</b> | <b>100</b> |

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

\* Totals may not equal 100 percent due to rounding.

## Prevention Services

Over the past decade, DBHS' prevention system has evolved into a research-based, comprehensive system based on a risk and protective factor framework. DBHS employs a logic model to identify appropriate targets for prevention, to select strategies, and to evaluate outcomes. The State has also been able to integrate prevention services into the treatment and rehabilitation continuum, which helps to stretch resources to serve more people with appropriate services.

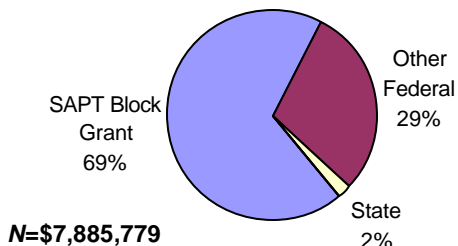
The TBHAs and RBHAs contract with local community providers, through which nearly 400 local communities receive prevention services. DBHS recently created an alternative, non-licensed provider type known as community service agencies (CSAs). CSAs are non-traditional providers that deliver support services to the community, including health promotion, living-skills training, and peer and family support. Each of the RBHAs also maintains satellite Regional Alcohol and Drug Awareness Resources (RADAR) prevention sites, which distribute written materials pertaining to health and wellness issues in both English and Spanish.

### Prevention Funding and Expenditures

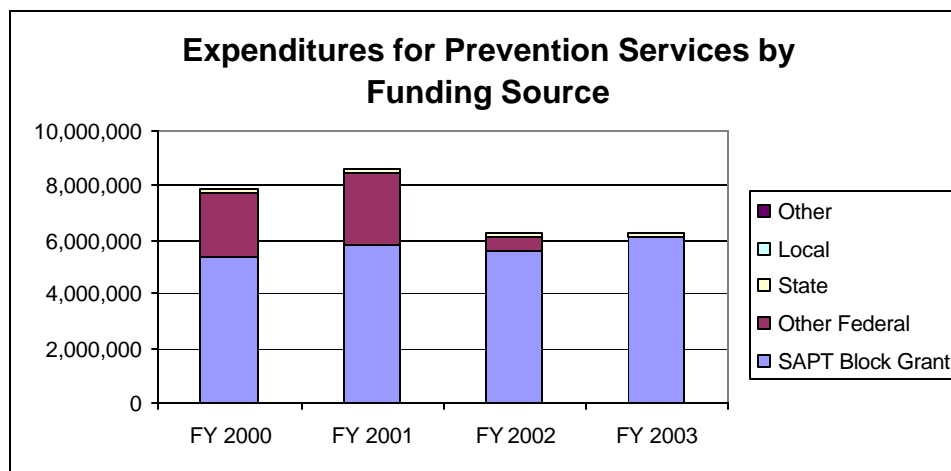
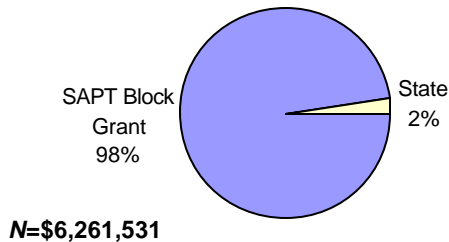
Between FYs 2000 and 2003 prevention funding declined from \$6.3 to \$7.9 million in Arizona. During that time period, the proportion of total prevention funds supported by the Block Grant increased from 69 to 98 percent, and the proportion supported by other Federal sources declined from nearly 30 percent to 0.

Between FYs 2000 and 2003 Block Grant prevention expenditures remained fairly stable, ranging from \$1.04 to \$1.10 per capita.

**FY 2000 Prevention Expenditures by Funding Source**



**FY 2003 Prevention Expenditures by Funding Source**



**Single State Agency Expenditures for Prevention Services From All Funding Sources**

| Funding Source   | FY 2000          |            | FY 2001          |            | FY 2002          |            | FY 2003          |            |
|------------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|
|                  | \$ Spent         | %          | \$ Spent         | %          | \$ Spent         | %          | \$ Spent         | %          |
| SAPT Block Grant | 5,426,916        | 69         | 5,819,691        | 68         | 5,635,130        | 90         | 6,115,130        | 98         |
| Other Federal    | 2,304,691        | 29         | 2,624,914        | 31         | 462,722          | 7          | 0                | 0          |
| State            | 154,172          | 2          | 154,500          | 2          | 157,100          | 3          | 146,401          | 2          |
| Local            | 0                | 0          | 0                | 0          | 0                | 0          | 0                | 0          |
| Other            | 0                | 0          | 0                | 0          | 0                | 0          | 0                | 0          |
| <b>Total*</b>    | <b>7,885,779</b> | <b>100</b> | <b>8,599,105</b> | <b>100</b> | <b>6,254,952</b> | <b>100</b> | <b>6,261,531</b> | <b>100</b> |

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

\* Totals may not equal 100 percent due to rounding.

**Core Strategies**

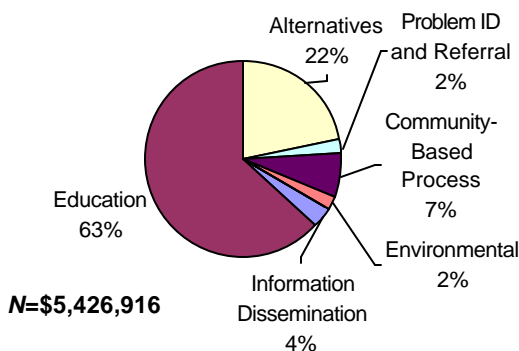
Examples of core prevention strategies supported by Block Grant funds include:

| Core Strategy                       | Examples of Activities  |
|-------------------------------------|---|
| Information Dissemination           | Satellite prevention sites disseminate information in English and Spanish. DHS distributes the bimonthly "Prevention Bulletin" to healthcare providers. ADHS provided technical assistance for a position paper on prevention.    |
| Education                           | Activities include classroom-based life skills training, parent support and education; community education, and professional education.   |
| Alternatives                        | Strategies include afterschool programs, prosocial recreational activities, adventure-based programs, and mentoring programs.   |
| Community-Based Processes           | Mobilization efforts include partnerships with Federal, State, and local agencies; schools; health providers; community organizations; teen groups; religious organizations; private corporations; and tribal communities.        |
| Environmental                       | DBHS participates in community-based coalitions focusing on changing environmental conditions. Tucson youth participated in a prevention program and drafted antibullying legislation ultimately passed by the State legislature. |
| Problem Identification and Referral | Funds support training to community groups including law enforcement, school staff, and emergency responders.   |

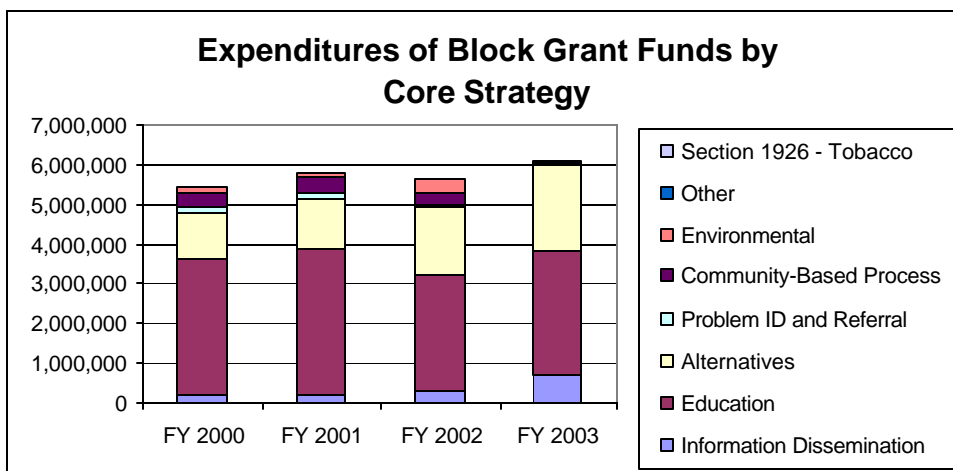
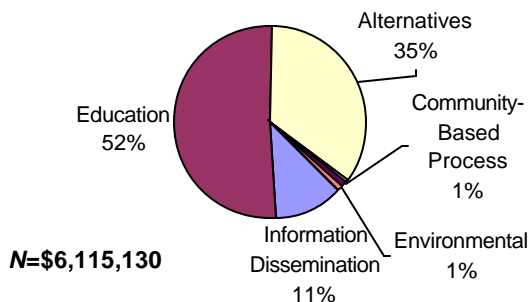
### Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention core strategies in Arizona rose slightly between FYs 2000 and 2003 from \$5.4 to \$6.1 million. During that time period, education received the largest proportion of CSAP core strategies (63 percent in FY 2000 and 52 percent in FY 2003), followed by alternatives (22 percent in FY 2000 and 35 percent in FY 2003).

**FY 2000 Block Grant Expenditures by Core Strategy**



**FY 2003 Block Grant Expenditures by Core Strategy**



#### Single State Agency Expenditures of Block Grant Funds by Core Strategy

| Strategy                  | FY 2000          |            | FY 2001          |            | FY 2002          |            | FY 2003          |            |
|---------------------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|
|                           | \$ Spent         | %          | \$ Spent         | %          | \$ Spent         | %          | \$ Spent         | %          |
| Information Dissemination | 196,306          | 4          | 210,513          | 4          | 283,439          | 5          | 700,000          | 11         |
| Education                 | 3,421,318        | 63         | 3,668,936        | 63         | 2,912,048        | 52         | 3,140,000        | 51         |
| Alternatives              | 1,196,349        | 22         | 1,282,935        | 22         | 1,752,024        | 31         | 2,140,000        | 35         |
| Problem ID and Referral   | 135,672          | 2          | 145,492          | 2          | 45,200           | 1          | 25,130           | 0          |
| Community-Based Process   | 365,096          | 7          | 391,520          | 7          | 321,210          | 6          | 55,000           | 1          |
| Environmental             | 112,175          | 2          | 120,295          | 2          | 321,209          | 6          | 55,000           | 1          |
| Other                     | 0                | 0          | 0                | 0          | 0                | 0          | 0                | 0          |
| Section 1926 - Tobacco    | 0                | 0          | 0                | 0          | 0                | 0          | 0                | 0          |
| <b>Total*</b>             | <b>5,426,916</b> | <b>100</b> | <b>5,819,691</b> | <b>100</b> | <b>5,635,130</b> | <b>100</b> | <b>6,115,130</b> | <b>100</b> |

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

\* Totals may not equal 100 percent due to rounding.



## Treatment and Rehabilitation Services

DBHS contracts for regionalized systems of behavioral health services through the five RBHAs and three TBHAs. The remaining 17 tribal communities are served through the RBHA system. T/RBHAs are responsible for the planning, contracting, monitoring, and delivery of behavioral health services within their region. Through their subcontractors, the RBHAs provide short- and long-term inpatient and residential treatment beds, outpatient and intensive outpatient treatment, rehabilitation services, and 24-hour crisis services, including mobile units, inpatient, and community-based detoxification treatment.

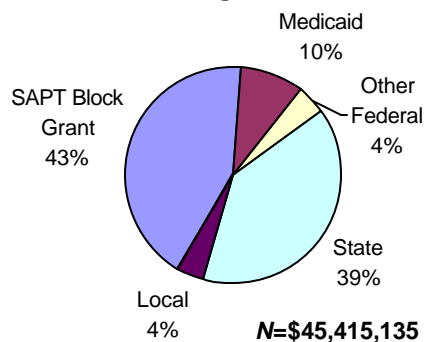
DBHS recently completed the Co-Occurring Disorder Treatment Initiative, which established an evidence-based best practices model for service delivery to adults with multiple behavioral health disorders. The initiative received the Governor’s Award for Excellence. DBHS is also part of a collaborative effort to develop a new service system for individuals with co-occurring substance abuse and psychiatric disorders. DBHS continues to expand its Women’s Treatment Services and Supervision Network, which provides services and diversion opportunities for female offenders.

### Treatment Funding and Expenditures

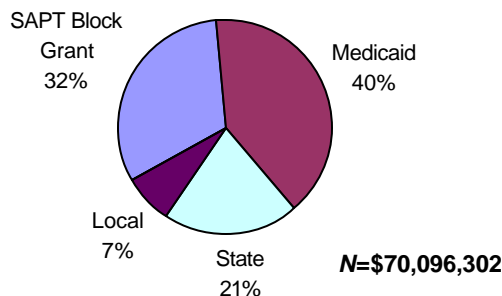
Treatment expenditures in Arizona increased dramatically between FYs 2000 and 2003, from \$45.4 to \$70.1 million. This increase was largely due to a substantial increase in Medicaid funding during this time period. During these years the proportion of treatment funds supported by the Block Grant declined from 43 to 32 percent, as did the proportion provided by the State (from 39 to 21 percent). By contrast, Medicaid’s proportion of treatment funds increased from 10 to 40 percent as did the proportion of local funds (from 4 to 7 percent).

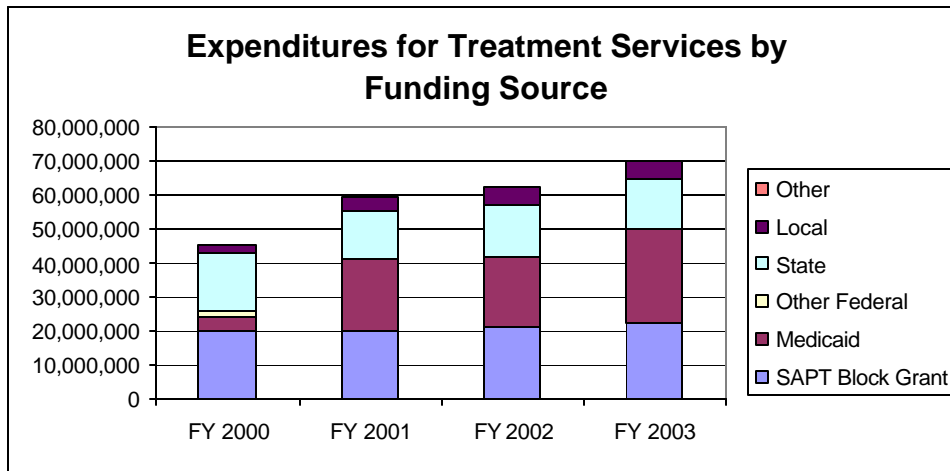
Between FYs 2000 and 2002 Block Grant treatment expenditures in Arizona ranged from \$3.72 to \$3.83 per capita. In FY 2003, per capita treatment expenditures increased to \$4.01.

**FY 2000 Treatment Expenditures by Funding Source**



**FY 2003 Treatment Expenditures by Funding Source**





**Single State Agency Expenditures for Treatment Services From All Funding Sources**

| Funding Source   | FY 2000           |            | FY 2001           |            | FY 2002           |            | FY 2003           |            |
|------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|
|                  | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          | \$ Spent          | %          |
| SAPT Block Grant | 19,577,329        | 43         | 19,690,054        | 33         | 20,807,126        | 33         | 22,343,290        | 32         |
| Medicaid         | 4,319,789         | 10         | 21,265,913        | 36         | 20,606,849        | 33         | 28,092,326        | 40         |
| Other Federal    | 1,824,000         | 4          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| State            | 17,765,125        | 39         | 14,776,500        | 25         | 15,868,560        | 25         | 14,604,477        | 21         |
| Local            | 1,928,892         | 4          | 3,848,142         | 6          | 5,232,695         | 8          | 5,056,209         | 7          |
| Other            | 0                 | 0          | 0                 | 0          | 0                 | 0          | 0                 | 0          |
| <b>Total*</b>    | <b>45,415,135</b> | <b>100</b> | <b>59,580,609</b> | <b>100</b> | <b>62,515,230</b> | <b>100</b> | <b>70,096,302</b> | <b>100</b> |

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4  
 \* Totals may not equal 100 percent due to rounding.

**Admissions**

Arizona's SAPT Block Grant application indicates that over 50,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

**Number of Persons Admitted by Type of Treatment Care**

| Type of Care                         | Total Number Admissions by Primary Diagnosis<br>(N=50,305) |               |                |
|--------------------------------------|--|---------------|----------------|
|                                      | Alcohol Problems   | Drug Problems | None Indicated |
| <b>Detoxification (24-hour care)</b> |  |               |                |
| Hospital inpatient                   | 0  | 0             | 0              |
| Free-standing residential            | 1,054  | 688           | 0              |
| <b>Rehabilitation/Residential</b>    |  |               |                |
| Hospital inpatient (rehabilitation)  | 123  | 119           | 0              |
| Short-term residential               | 0  | 0             | 0              |
| Long-term residential                | 477  | 1,049         | 0              |
| <b>Ambulatory (Outpatient)</b>       |  |               |                |
| Outpatient (methadone)               | 93   | 3,175         | 0              |
| Outpatient (non-methadone)           | 15,827   | 26,308        | 0              |
| Intensive outpatient                 | 574  | 818           | 0              |
| Detoxification (outpatient)          | 0  | 0             | 0              |
| <b>Total</b>                         | <b>18,148</b>  | <b>32,157</b> | <b>0</b>       |

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate approximately 2,500 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 18 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

**Percent of Admissions with a Psychiatric Problem by Primary Diagnosis**

| Admissions                              | 2002   |                             |
|---|--|-----------------------------|
|   | Admissions Where at Least One Substance Is Known | % with Psychiatric Problem* |
| Alcohol only                            | 710  | 15.8                        |
| Alcohol in combination with other drugs | 1,801  | 18.8                        |
| <b>Total</b>                            | <b>2,511</b>                                     | <b>18.0</b>                 |

SOURCE: Treatment Episode Data Set, 2002

\*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 399,000 persons aged 12 and older (9.0 percent of Arizona's population) needed, but did not receive, treatment for alcohol use and 142,000 persons (3.2 percent) needed, but did not receive, treatment for illicit drug use in Arizona.

**Treatment Gap by Age Group**

| Measure  | % 12 and older | % 12-17 | % 18-25 | % 26 and older |
|--|----------------|---------|---------|----------------|
| Needing but not receiving treatment for alcohol use      | 9.02           | 7.16    | 18.75   | 7.54           |
| Needing but not receiving treatment for illicit drug use | 3.21           | 6.65    | 7.80    | 1.88           |

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

## Resource Development Activities

### Planning and Needs Assessment

Arizona collects a variety of fiscal, clinical, and qualitative data to drive planning and to monitor substance abuse prevention and treatment services throughout the State. In 2003, DBHS implemented a comprehensive network sufficiency analysis, known as the Arizona Logic Model, which uses data from multiple sources to determine the sufficiency of provider networks.

In 2002, DBHS released a study demonstrating the relationship between risk and outcome variables that predict problem behavior for each county in the State. This study helped localities tailor prevention programs specifically for their communities. The agency also utilizes information from the RBHAs to assess prevention needs relevant to local planning regions.

Additionally, the Arizona Substance Abuse Treatment Needs Assessment Study (AZNAS) generated seven reports on various aspects of substance abuse prevalence in the State among adults, juvenile arrestees, the general household population, and three tribal nations.

### Evaluation

DBHS monitors the substance abuse prevention and treatment services on many levels. Evaluation methods include independent case reviews, regular and special data queries and reports, annual administrative reviews of each T/RBHA, reviews of contract deliverables, customer satisfaction surveys, consumer complaints, access to care standards, incidents of seclusion and restraint, and “mystery shoppers.”

Arizona took part in the national Treatment Outcome Prospective Pilot Study (TOPPS I), completed in 1999, and has been selected to participate in the TOPPS II study. This prospective study tracks patient outcomes among adults participating in substance abuse treatment. The agency also recently conducted an evaluation on the effects of a Social Model Detoxification in two successful pilot programs funded by the State tobacco tax. Findings from these initiatives will be incorporated into future evaluations of DBHS services.

### Training and Assistance

DBHS provides and supports training and workforce development programs focused on best practices in substance use services. Many are facilitated in collaboration with other organizations, such as the Association of Community Psychiatrists and Child Protective Services. The agency co-sponsors the Annual Summer School on Substance Abuse, which provides training on family centered addictions treatment, adolescent substance abuse treatment, co-occurring disorders, drug courts, cultural competence, and other best practice approaches.

DBHS recently established a specialized Training Unit which provides internal training to DBHS staff and which develops and coordinates training with the T/RBHAs and their providers. The T/RBHAs also offer technical assistance to their providers in applying needs assessment data to their program focus and design. Arizona holds an annual statewide prevention providers meeting, and results from the recent Prevention Needs Assessment serve as a focus of the training.

## Expenditures of Block Grant Funds for Resource Development Activities

Arizona did not report any expenditures on resource development activities for FYs 2000 through 2002.

Arizona did not report any expenditures for resource development activities for FYs 2000 through 2003.

### Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

| Activity                                 | FY 2000  |   | FY 2001  |   | FY 2002  |   | FY 2003  |   |
|--|----------|---|----------|---|----------|---|----------|---|
|  | \$ Spent | % | \$ Spent | % | \$ Spent | % | \$ Spent | % |
| Planning, Coordination, Needs Assessment | N/R**    | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |
| Quality Assurance                        | N/R      | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |
| Training                                 | N/R      | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |
| Education                                | N/R      | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |
| Program Development                      | N/R      | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |
| Research and Evaluation                  | N/R      | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |
| Information Systems                      | N/R      | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |
| <b>Total*</b>                            | N/R      | 0 | N/R      | 0 | N/R      | 0 | N/R      | 0 |

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

\* Totals may not equal 100 percent due to rounding.

\*\*N/R = Not Reported

## Discretionary Funding

### Center for Substance Abuse Prevention

Arizona received \$8.3 million in 38 Center for Substance Abuse Prevention (CSAP) discretionary grants in FY 2004. Nineteen of the 38 grants were awarded to drug-free communities (totaling \$1.7 million). The largest single award was a Strategic Prevention Framework State Incentive Grant (SPF SIG) (for nearly \$2.4 million).

#### Center for Substance Abuse Prevention Discretionary Awards for FY 2004

| CSAP Discretionary Grants  | Number of Awards | Total \$ Amount  |
|--|------------------|------------------|
| Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services | 1                | 292,356          |
| Drug Free Communities  | 19               | 1,698,785        |
| HIV/AIDS Cohort 2 Expansion Cooperative Agreements                       | 3                | 190,908          |
| HIV/AIDS Cohort 2 Youth Services Cooperative Agreements                  | 2                | 127,272          |
| HIV/AIDS Cohort 3 Services   | 4                | 1,307,361        |
| HIV/AIDS Cohort 4 Services   | 3                | 1,045,434        |
| Prevention of Meth and Inhalant Use                                      | 3                | 943,511          |
| Strategic Prevention Framework State Incentive Grants                    | 1                | 2,350,965        |
| Youth Transition into the Workplace                                      | 2                | 299,964          |
| <b>Total</b>   | <b>38</b>        | <b>8,256,556</b> |

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)

### Center for Substance Abuse Treatment

In FY 2004, Arizona received \$10.9 million in Center for Substance Abuse Treatment (CSAT) discretionary funds for treatment services. The single largest type of grant was awarded to targeted capacity-HIV/AIDS, which received 5 of the 25 grants at \$2.4 million.

#### Center for Substance Abuse Treatment Discretionary Awards for FY 2004

| CSAT Discretionary Grants             | Number of Awards | Total \$ Amount   |
|---------------------------------------|------------------|-------------------|
| Adult Juvenile and Family Drug Courts | 3                | 1,193,141         |
| Effective Adolescent Treatment        | 1                | 250,000           |
| Grants for Accreditation of OTPs      | 1                | 469,168           |
| Homeless Addictions Treatment         | 2                | 800,000           |
| Recovery Community Service            | 3                | 726,179           |
| Residential SA TX                     | 1                | 496,369           |
| Strengthening Access and Retention    | 1                | 199,998           |
| Strengthening Communities - Youth     | 2                | 1,396,169         |
| Targeted Capacity Expansion           | 3                | 1,459,985         |
| Targeted Capacity - HIV/AIDS          | 5                | 2,407,794         |
| TCE Minority Populations              | 2                | 999,986           |
| Youth Offender Reentry Program 2004   | 1                | 500,000           |
| <b>Total</b>                          | <b>25</b>        | <b>10,898,789</b> |

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)