



Pima County Substance Use Treatment Services:

Assessment and Recommendations

August 2007



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Message from the Commission

The Pima County-Tucson Commission on Addiction Prevention and Treatment (Commission) was ratified by the Tucson Mayor and Council and the Pima County Board of Supervisors in 2001. It is the Commission's mission to improve access to and delivery of substance abuse addiction prevention and treatment programs in Tucson and Pima County in partnership with city and county governments in order to reduce the social, financial, and health consequences of addiction and other substance use disorders. To help achieve this mission, one of the Commission's goals is to improve the current system of care and coordination of substance use treatment delivery.

Evidence-based Practice

A practice which, based on research findings and expert or consensus opinion about available **evidence**, is expected to produce a specific clinical outcome (measurable change in client status).

To achieve this goal, the Commission's Policy Committee assessed treatment services provided in Pima County from August 2006 to December 2006 to identify and analyze all existing substance use treatment services in Pima County, regardless of funding source. As a result, the Commission, with assistance from local providers, identified strengths and gaps in services as well as key areas of concern. This

report contains policy recommendations based on the assessment findings to enhance substance use treatment services in Pima County.

The Commission recognizes and acknowledges that some recommendations will be unacceptable to some treatment service providers or other community members. Debate has arisen among Commission members as well. Such debate is welcomed, as it will lead to improvements in the quality and accessibility of substance use treatment within Pima County.

The Commission also acknowledges that the community dynamic will change as gaps in services are filled and other gaps emerge in addition public policy priorities will change. Therefore, future recommendations will also need to parallel these changes. To do so, the Commission will ensure that the service provider assessment is updated regularly, whether by the Commission itself or by a partner organization and as such, recommendations will be updated as new information is gathered and analyzed.

Members of the Commission are proud to be part of a community that cares deeply about the health and well-being of those who live in Pima County. Service providers in our community work hard to provide incredible, high quality treatment services. Nevertheless, this assessment points out an important fact: despite the great efforts in place in Pima County, there are still some areas that need to be addressed.

The Commission submits this report with the hope that the recommendations and findings will serve as a catalyst for positive action and change in the community. Each and every recommendation presented in this report is important and the order in which they are presented is for convenience only and is not indicative of priority.

On behalf of so many in need in our community, thank you.

Joan McNamara

Chair, Pima County-Tucson Commission on Addiction Prevention and Treatment

Executive Summary

The Commission is tasked by the County Board of Supervisors and the Mayor and Council to provide advice and make recommendations with respect to the social, financial and health consequences of addiction in Pima County. This report helps fulfill this task by providing recommendations on ways to help improve accessibility to substance use treatment services to the citizens of Pima County.

The recommendations herein are based on issues emerging from the Service Provider Assessment, performed by the Commission, and local service provider input obtained from a community service provider forum. Additionally, members of the Commission and its Policy Committee periodically reviewed and discussed the ongoing findings and analysis of survey data.



This report, however, is not only directed toward policy makers but also community substance use treatment providers and community members. The specific aims for each of these groups are:

- Policy makers: to aid city, county and state lawmakers in developing rational improvements to the existing system of substance use treatment.
- Community treatment service providers: to improve their ability to reach out with superior services to existing and future clients, and to help provide a basis for accessing additional resources for service improvement.
- Community members: to improve accessibility to substance use treatment services.

In conducting the assessment, 54 agencies were identified as providing treatment in Pima County. These 54 providers implement over 104 different treatment programs and provide 137 types of treatment services within these programs.

Below are the Commission's recommendations to improve access to substance use treatment services. All recommendations presented are equally important and the order in which they are presented is for convenience only and is not indicative of priority. Additionally, detailed results from both the Service Provider Assessment and Community Forum can be found in the appendices of this report.

Pima County-Tucson Commission on Addiction Prevention and Treatment Recommendations on Improving Access to Substance Use Treatment Services

Recommendation 1: Develop improved coordination of substance abuse treatment services and providers in Pima County.

Specific Recommendations:

- 1.a. Establish a county-wide coordinating mechanism representative of all treatment service providers.
- 1.b. Establish effective methods for communication and information-sharing among all county treatment service providers.

Recommendation 2: Increase the availability of substance abuse treatment services tailored to older adults in Pima County.

Specific Recommendations:

- 2.a. Provide substance abuse case management to older adults.
- 2.b. Provide availability of in-home substance abuse treatment services to older adults.
- 2.c. Improve outreach and access to substance abuse treatment services.

Recommendation 3: Identify ways to increase the availability of substance abuse treatment services to individuals living in the rural areas of Pima County, including tribal lands.

Specific Recommendations:

- 3.a. Analyze accessibility and barriers to use of services to rural populations.
- 3.b. Identify how to increase the availability of services in rural areas of Pima County.

Recommendation 4: Provide adequate detoxification, residential, and youth-only substance abuse treatment services and referrals for youth in Pima County.

Specific Recommendations:

- 4.a. Establish adequate youth-only treatment services.
- 4.b. Ensure that youth can readily access detoxification beds.
- 4.c. Establish adequate residential substance abuse treatment services and facilities specific to youth.

Recommendation 5: Increase the availability of substance abuse treatment services in Pima County for women only and for women with children.

Specific Recommendations:

- 5.a. Increase the number of residential beds to accommodate women only.
- 5.b. Increase the number of residential beds to accommodate women with children.
- 5.c. Ensure that gender-specific services are readily available.

Recommendation 6: Provide all substance abuse treatment services in Pima County in a culturally and linguistically competent manner.

Specific Recommendations:

- 6.a. Increase the number of substance abuse treatment services provided in a culturally competent manner for GLBT, Native American and Spanish-speaking clients.
- 6.b. Increase representation of Native American and Spanish-speaking treatment service staff among treatment service providers.

Substance Treatment Service Provider Assessment and Forum

Purpose

The Pima County Substance Use Treatment Service Provider Assessment surveyed treatment service providers in Pima County, Arizona, in order to create a comprehensive snapshot of available substance use treatment programs. The purpose of the assessment was to:

- Develop an inventory of substance abuse treatment programs in Pima County
- Identify substance use treatment services provided by these programs
- Identify populations served, and those not served
- Help the Pima County-Tucson Commission on Addiction Prevention and Treatment develop policy recommendations to present to the Tucson City Council and Pima County Board of Supervisors
 - Regarding gaps in services and funding
 - Regarding community actions, programs, and policies

Methodology

The Assessment

A telephone survey of service providers was conducted by the Policy Committee of the Pima County-Tucson Commission on Addiction Prevention and Treatment, supported by staff members of Pima Prevention Partnership and Compass Health Care. The telephone survey was conducted over a five-month period from August to early December 2006. Service providers, including their listed contacts, were identified from a variety of sources, including Commission members, public listings, agency referral lists. Calls were made during business hours to provider contacts at sites with residential, out-patient, intensive out-patient, or in-patient programs, as well as to transitional housing sites that have on-site self-help programs.

Assessment Categories

Responses to the survey were placed into assessment categories developed by the Policy Committee of the Commission (Figure 1). These categories sought to clarify services at the provider level and at each program level because a provider may have more than one program. A glossary for the terms used is provided at the end of this report.

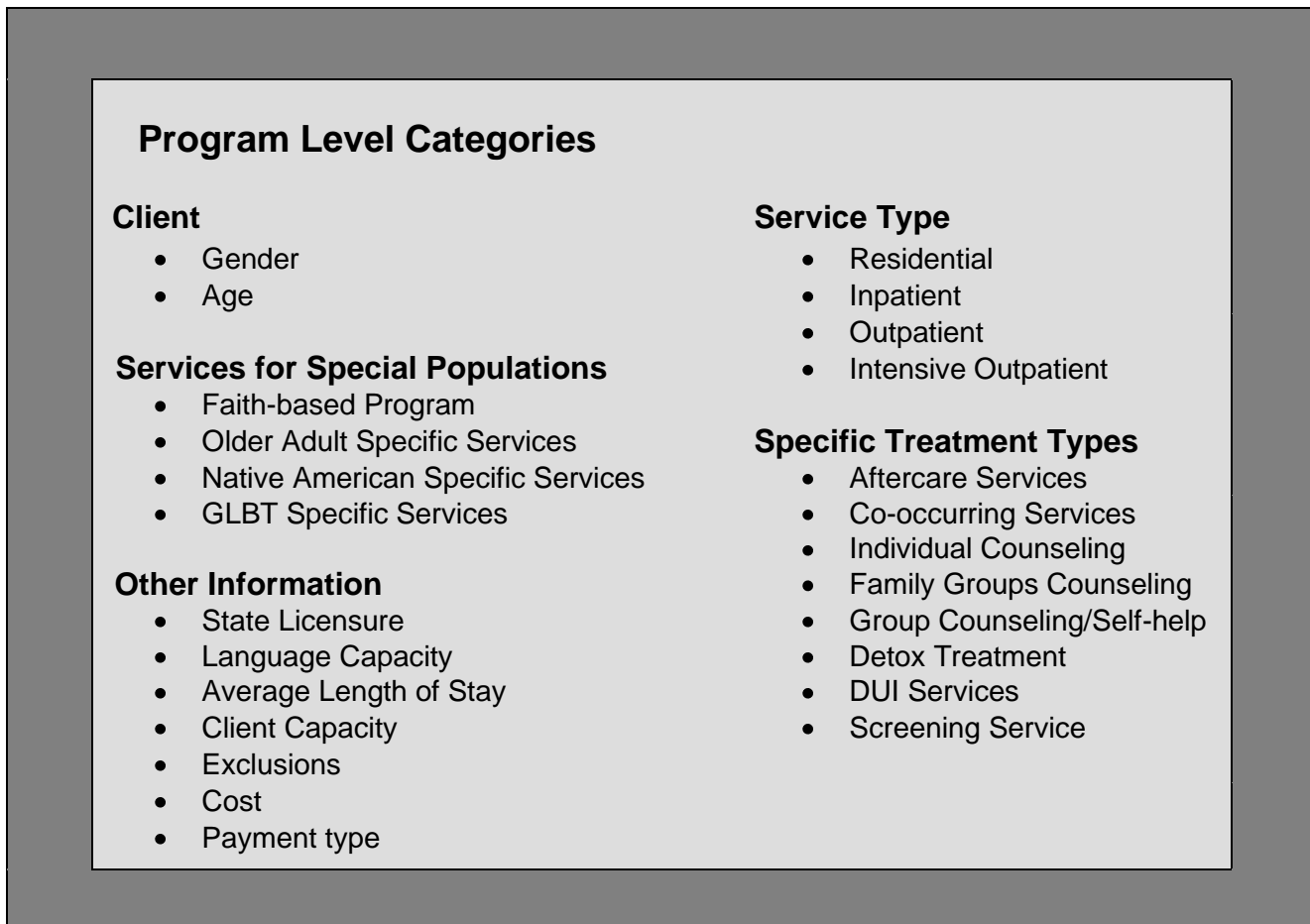


Figure 1. Breakdown of assessment categories

Service Provider Forum

Forty treatment service-provider representatives from Pima County gathered in November 2006 for a presentation on the preliminary results of the assessment. Notes were taken on the ensuing discussion that captured provider perspectives on the issues surrounding substance use treatment in Pima County. Participants also provided feedback on the following three questions:

- 1) What do you think are the gaps in substance abuse treatment services in Pima County?
- 2) What recommendations do you have to improve substance abuse treatment services in Pima County?
- 3) How can a database like this one be improved and used in Pima County?

The provider discussion and feedback were then used by the commission to further interpret the assessment results and were instrumental in shaping the policy recommendations.

Findings and Recommendations

Recommendation 1

Develop improved coordination of substance abuse treatment services and providers in Pima County.

Specific Recommendations:

- 1.a. Establish a county-wide coordinating mechanism representative of all treatment service providers.**
- 1.b. Establish effective methods for communication and information-sharing among all county treatment service providers.**

Key informants from the November 2006 Service Provider Forum and the Commission and its Policy Committee identified interagency collaboration and coordination as being essential to improve substance abuse treatment services in Pima County (see Findings from Service Provider Forum, p. 26).

- Gaps in substance abuse treatment services were attributed to a lack of communication or coordination among treatment service providers.
- Improving coordination and information exchange among treatment services was identified as a recommendation to improve substance abuse treatment services in the County.
- Use of assessment data, such as that provided in this report, as well as a comprehensive listing of treatment service providers, was identified as a method for improving collaboration among providers and identifying future gaps in services.

Recommendation 2

Increase the availability of substance abuse treatment services tailored to older adults in Pima County.

Specific Recommendations:

- 2.a. Provide substance abuse case management to older adults.**
- 2.b. Provide availability of in-home substance abuse treatment services to older adults.**
- 2.c. Improve outreach and access to substance abuse treatment services.**

Older adults are defined in this assessment as individuals who are 60 years of age and older. Of the 104 programs available in Pima County, there are two programs exclusively for older adults, meaning one must be 60 years of age or older to qualify for treatment. One program provides outpatient services and the other intensive outpatient services (Table 1). There are three other programs serving clients of various age ranges that have treatment services specifically designed for older adults.

Table 1: Services for older adults

| Treatment Service Type | Number of Services for Older Adults Only | Percent of all Services Available (N=137) |
|------------------------|--|---|
| Residential | 0 | - |
| Inpatient | 0 | - |
| Outpatient | 1 | 0.7% |
| Intensive Outpatient | 1 | 0.7% |
| TOTAL | 2 | 1.4% |

The U.S. population is aging, bringing with it important consequences for substance use treatment. Demographic projections suggest that the proportion of the population 65 years or older in the United States will rise from the current 12 percent to 20 percent by the year 2030 (Office of Applied Studies, 2002). This is of particular consequence to Pima County as the 2000 census indicates that the population aged 60 years and older was already more than 18 percent of the County's population. While many treatment programs in Pima County were identified as open to the general population, few programs target the specific needs of special populations such as older adults. The Substance Abuse and Mental Health Services Administration estimates that the number of older adults needing substance use treatment will increase from 1.7 million in 2000 and 2001 to 4.4 million in 2020. This reflects an estimated increase of 50 percent in the number of older adults with substance use problems, and a 70 percent increase in the rate of treatment need among older adults (Gfroerer, Penne, Pemberton, & Folsom, 2003).

Among older adults, alcohol and prescription drugs are the most commonly misused substances (SAMSHA, 2002). The 2002-03 National Survey on Drug Use and Health (NSDUH) reported that only 1.8 percent of persons age 50 and older had an illicit drug use in the prior month, but about 45 percent drank alcohol. Approximately 12.2 percent of older adults reported binge alcohol use and 3.2 percent indicated heavy alcohol use (Office of Applied Studies, DHHS, 2005). In older persons, even non-abusive alcohol use can be problematic, because older adults experience a different set of biological, psychological, and social issues as compared to younger people. Older adults have a physiologically different response to alcohol (e.g., increased sensitivity to alcohol, higher blood alcohol levels per amount consumed, as compared to younger adults); may experience different problems (e.g., interactions with prescription drugs); and utilize different community and national resources (e.g., emergency and long-term care due to falls related to alcohol use) (NIA, 2005).

Approximately one-third of all medications prescribed in the United States are for people 65 years of age and over. It is common for older patients to be prescribed long-term and multiple prescriptions, which could lead to unintentional misuse. There is also the risk that the elderly may intentionally take medications that are not medically necessary (NIDA, 2005).

Recommendation 3

Identify ways to increase the availability of substance abuse treatment services to individuals living in the rural areas of Pima County, including tribal lands.

Specific Recommendations:

- 3.a. Analyze accessibility and barriers to use of services to rural populations.**
- 3.b. Identify how to increase the availability of services in rural areas of Pima County.**

There are four substance use treatment programs, 3.8 percent of all programs available in Pima County, located outside the City of Tucson. These programs are in the City of Marana, and the towns of Green Valley, Ajo, and Sells (on the Tohono O’odham reservation). These four programs offer a total of six types of services (Table 2).

Table 2: Services available in rural areas

| Treatment Service Type | Number of Services Available in Rural Areas | Percent of all Services available (N=137) |
|------------------------|---|---|
| Residential | 0 | - |
| Inpatient | 0 | - |
| Outpatient | 4 | 2.9% |
| Intensive Outpatient | 2 | 1.4% |
| TOTAL | 6 | 4.4% |

Approximately one half of Pima County’s one million residents live outside the Tucson city limits, yet only four treatment programs were identified outside the city limits. The assessment found that rural communities have fewer resources to deal with the consequences of substance use than are available in the City of Tucson and other metro-area communities. This lack of rural services is also of consequence specifically when taken in conjunction with lack of services for Native Americans. The tribal lands of the Tohono O’odham Nation take up a large part of the county west of Tucson and include a population of over 17,500 tribal members. Members of the Pasqua Yaqui Tribe live primarily within the various Pima County communities or on the small reservation southwest of Tucson.

Today, adults and young teens in rural areas are just as likely to abuse substances as those in larger metropolitan areas. Analysis of the National Household Survey on Drug Abuse, by the National Center on Addiction and Substance Abuse (2000), shows there is no statistically significant difference in drug use (for illicit drugs other than marijuana) in the past month among adults age 18 and older between large cities, mid-size cities and rural areas. Similarly, adult use of alcohol does not differ significantly by community size, regardless of the amount consumed or age.

Recommendation 4

Provide adequate detoxification, residential, and youth-only substance abuse treatment services and referrals for youth in Pima County.

Specific Recommendations:

- 4.a. Establish adequate youth-only treatment services.**
- 4.b. Ensure that youth can readily access detoxification beds.**
- 4.c. Establish adequate residential substance abuse treatment services and facilities specific to youth.**

Youth treatment programs are defined in this assessment as programs serving individuals up to 18 years of age. Of the 104 programs identified in the service provider assessment, 16 programs are exclusively for youth (15.4%). Within these 16 programs there are a total of 19 service types available to youth (Table 3). In addition to these 16 programs there are 26 other programs providing services for youth concurrently with providing services for adults. Only one program surveyed offers on-site, residential treatment services for youth only. Most services exclusively for youth were identified as outpatient and intensive outpatient categories.

Table 3: Services for youth only

| Treatment Service Type | Number of Services Available for Youth Only | Percent of all Services available (N=137) |
|------------------------|---|---|
| Residential | 1 | 0.7% |
| Inpatient | 4 | 2.9% |
| Outpatient | 7 | 5.1% |
| Intensive Outpatient | 7 | 5.1% |
| Total | 19 | 13.9% |

The lack of services specifically for Pima County Youth is a cause for concern based on national and state-based research as well as perceived need by local providers.

SAMHSA's National Survey on Drug Use and Health (2006) showed that:

- Approximately 1.5 million youths, equating to 6.1 percent of youths aged 12 to 17, were classified as needing alcohol treatment in the past year. Only an estimated 111,000 youth received specialty treatment for alcohol in the past year.¹

¹ Specialty substance use treatment is defined as inpatient or outpatient treatment received at drug or alcohol rehabilitation facilities or mental health centers, or inpatient hospital treatment.

- About 1.4 million youths (5.4%) aged 12 to 17, were classified as needing illicit drug use treatment in the past year. Approximately 124,000 (approximately 9.1 percent of those needing illicit drug treatment) received specialty treatment for an illicit drug in the past year.
- Additionally, youths aged 12 to 17 who were in need of substance use treatment in the past year and did not receive treatment were not likely to perceive a need for substance use treatment.

Similarly, the Arizona Youth Survey (2004) showed:

- Pima County's younger teens (8th grade) have higher rates of alcohol and illicit drug use compared to the rest of the state and the national Monitoring the Future Survey sample.
- Underage drinking and binge drinking is a considerable problem in Pima County, and it starts at an early age. More than one-fourth of 8th graders in Pima County reported drinking in the last 30 days, and one out of six 8th graders reported binge drinking in the last two weeks. Consumption increases as teens get older.
- Almost half of the 12th graders in Pima County reported alcohol use in the last 30 days, almost 30 percent reported binge drinking in the last two weeks, and approximately one-fourth reported illicit drug use in the last 30 days. This consumption peaks as these teens become young adults.

Recommendation 5

Increase the availability of substance abuse treatment services in Pima County for women only and for women with children.

Specific Recommendations:

- 5.a. Increase the number of residential beds to accommodate women only.**
- 5.b. Increase the number of residential beds to accommodate women with children.**
- 5.c. Ensure that gender-specific services are readily available.**

Of the 104 treatment programs in Pima County, only eight (7.7%) were identified as being exclusive to females, while 11 programs (8.5%) were provided exclusively for males. Of the eight programs for women only, four also offer family housing. The assessment also revealed that there are nearly double the number of residential, inpatient, outpatient and intensive outpatient services available exclusively for males, than are available exclusively for females within these gender exclusive programs (Table 4).

Table 4: Services exclusive to females and males

| Treatment Service Type | Female Only | | Male Only | |
|------------------------|--------------------|---|--------------------|---|
| | Number of Services | Percent of all Services Available (N=137) | Number of Services | Percent of all Services Available (N=137) |
| Residential | 5 | 3.6% | 8 | 5.8% |
| Inpatient | 2 | 1.4% | 4 | 2.9% |
| Outpatient | 2 | 1.4% | 2 | 1.4% |
| Intensive Outpatient | 1 | 0.7% | 2 | 1.4% |
| TOTAL | 10 | 7.3% | 16 | 11.6% |

Substance abuse treatment programs have historically been designed for the needs of a male client population (Center for Substance Abuse Treatment, 2001), although women often arrive at substance abuse treatment with higher addiction severity and more medical and psychological problems than men (as in Campbell and Alexander, 2005). There is a growing body of research showing that substance abuse among women and the issues surrounding their abuse are different than those for men, requiring a specialized set of therapeutic interventions specific to social, medical and mental health needs of women (Ashley, Marsden, and Brady 2003; Campbell and Alexander 2005).

Gender-sensitive treatment that includes women's services has been shown to be associated with improved outcomes (Centers for Substance Abuse Treatment 2001; Ashley et al. 2003). "Failure to provide services that are sensitive to women's needs may dissuade them from engaging or continuing in treatment, and those clients who do proceed with services may receive less appropriate care" (Campbell and Alexander 2005).

Recommendation 6

Provide all substance abuse treatment services in Pima County in a culturally and linguistically competent manner.

Specific Recommendations:

- 6.a. Increase the number of substance abuse treatment services provided in a culturally competent manner for Spanish-speaking; Native American; and Gay, Lesbian, Bisexual, and Transgender (GLBT) clients.**
- 6.b. Increase representation of Native American and Spanish-speaking treatment service staff among treatment service providers.**

Language Capacity

Language capacity is defined in this assessment as a service having a Spanish language, curriculum, having counselors who work in a language other than English, or providing monolingual Spanish group counseling. Fewer than half of all treatment programs offer some kind of language capacity in a language other than English. Table 5 shows the language capacity breakdown for treatment programs in Pima County.

Table 5: Language capacity of treatment programs

| Language Capacity | Number of Programs with this Capacity | Percent of all Programs Available (N=104) |
|--------------------------------------|---------------------------------------|---|
| Spanish Curricula | 18 | 17.3% |
| Spanish-Speaking Counselors | 46 | 44.2% |
| Offering Treatment in Other Language | 5 | 4.7% |
| Monolingual Spanish Group Counseling | 10 | 9.6% |

Language capacity is of particular importance in Pima County due to its growing Hispanic/Latino population and its proximity to Mexico. Tucson experienced a 39 percent increase in Hispanic residents between 1990 and 2005. The 2000 Census revealed that almost 50 percent of Pima County residents are from minority racial and ethnic groups, with 80 percent of these individuals identifying themselves as Latino. Over 28 percent of Pima County residents speak a language other than English at home (U.S. Census, 2000).

Native American Population

Twelve treatment programs offer services specific to the Native American population in Pima County. Only one service specific to Native Americans was identified as being offered outside the City of Tucson.

In the 2005 U.S. Census estimate, 3.1 percent of the population in Pima County identify themselves as American Indians. In 1992, the alcohol-related death rate among Native

Americans was 5.2 times higher than in the general U.S. population. Rates of other illicit drug use among Native American teens have been found to be much higher for nearly all drugs than in studies of youths nationwide. Local data is not available.

GLBT Population

Treatment services for the GLBT population are also limited in Pima County, with only six programs offering services specifically for this population. No residential services are geared specifically for GLBT persons.

It difficult to determine the extent of GLBT substance abuse problems, but many available studies indicate that GLBT people are more likely to use alcohol, tobacco and other drugs than the general population, are less likely to abstain, report higher rates of substance abuse problems, and are more likely to continue heavy drinking into later life. The prevalence of substance use among the GLBT individuals is often prevalent and it is therefore important to have services available for these populations, something which is currently lacking in Pima County. Additionally, culturally sensitive services specific to GLBT substance use programs, which address the social and psychological aspects of being GLBT, are important for treatment success (Maccio and Doueck, 2002).

Limitations

The results of the Service Provider Assessment provides a detailed listing of the existing services in Pima County at the beginning of December 2006, services and service availability in the community are subject to change and any listing or assessment must be updated regularly. It is also possible that, in spite of the attention devoted to include all providers in the assessment, some providers and services that exist in Pima County may have been overlooked.

Providers were asked to identify their own services, such as Inpatient or Residential. When the definition of a service was in doubt by the respondent or by the interviewer, a definition was provided by the interviewer. This was a consistent practice used to reduce variation among provider definitions, but it may have created interviewer bias in the recording and interpretation of the findings.

This is an evolving document. The recommendations in this report are intended as a starting point for action by the community. Additional information must be collected and analyzed as analysis of the service provider survey results demonstrated that several issues could not be adequately addressed with the existing data. For example, because relevant data were not specifically collected, this report makes no recommendations regarding treatment services for the homeless at this time. Also, this report does not take into account data from the point of view of individuals seeking services. The categories not reflected in this assessment, including additional categories to reflect additional demographic characteristics, can be considered in future iterations of the dataset.

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Glossary

Aftercare Treatment-Provides services for the client after the client has finished the program.

Average Length of Stay (ALOS)-Average length of time that a program will serve one client.

Client Capacity-Number of clients that the program can allow at one given time.

Co-occurring Services-Provides services for clients presenting with mental health and substance use diagnoses.

Detox services-Provides detoxification services.

DUI services-Provides services for client's convicted of driving under the influence of a substance.

Older Adult Specific Services-Specific services are offered specifically for the elderly.

Evidence-based Practice-A practice which, based on research findings and expert or consensus opinion about available evidence, is expected to produce a specific clinical outcome (measurable change in client status).

Exclusions-Any criteria that automatically excludes a client from being accepted into the program.

Faith-based Program-The entire program is considered to be faith-based.

Family Counseling-Counseling therapy targeted to families.

Family Residence-A 24-hour facility that provides care for the client and allows some or all family members to stay at that facility with the client.

GLBT Specific Services-Specific services are offered specifically for gay, lesbian, bi-sexual, transgender clients.

Group/Self-help Counseling-Counseling provided in group sessions or a self-help program.

Individual Counseling-Counseling provided in a one-on-one session with clinical staff.

Inpatient Facility-A structured 24-hour care facility with a hospital setting and nurses on staff.

Intensive Outpatient Program-An outpatient program providing 9 or more hours of service to clients per week.

Language Capacity-Provides services in other languages than English.

Native American Specific Services-Specific services are offered specifically for Native Americans exclusively.

Opioid Treatment-A medical treatment utilizing methadone for detoxification or on-going maintenance.

Outpatient Program-A program providing services for substance use, but does not provide housing.

Payment Type-Accepts cash-payment, private insurance, ACCCHS, or provides a sliding scale.

Program-a substance abuse treatment program which is provided by a licensed or certified community substance abuse treatment provider, and includes outpatient treatment programs, halfway house treatment programs, day treatment programs, narcotics replacement therapy programs, drug education courses, drug prevention courses, limited inpatient treatment programs, residential drug treatment programs or detoxification programs.

Provider-A community organization that provides substance use treatment or counseling.

Residential Facility-A structured 24-hour care facility.

Screening Services-Provides a screening for the possible substances in the client's system.

Transitional Housing-A structured 24-hour care facility with a short average length of stay (ALOS) usually used for clients recently out of prison.

TX-Treatment

Commission Members

The Pima County-Tucson Commission on Addiction Prevention and Treatment

Established in October 2001, the Tucson/Pima County Commission on Addiction Treatment and Prevention was established to improve access to and delivery of addiction treatment and prevention programs in order to reduce the social, financial and health consequences of drug addiction.

Commissioners represent private community members, business, government, recovery groups and prevention providers. The Commission meets monthly and all meetings are open to the public.

Chair: Joan McNamara, Citizen
Vice-Chair: Christine Miller, PhD, La Frontera Center, Inc.

Joseph Bass, Student, Tucson Magnet High School
Carl Bedford, Tucson-Southern Arizona Black Chamber of Commerce
Jan Blaser-Upchurch, COPS (Concerns of Police Survivors)
Bill Burnett, Community Partnership of Southern Arizona (CPSA)
W. Mark Clark, CODAC Behavioral Health Services
Elizabeth Edwards, AZ HIDTA Demand Reduction Office
Antonio (Tony) Estrada, PhD, University of Arizona
Mollie Hunter, Citizen in Recovery
Koreen Johannessen, University of Arizona (retired)
Don Jorgensen, PhD, Jorgensen Brooks Group
Ken Karrels, Private Practice
Sue Krahe, Our Family Services
Marisela Mariscal, Student, Tucson Magnet High School
Lorraine Stockdale, Citizen in Recovery
Rev. Roy Tullgren, Gospel Rescue Mission
Michael Urbanski, Salpointe Catholic High School
***Linda Arzoumanian, EDD** Pima County Schools Superintendent
***Jim Berry**, Pima County Sheriff's Department
***Dennis Douglas**, Pima County Health Department
***Rob Druckenbrod**, Pima County Adult Probation
***Leslie Miller**, Pima County Superior Court
***Marylou Natividad**, City of Tucson Prosecutor's Office
***Kathleen Robinson**, Tucson Police Department
***Joan Wagener**, Pima County Juvenile Court

****Chandra Almony**, Compass Health Care
****Chuck Palm**, Pima Prevention Partnership
****Jody Gibson**, Pima Prevention Partnership
****Linda Scheu**, Pima Prevention Partnership

*Ex-Officio Members

**Staff

Providers Included in Survey

| | |
|--|-----------------------|
| 23rd St. Halfway House (Tucson Alcoholic Recovery Home)* | (520) 884-5180 |
| Al-Anon Family Groups | (520) 323-2229 |
| Alcoholics Anonymous | (520) 624-4183 |
| Alcoholics Anonymous (English) | |
| Alcoholics Anonymous (Spanish) | |
| Amity Foundation of California | (520) 749-5980 |
| Circle Tree Ranch | |
| Arizona Children's Association | (520) 622-7611 |
| Cornerstone | |
| La Canada Adolescent Substance Abuse Treatment Center | |
| ASAP: Adolescent Substance Abuse Program | (520) 241-0042 |
| AZ Family Therapy Clinic | (520) 327-5522 |
| Aztec Counseling Service | (520) 297-1923 |
| Behavioral Awareness Center | (520) 629-9126 |
| Behavioral Awareness Center: Methadone Clinic | |
| Bridges | (520) 320-1595 |
| Cactus Counseling Associates | (520) 798-3659 |
| Sells location | |
| Church St. location | |
| Eastside Office | |
| Carondelet Behavioral Health | (520) 873-3868 |
| St. Joseph's Hospital: O'Reilly Care Center | |
| St. Mary's Hospital | |
| Casa de Esperanza | (520) 625-2273 |
| Catholic Community Services of Southern Arizona, Inc | (520) 623-0344 |
| Center for Behavioral Health | (520) 624-0250 |
| Center For Life Skills Development | (520) 229-6220 |
| Grant Rd. location | |
| Ina Rd. location | |
| Cocaine Anonymous | (520) 326-2211 |
| CODAC Behavioral Health Services, Inc. | (520) 327-4505 |
| Methadone Clinic | |
| Children and Adolescent Services | |
| Las Amigas | |
| Mother-Child Addiction Services | |
| Recovery Bridge | |
| Adult Recovery Site: First Ave. | |
| Adult Recovery Site: Fifth St. | |
| Adult Recovery Site: Grant Rd. | |
| Comin' Home: VA Halfway House* | (520) 322-6980 |
| Compass Health Care* | (520) 882-5608 |
| Outpatient Services | |
| Desert Hope | |
| Mentally Ill/Chemically Addicted | |
| New Directions | |
| Safe Harbor II | |
| Vida Nueva | |
| Vida Serena | |
| COPE Behavioral Services, Inc. | (520) 792-3293 |
| Agave | |
| Los Altos | |
| Outpatient Program | |

Providers (cont'd)

| | |
|--|-----------------------|
| Cottonwood de Tucson | (520) 743-0411 |
| Family Program | |
| Program for Young Women | |
| Adult Program | |
| Young Adult Program | |
| Counseling & Consulting | (520) 882-0090 |
| Crystal Methamphetamine Anonymous | (520) 409-3084 |
| Davis-Monthan Air Force Base | (520) 288-5507 |
| Substance Abuse Reorientation and Treatment Program | |
| Esperanza en Escalante | (520) 571-8294 |
| Fuerza Y Esperanza | (520) 295-0999 |
| Gospel Rescue Mission of Tucson | (520) 740-1501 |
| Men's Center: Life Foundations Restoration Program | |
| Women's and Children's Center: Genesis Restoration Program | |
| Hedrick House* | (520) 795-3334 |
| In Balance Counseling, Inc. | (520) 722-9631 |
| Adolescent Program | |
| Adult Program | |
| In Balance Transitional Housing | |
| Indian Health Service | (520) 295-2405 |
| Jewish Family and Children's Services of Southern Arizona | (520) 795-0300 |
| Community Counseling Coalition for the Elderly | |
| Jewish Family and Children's Services | |
| Adolescent Program | |
| DUI Program | |
| Substance Abuse Program | |
| Joshua House | (520) 349-7121 |
| La Frontera Center* | (520) 884-9920 |
| East location | |
| South location | |
| Admire + | |
| Casa de Vida | |
| Hope Center | |
| Meth IOP | |
| Milagro (Crises Unit) | |
| Marana Health Care | (520) 682-4111 |
| Narcotics Anonymous | (520) 881-8381 |
| New Beginnings Treatment Center | (520) 293-8085 |
| Juvenile Center | |
| Adult Center | |
| New Hope Behavioral Health Center | (520) 297-3329 |
| Next Step Counseling | (520) 747-0405 |
| Nicotine Anonymous | (520) 889-1271 |
| Campbell location | |
| 22 nd St. location | |
| Norton Valley Hope | (520) 575-0030 |
| Tucson Valley Hope | |
| Old Pueblo Community Foundation* | (520) 546-0122 |
| Family's Program | |
| Casa Santa Clara for Men | |
| The Oasis Home for Women | |
| Our Family Services* | (520) 327-4583 |
| Teens in Transition | |
| Arizona Families First | |
| Pascua Yaqui Treatment Services | (520) 883-5185 |
| Men's Path | |

Providers (cont'd)

| | |
|---|-----------------------|
| Pathway Drug Abuse Program | (520) 751-8918 |
| Adolescents Program | |
| Young Adult Program | |
| Pathways Counseling Services | (520) 270-1176 |
| Perception Counseling | (520) 623-7077 |
| Perspective Counseling Services | (520) 628-4500 |
| Pima Prevention Partnership | (520) 624-5800 |
| Sin Puertas | |
| Sin Puertas: Outpatient Services | |
| Portable Practical Education Preparation Inc. | (520) 792-5704 |
| PPEP: Ajo location | |
| PPEP: Tucson location | |
| Providence of AZ, Inc. | (520) 748-7108 |
| Seven Challenges Program (In-Home) | |
| Seven Challenges Program (IOP) | |
| Seven Challenges Program (Outpatient): Craycroft location | |
| Seven Challenges Program (Outpatient): La Cholla location | |
| Rational Recovery | (800) 303-2873 |
| Recovery Counseling Services | (520) 798-1611 |
| Reflection Family Services, Inc. | (520) 795-0981 |
| Salvation Army | (520) 624-1741 |
| Adult Rehabilitation Center | |
| Serving Jesus Christ with Joy | (520) 622-1525 |
| 10 th Ave location | |
| White Rock location | |
| Sierra Tucson | (520) 624-4000 |
| Sonora Behavioral Health Hospital | (520) 469-8700 |
| Adolescent Unit | |
| The Mark | |
| Adult Unit | |
| Southern Arizona Veterans Administration | (520) 792-1450 |
| Substance Abuse Treatment Program | |
| Teen Challenge of Arizona | (520) 292-2273 |
| Springboard Home for Youth in Crisis | |
| Men's Induction Center | |
| The Haven | (520) 623-4590 |
| The Haven | |
| Native Ways | |
| The S.O.B.E.R. Project | (520) 404-6237 |
| TLC* | (520) 293-4919 |
| Treatment Assessment Screening Center | (520) 903-2525 |
| Drachman location | |
| 29 th St. location | |
| Tucson Medical Center: Palo Verde Psychiatric Hospital | (520) 327-5461 |
| IOP-Geriatric unit | |
| Geriatric unit | |
| Child unit | |
| Adolescent unit | |
| Adult unit | |
| IOP-Adult unit | |
| University of Arizona: Campus Health Service-Substance Abuse Intervention Services | (520) 621-9202 |
| Your First Step | (520) 620-3560 |

* transitional housing sites known to have on-site self-help programs were included

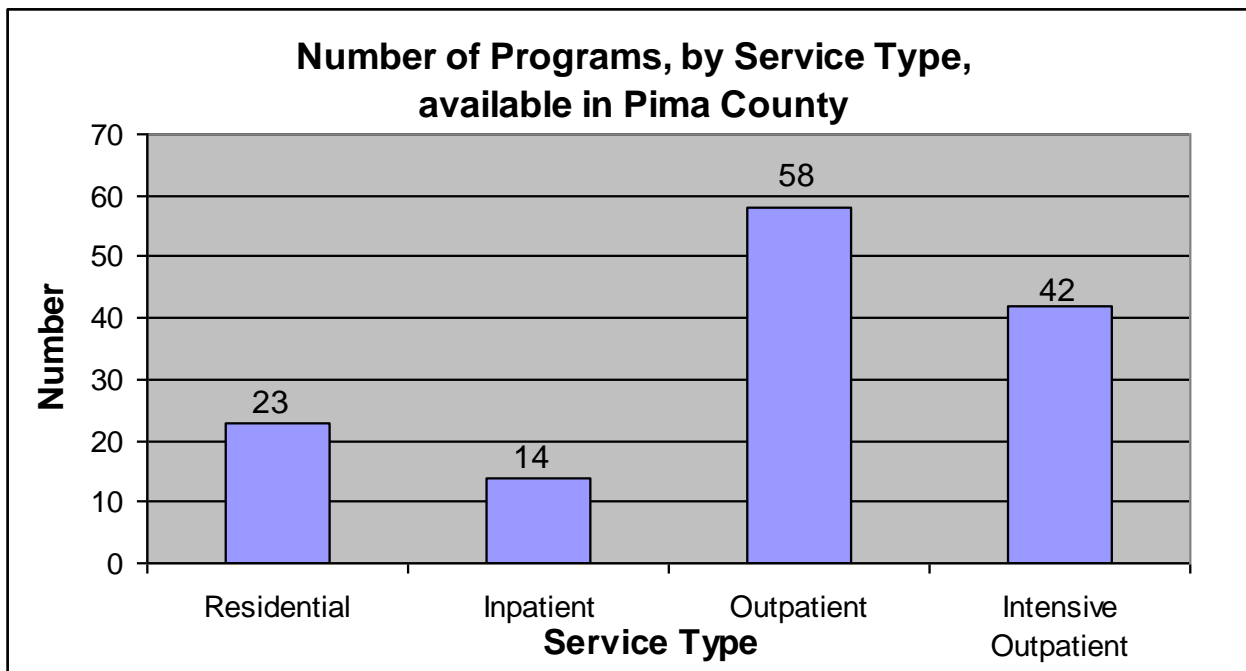
Appendix 1

Findings from the Service Treatment Provider Assessment

All Services

A total of 54 providers were found to be providing treatment in Pima County. Altogether, these 54 providers host a total of 104 treatment programs. Additional categorization shows these 104 programs having 137 treatment service types.

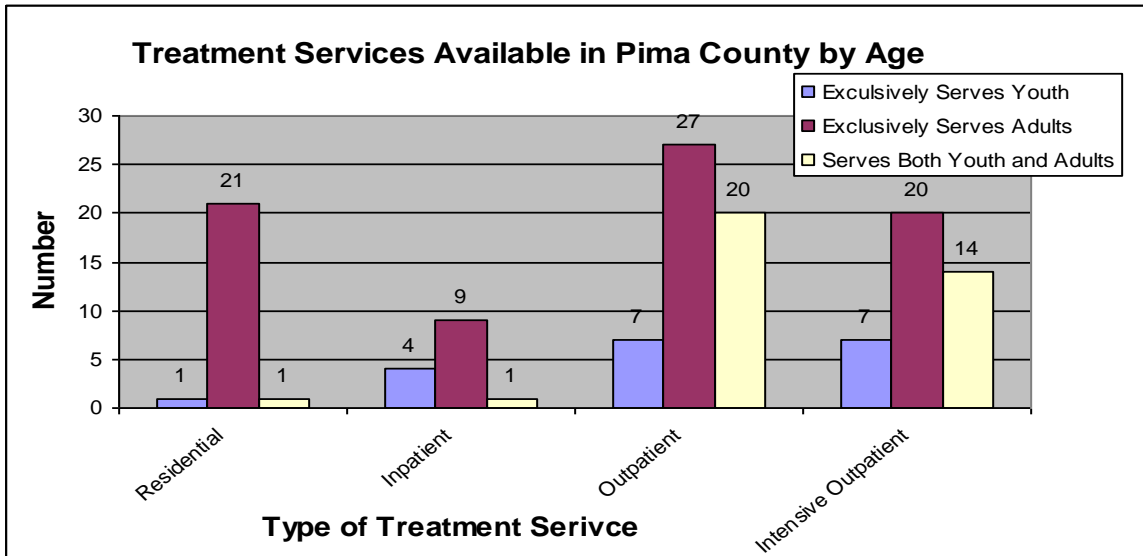
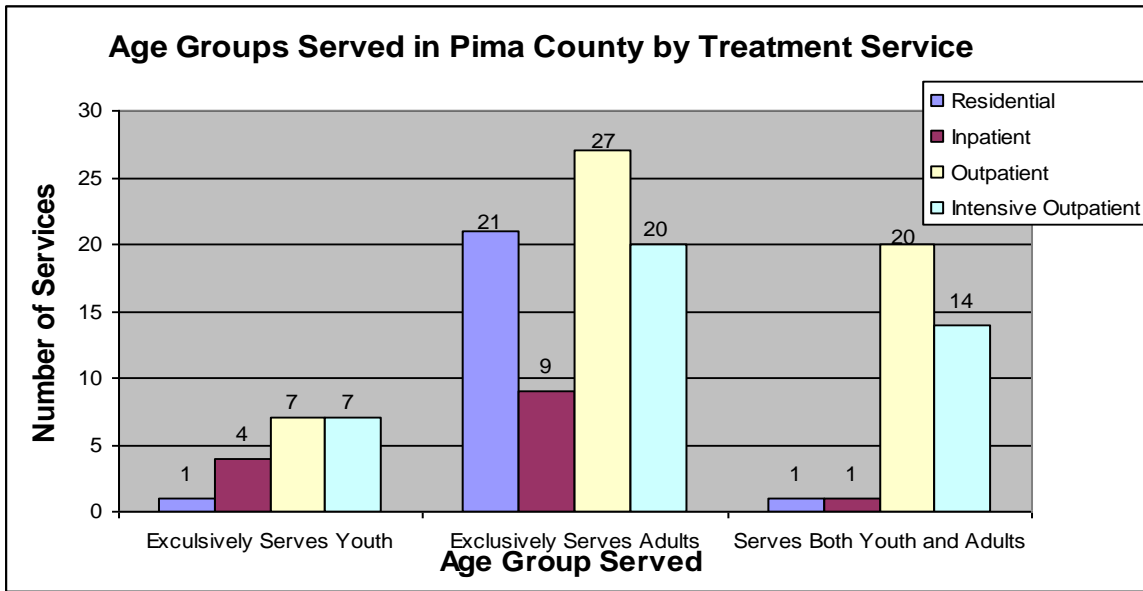
| Service Type | Number of Programs |
|----------------------|--------------------|
| Residential | 23 |
| Inpatient | 14 |
| Outpatient | 58 |
| Intensive Outpatient | 42 |
| Total | 137 |



Treatment Services by Age Group

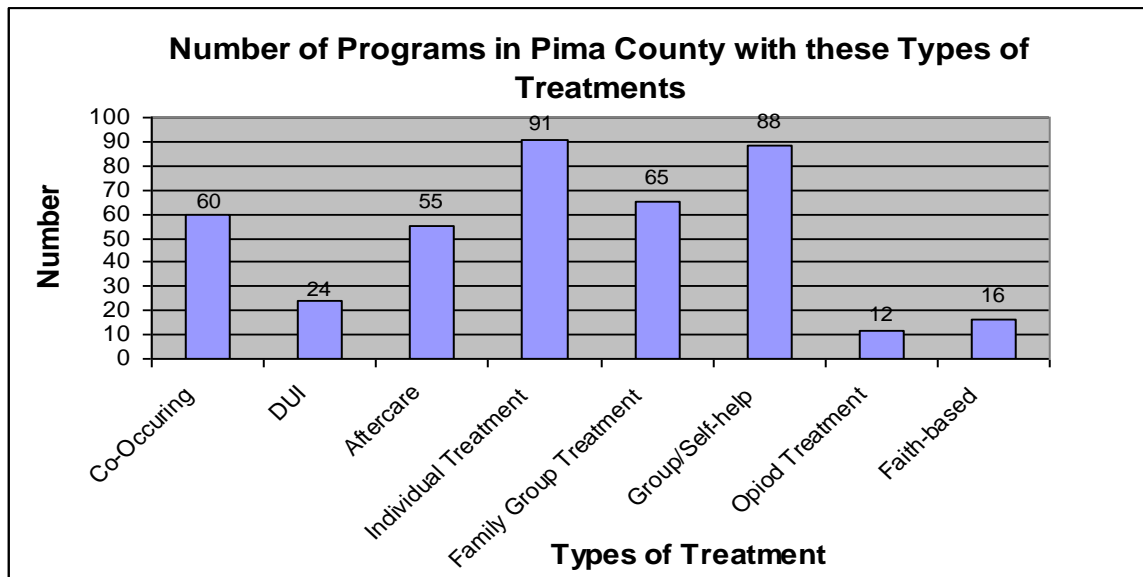
| Type of Service | Number of Services | | |
|----------------------|-------------------------------|--------------------------------|-----------------------------------|
| | Exclusively for Youth (N=99)* | Exclusively for Adults (N=99)* | For Both Youth and Adults (N=99)* |
| Residential | 1 | 21 | 1 |
| Inpatient | 4 | 9 | 1 |
| Outpatient | 7 | 27 | 20 |
| Intensive Outpatient | 7 | 20 | 14 |
| Total | 19 | 77 | 36 |

* 5 programs missing data on age and therefore excluded from this tabulation

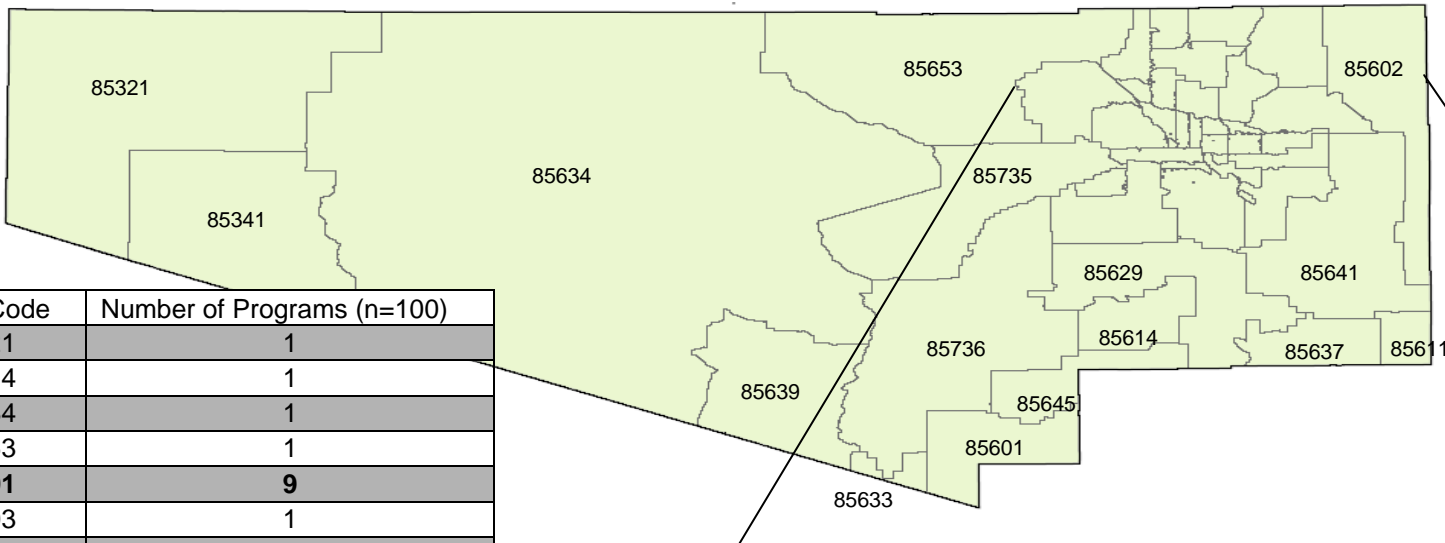


Programs with different types of treatment

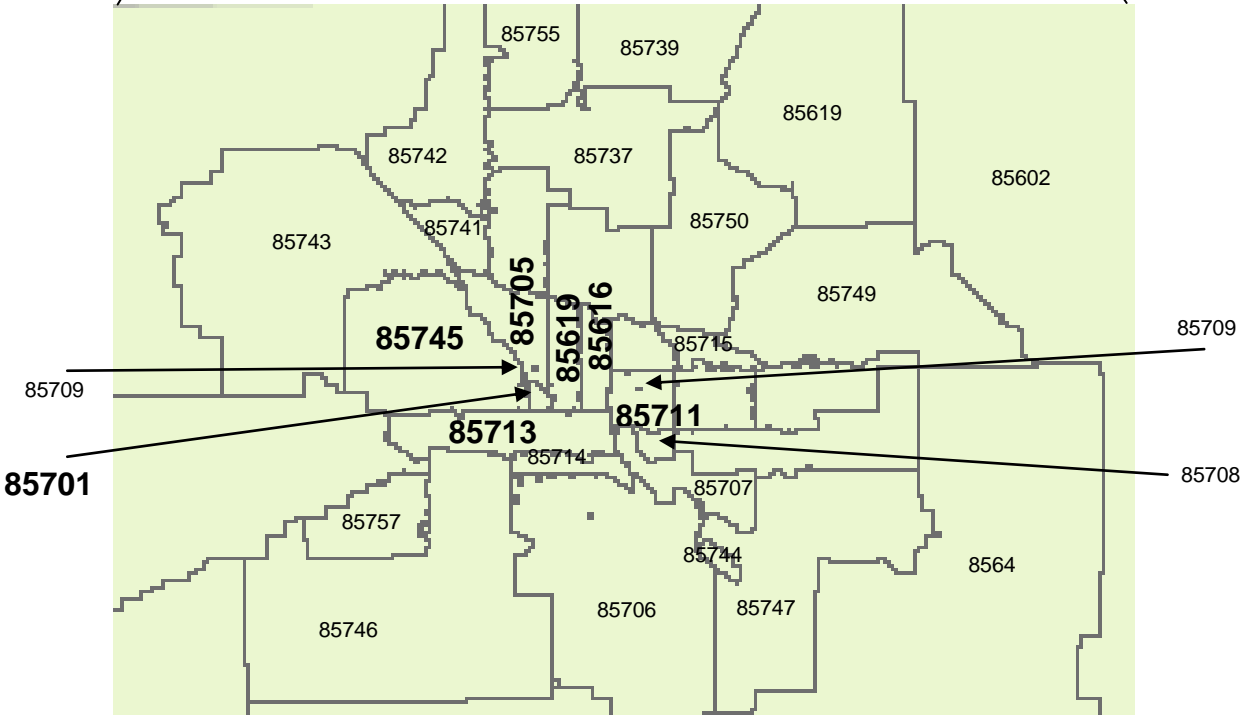
| Treatment | Number of Programs | Percent of all Programs (N=104) |
|------------------------|--------------------|---------------------------------|
| Co-Occuring | 60 | 58% |
| DUI | 24 | 23% |
| Aftercare | 55 | 53% |
| Individual Treatment | 91 | 88% |
| Family Group Treatment | 65 | 63% |
| Group/Self-help | 88 | 85% |
| Opiod Treatment | 12 | 12% |
| Faith-based | 16 | 15% |



Number of Programs in Pima County by Zip Code



| Zip Code | Number of Programs (n=100) |
|--------------|----------------------------|
| 85321 | 1 |
| 85614 | 1 |
| 85634 | 1 |
| 85653 | 1 |
| 85701 | 9 |
| 85703 | 1 |
| 85704 | 2 |
| 85705 | 15 |
| 85706 | 2 |
| 85707 | 1 |
| 85710 | 2 |
| 85711 | 12 |
| 85712 | 5 |
| 85713 | 7 |
| 85714 | 1 |
| 85716 | 12 |
| 85718 | 1 |
| 85719 | 8 |
| 85721 | 1 |
| 85723 | 1 |
| 85730 | 1 |
| 85739 | 1 |
| 85741 | 3 |
| 85745 | 7 |
| 85749 | 1 |
| 85757 | 1 |
| 86704 | 2 |



Appendix 2

Findings from Service Provider Forum

All participants were given a questionnaire containing three questions that address gaps in services. Answers were grouped according to themes, but comments as written below are verbatim and have not been modified.

Question 1: What do you think are the gaps in substance abuse treatment services in Pima County?

- **28 percent of all responses addressed Youth Related Issues**
Sample comments: “Adolescent: residential, OP, IOP”; “Young adult 16-25 special services”; “Lack of tx programs for youth”; “Services to youth and information available to schools and families”; “Detox for youth”; “I think there is not enough Youth Programs”; “Lack of programs for youth especially age 18-25”; “More inpatient options for youth”; “Co-occurring programs for youth”; “AA, NA, MA groups that specifically are for youth”; and “Adolescent Detox.”
- **16 percent of all responses specified a type of program**
Sample comments: “Specific services for crystal meth”; “Specific services for marijuana”; “Crisis and relapse”; “Detox”; “Transitional and permanent housing”; and “Holistic form of tx-treating the body as well as the mind.”
- **10 percent of all responses were directed at a lack of coordination/communication among providers²**
Sample comments: “No communication between many treatment facilities”; “Large gap in house communication”; “Limited resources—by silos—not an integrated system”; and “Since we know what best determines recovery, success is length of time in treatment, coordination of services along the time line of the recovery process would be beneficial from education through relapse prevention-especially with the same clients to promote a recovery community.”
- **10 percent of all responses mentioned services for the elderly, homeless, women, or Title XIX clients.**
Sample comments: “Services for homeless...”; “Geriatrics-elderly”; “Residential facility for 2nd time DUI offenders specifically for women”; “Lack of residential!!! Particularly for Title XIX clients...”; and “Parents in residential treatment to remain with their children.”
- **10 percent of all responses addressed insurance issues**
Sample comments: “Youth whose parents don’t have insurance”; and “Providing services for youth and families who fall into the ‘insurance’ gap - ineligible for AHCCCS (Arizona Health Care Cost Containment System) - unable to get insurance, on limited Mental Health/Substance Abuse provisions.”

² This was also commented on during the discussion portion of the forum.

Question 2: What recommendations do you have to improve substance abuse treatment services in Pima County?

- **40 percent of all responses addressed a specific service**
Sample comments: “ Women with children programs”; “Rural services”; “Detox (especially for youth)”; “Better aftercare services”; “It would be ideal to add additional inpatient and residential services for substance abuse in Pima County”; “More strength based-evidence based programs”; “More services that are for the uninsured (middle-not eligible for state/fed health care) and here NO insurance-self pay with reasonable payment services”; and “more detox services with referral system.”
- **16 percent of all responses mentioned improved communication or collaboration**
Sample comments: “Active collaboration between programs, networks, ancillary services, and the court and schools”; “Improve knowledge database for the community to know what services are available”; “Be more open-(even) with competitive agencies - There are plenty of people who need help”; and “Communication amongst the existing programs-to increase prevention and treatment.”
- **10 percent of all responses cited more facilities**
Sample Comments: “Shelters, transitional housing options for homeless and near-homeless who may not need residential but do need treatment and safe housing”; “More facilities.” Facilities that take both Title XIX and non-Title XIX”; and “More dual diagnosis treatment facilities.”
- **6 percent mentioned language issues**
Sample comments: “Sensitivity to issue of culture, language, and orientation”; and “Multi-lingual.”

Question 3: How can a database like this one be improved and used in Pima County?

- **42 percent of all answers related to referrals and/or public use**
Sample comments: “Being readily available to the public”; “More media information targeted at underage drinking and potential consequences (life choices) careers, etc.”; “To develop a comprehensive treatment-based list to help with immediate crisis-and follow-up with other services”; “Available to schools, families”; and “For referral.”
- **16 percent of all answers mentioned collaboration**
Sample comments: “Creating collaboration of services”; “Easy access of data for development purposes”; “Making information available to organizations that deal with people that are not abusers but know of abusers.”
- **16 percent of all answers mentioned use of the database to identify gaps in services**
Sample comments: “Identify gaps in services”; “Identify deficiencies: lack of resources for treatment in Spanish (language), services for families”; and “Measure demand in reference to supply of treatment.”

