

# Arizona

## UNIFORM APPLICATION

### FY 2018 BEHAVIORAL HEALTH REPORT

### SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 06/07/2017 - Expires  
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Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

## I: State Information

### State Information

#### I. State Agency for the Block Grant

Agency Name Arizona Health Care Cost Containment System (AHCCCS)

Organizational Unit

Mailing Address 701 E Jefferson MD 6500

City Phoenix

Zip Code 85034

#### II. Contact Person for the Block Grant

First Name Thomas

Last Name Betlach

Agency Name Arizona Health Care Cost Containment System

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#### III. Expenditure Period

##### State Expenditure Period

From 7/1/2016

To 6/30/2017

##### Block Grant Expenditure Period

From 10/1/2014

To 9/30/2016

#### IV. Date Submitted

Submission Date 12/1/2017 5:01:26 PM

Revision Date 1/10/2018 10:44:38 AM

#### V. Contact Person Responsible for Report Submission

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**Footnotes:**



STATE OF ARIZONA  
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY  
GOVERNOR

EXECUTIVE OFFICE

February 26, 2016

Grants Management Specialist  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road, Room 7-1091  
Rockville, MD 20857

Dear Grants Management Specialist:

Arizona has a long history of implementing significant and innovative initiatives related to integration and care coordination in the provision of services. As of July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) will merge to fully integrate the implementation and oversight of behavioral and physical care services. The coming together of DBHS and AHCCCS builds a stronger and better informed Medicaid leadership and builds greater awareness of behavioral health services in the Medicaid program.

This merger requires the transition of the oversight of Substance Abuse and Mental Health Services Administration (SAMHSA) grants. As such, I am designating Tom Betlach, Director of AHCCCS, as the signature authority for the Substance Abuse Block Grant (SABG), Projects for Assistance in Transition from Homelessness Grant (PATH), and Mental Health Block Grant (MHBG) as well as for any discretionary grant. This authority includes the signing of any standard federal forms such as Assurances, Certifications and Disclosure of Lobbying Activities and shall have such authority during my term as Governor of Arizona. In addition, I am designating Director Betlach as the Single State Authority (SSA) for Arizona.

If you have any questions, please contact Kelly Charbonneau, Division of Health Care Management at (602) 364-1356.

Sincerely,

Douglas A. Ducey  
Governor  
State of Arizona

## II: Annual Report

**Table 1 Priority Area and Annual Performance Indicators - Progress Report**

**Priority #:** 1  
**Priority Area:** Youth  
**Priority Type:** SAT  
**Population(s):** Other

**Goal of the priority area:**

Increase the number of youth in the behavioral health system identified as having a diagnosed substance use disorder.  
Note- Goal is in progress and will be continued from previous submission.

**Strategies to attain the goal:**

The Regional Behavioral Health Authorities (RBHAs) will continue efforts to promote access to substance abuse treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by the RBHAs have included components on how to screen for substance abuse in the adolescent population, and effective substance abuse treatment such as ACRA and other evidence-based practices targeting the adolescent population. Additionally, providers continue to utilize SA screening tools, including ASAM and CRAFFT.

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will monitor enrollment numbers for youth diagnosed with a substance use diagnosis within the system of care.

The RBHAs will continue to collaborate and meet regularly with child/adolescent providers to share information on substance abuse screening, trends and best practices.

The ADHS/DBHS and the RBHAs will provide and promote access to substance abuse training initiatives available to child/adolescent providers-including those employed through other agencies such as the Department of Child Safety (DOCS) and Juvenile Justice. The ADHS/DBHS will also provide education to providers and teachers.

The ADHS/DBHS and RBHAs will educate treatment providers, prevention providers, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and substance abuse treatment services.

The ADHS/DBHS will ensure the availability of a standardized, parent-friendly, screening tool to identify substance use/abuse in children and adolescents.

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will monitor enrollment numbers for youth diagnosed with a substance use diagnosis within the system of care.

The Regional Behavioral Health Authorities (RBHAs) will continue to collaborate and meet regularly with child/adolescent providers to share information on substance abuse screening, trends and best practices.

The ADHS/DBHS and the RBHAs will provide and promote access to substance abuse training initiatives available to child/adolescent providers-including those employed through other agencies such as the Department of Child Safety (DOCS) and Juvenile Justice. The ADHS/DBHS will also provide education to providers and teachers.

The ADHS/DBHS and RBHAs will educate treatment providers, prevention providers, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and substance abuse treatment services.

The ADHS/DBHS will ensure the availability of a standardized, parent-friendly, screening tool to identify substance use/abuse in children and adolescents.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Annual Performance Indicators to measure success on a yearly basis.

**Baseline Measurement:** Baseline measurement, FY15 7% of those under the age of 18, in the behavioral health system who were diagnosed as having a substance use disorder or dependence.

**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2016), 7.5%

**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2017), 8%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CIS enrollment numbers/data.

**New Data Source(if needed):**

**Description of Data:**

CIS data can be stratified by age group, diagnosis, and services received. CIS captures all elements needed to measure outcomes for this population.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues anticipated.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

The RBHAs have worked to connect youth to appropriate SUD services by providing trainings to providers regarding screening tools to identify substance use in children and adolescents. Additionally the RBHAs have increased the capacity of SUD services for adolescents by increasing the number of evidence-based practices (i.e. A-CRA, MST, Matrix Model, Seven Challenges, etc.). In Pima County there have been two adolescent MAT programs added that comply with SAMHSA guidelines through use of buprenorphine and IOP services in the past year as well as an increased capacity for youth with SUD in SUD Behavioral Health Residential (BHRF) treatment. In Maricopa County the RBHA and their adolescent substance abuse treatment providers have collaborated with ADJC and MCJPD to provide treatment services for youth on probation or parole who are not eligible for Medicaid-funded services.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

AHCCCS has implemented several strategies to achieve the goal of increasing the number of youth in the behavioral health system identified as having a diagnosed Substance Use Disorder (SUD). The goal of 8% of those who received SABG SUD services was exceeded, as per CIS data youth under 18 years of age represented 9.37% of the population served in SFY 2017. The Regional Behavioral Health Authorities (RBHAs) are continuing efforts to promote access to SUD treatment services for adolescents during meetings with providers and collaborators, and through school and community-based trainings. Trainings provided by the RBHAs have included components on how to screen for SUD in the adolescent population, and effective treatment such as Adolescent Community Reinforcement Approach (ACRA) and other evidence-based practices (EBPs) targeting the adolescent population. Additionally, providers continue to utilize SUD screening tools, including American Society of Addiction Medicine (ASAM) and Car, Relax, Alone, Forget, Friends, and Trouble (CRAFT).

AHCCCS monitors enrollment numbers for youth diagnosed with a SUD within the system of care. The RBHAs will continue to collaborate and meet regularly with child/adolescent providers to share information on SUD screening, trends and best practices. AHCCCS and the RBHAs provide and promote access to SUD training initiatives available to child/adolescent providers including those employed through other Agencies such as the Department of Child Safety (DCS) and Juvenile Justice. AHCCCS also provides education to providers and teachers. AHCCCS and RBHAs educate treatment providers, prevention providers, and coalitions on how to engage community stakeholders in identifying and referring youth to early intervention and SUD treatment services. AHCCCS ensures the availability of a standardized, parent-friendly, screening tool to identify substance use/abuse in children and adolescents.

Outreach

AHCCCS has worked with the RBHAs and providers to develop and initiate a variety of outreach activities across the state, including:

- RBHA Health Homes have completed a full year of Transition Age Youth (TAY) programs. All Health Homes continue to have designated teams that work with TAY, and utilize the Botvin Life Skills Curriculum. Medical staff also assisted in providing education to TAY. Pediatricians provide education on sexual health, tobacco, drugs, depression, and sunscreen/skin protection. These designated teams are revising and enhancing their existing programs for the TAY population, utilizing population health data reviewed under the RBHA population health program.
- Health Homes have been notified of various community events as they relate to TAY, and are encouraged to actively participate in these events by providing conference/event tables, providing information about their agency, scheduling intakes and getting potential member contact information.
- RBHA providers have also increased outreach to the community, hospitals, first responders, the juvenile justice system, and schools.
- A RBHA in partnership with the Arizona Department of Education (ADE) presented at the Statewide ADE Directors Institute on how to access behavioral health services. School Representatives who were interested in receiving further training/education around behavioral health conditions and services were provided with RBHA contact information.
- RBHA providers are co-located or have established a direct referral process with 188 schools in 35 school districts. In addition to services, the providers in the various districts have also been providing training/education to the staff at the co-located schools.
- RBHAs have been collaborating with county juvenile probation departments to connect youth to services and prevent/decrease involvement in the Juvenile Justice System. They are working with probation and detention on ensuring community and educational resources are readily available to families in the lobbies of the detention centers.
- RBHAs have implemented processes for youth who have entered detention to be connected to services. Youth who are not eligible for Medicaid and have been identified to meet the criteria for SABG funding are connected to a behavioral health services provider.
- RBHA contracted providers have recognized the importance of increasing parental engagement with their youth. Much of the focus was to increase these sets of skills. Other focuses included opioid prevention, alcohol and other drug awareness, and social skills development.
- Agencies have provided 100 Parent packets to schools for the parents of youth cited for campus infraction, often times involving tobacco and/or alcohol. The resources in the packets can be used by school staff and counselors or parents seeking to refer youth to intervention and treatment services.
- According to the 2016 Arizona Youth Survey (AYS), youth are using substances in order to cope. Over 5000 treatment referral cards were distributed providing service referral information to youth, parents, school staff, community organizations, coalition members, law enforcement and key community stakeholders. The cards provide Agencies and their contact phone numbers which will allow youth easy access to talking to a treatment provider. The cards are distributed at community events, school-based education presentations, coalition meetings and parenting education classes.
- For some agencies' the goals are to promote proper Rx drug storage in the home, support the establishment of permanent Rx disposal drop boxes in communities and increase participation in Rx focused programs such Take Back Days. The emphasis is to educate youth, families, and community members about the dangers of Rx drug misuse and abuse, educate families about how to obtain and use Naloxone and how to contact emergency medical help. An additional focus is educating youth and community about the risks/dangers of impaired driving.
- A Coalition for Children & Youth works to prevent the negative effects of trauma specifically related to foster care, substance abuse, incarceration, poor educational achievement, homelessness, and mental and physical health concerns. They hosted monthly meetings to find and address community needs, as well as, promote and showcase positive programs. Additionally, the coalition created and supported a collective impact group with over 39 different agencies participating. They also created and took maintenance responsibilities of family event calendar for the county with alternatives to substance abuse activities. They handed out at all tabling/community events the Coalition participates in (updated and printed monthly).
- Another coalition focused on increasing youth knowledge regarding the risks of underage drinking by 5% as measured by the AYS past 30 day use in grades 8, 10, and 12. Outreach efforts focused on preventing the extent of harm for early use by posting PSA flyers on school bulletin boards in local middle school and high schools. They created library reading event to promote positive choices. The coalition conducted trainings held with youth regarding the risks of early alcohol use and binge drinking. Permission was been obtained to administer the Arizona Youth Survey with results showing a decrease in use and increase in perception of harm in local youth regarding alcohol use. They planned and executed multiple 2017 community and school based events focusing on alcohol and other drug prevention in youth. They provided support to a Learning Center and conference on prevention parenting education strategy via incentive stipends for parent attendance coming from high risk situations.

#### Collaboration

AHCCCS has worked with the RBHAs and providers to be a part of a statewide collaborative effort that uses all of the resources and efforts of our state partners and stakeholders to increase the number of youth in the behavioral health system identified as having a diagnosed SUD. Some of these collaborative efforts include:

- To further assist with increasing enrollment, agencies developed a partnership with a local, popular drop-in Center for Transition Aged Youth (TAY). This partnership arrangement involves outreach workers engaging with TAY at the center, and directing them to treatment providers. These Agencies have the opportunity to conduct intakes, case management, individual behavioral health counseling, eligibility screenings, assist with Nutrition Assistance and other entitlement applications, and connect TAY to community resources.
- RBHAs continually collaborate with the Juvenile Probation/Detention Centers to receive TAY referrals for SUD services.
- A RBHA Program Development team has structured a program with local providers to provide SUD treatment for virtually all youth who enter their detention center and are in need of SUD services.

- RBHAs have worked with the Probation Departments to educate providers regarding the Risk Assessment tools used by probation to identify moderate to high risk TAY, evaluating criminogenic factors that may lead to continued or increased SUD behaviors.
- RBHAs have identified a need for increased support for substance-using youth in detention. The vast majority of these youth have substance use as an identified concern at intake.
- RBHAs and County Juvenile Justice system partners have recently initiated planning and developed program, made up of a coalition of providers, including one of their larger Health Homes, a SUD IOP provider, and a Multisystemic Therapy (MST) / Functional Family Therapy (FFT) provider implementing EBPs. There have been several referrals to the program since beginning in June 2017 and Juvenile Probation has expressed the desire to open the program up to other avenues for referral sources.
- o Providers works with local agencies to ensure materials are updated with the most current information; staff are educated on treatment services, and presentations at the public Lunch and Learns provide relevant information. A future collaboration includes a lunch and learn entitled "Solution for Combating Addiction & Mental Illness."
- Two Coalitions are helping Tribal Members develop skills and increase their capacity in addressing underage drinking in their community. The coalition has a Tribal Action Plan and is helping the tribal coalition to achieve their goals in this plan. Training has been provided on Substance Abuse Prevention Skills Training (SAPST) and Strategic Prevention Framework (SPF). Cultural competency has been addressed in social marketing with the Coalition obtaining permission to use tribal stories for substance abuse prevention. In appropriate seasons the stories are told with an emphasis on how that story can relate to staying substance free. One story has been successfully told in English and Hualapai. They continue to help maintain coalition involvement and the coalitions have been recognized by the Tribal Council as a formal Coalition. Community readiness needs assessment, and strategic planning has been completed and is continually reviewed. Permission has been obtained to administer the Arizona Youth Survey with the results showing a decrease in youth use and an increase in perception of harm.
- Local providers have partnered with the Police Department to provide a safe and effective way for the citizens to dispose of their unused or out dated medications. They have also worked closely with the County Networking Team, a local provider and the County Health Department collaborating on community events, meeting and trainings. Providers and a Middle School implemented a youth group in the middle school. The youth group meets weekly to plan and implement youth activities that promote prevention of risky behaviors.
- Providers and the Police Department implemented a social host ordinance, educated parents and youth about risks of substance use, misuse and abuse. Also, through the social host ordinance they plan to hold adults responsible for contributing to minors.
- Providers focused on creating opportunities for community participation by hosting events and partnering with schools, the Juvenile Probation Office, the Department of Child Safety. Providers also supported prevention coalitions and hosted community groups.
- RBHAs and the adolescent substance abuse treatment providers who have been allocated funding through the Substance Abuse Block Grant (SABG) have collaborated with Juvenile Justice Systems to provide treatment services for youth on probation or parole who are not eligible for Medicaid services.
- RBHAs also hold collaborative meetings with stakeholder partners such as Department of Child Safety (DCS) and the local County Juvenile Probation Department. During these collaborative meetings the RBHA provides system updates regarding availability of service providers who offer SUD treatment and how these services can be obtained.
- Providers have collaborated to provide services for the Families First program to assist teen parents regain or maintain custody of their children.
- Many providers in the RBHA system also collaborate with other community based supports, including local coalitions, hospitals and schools.

#### Targeted Interventions

AHCCCS has partnered with the RBHAs and providers to implement interventions specifically identified to assist in the identification and treatment of substance use disorder for youth. The following are some of the targeted intervention efforts:

- Utilizing EBP screening tools, such as Substance Abuse Subtle Screening Inventory (SASSI)/ Teen Addiction Severity Index (TASI).
- Implementing Family Systems treatment, including Love and Logic, Strengthening Families, and Systemic Training for Effective Parenting (STEP).
- School based SUD treatment services
- Provided Naloxone to First Responders and information for referrals for treatment services
- RBHAs have provided training on several targeted interventions for youth. Some of these interventions are Cognitive Behavioral Therapy (CBT) for SUD, ASAM, and ACRA.
- RBHAs have required the adolescent SABG treatment programs to utilize a community based EBP (i.e. A-CRA, MST, Matrix Model, Seven Challenges, etc.) and have implemented screening tools to identify substance use/use in children and adolescents to better meet the needs of this population.
- There are a variety of programs to allow for choice for service recipients and referral sources and appropriate matching of services to individualized needs.

#### Outcomes Measured

AHCCCS and the RBHAs monitor data based on utilization, quality management, and outcome measures to assess the progress made with respect to identifying and treating youth with substance use disorders. The following are some of the findings:

- RBHAs have benchmarks for the percent of children in the Case File Review audit to be assessed for substance use history.
- 100% of children in the Case File Review audit were assessed using a standardized substance screening tool and referred to treatment when screened positive.
- RBHAs have provided various trainings in an effort to educate treatment providers, prevention providers, stakeholders, community,



and family members in identifying and referring youth on early intervention and substance use treatment services.

- RBHAs implemented trainings on CBT for SUD with an Opioid focus twice in the past year, which trained over 100 clinicians across 30 different providers and stakeholder Agencies. Currently, 3 attendees are pursuing certification in CBT-SUD.
- RBHAs have also provided training to 3870 staff from 38 different Agencies over the past fiscal year on various topics related to SUD. These topics include Screening, Brief Intervention, and Referral to Treatment (SBIRT), Intervention and Treatment Services for Individuals with Substance Issues, Overview of Substance Use Disorders Part 1 and Part 2, Medication-Assisted Treatment (MAT) in Opioid Addiction, and Stages of Change in Addiction.
- As a result of this initiative in one region, the blended teams have achieved the following outcomes:
  - o Increased TAY employment rates from 7% to 16%.
  - o Maintained TAY stable housing at 96%.
  - o Maintained TAY school attendance at 98%.

#### Progress/ Barriers Identified

- Collaborations & partnerships continue to grow throughout the community in an effort to connect more youth & young adults to resources.
- In some regions, contracted providers have made progress in the realm of collaboration with Juvenile Probation Departments in most of our counties and continue to re-establish and/or strengthen existing relationships. This has allowed for increased coordination of care.
- Some barriers exist around the availability of in-patient beds, causing longer waiting periods and resulting in longer stays in a detention facility for some members.
- Additionally, RBHAs and their Criminal Justice stakeholders continue to be hindered by restrictions on data sharing related to 42 CFR Part 2 regulations.
- Below are the identified successes/challenges of the SYT Grant:
  - Successes:
    - o Recruiting target groups: Females, Hispanic, minority.
    - o Recruiting target groups: Co-occurring mental health problems, juvenile justice-involvement, and diversifying referral sources.
    - o Retaining transition-aged participants (home-based model).
    - o Reductions in substance use: Substances and severity of use.
    - o Reduction in risk behaviors: Illegal activity, justice involvement, mental health symptoms, and negative problem-solving/fighting
    - o Maintaining progress after 3 months: Mental health symptoms, severity of substance use, alcohol abstinence, reduction in illegal activity and tobacco abstinence.
    - o Cost to Society Reduction: 75% decreased costs from intake to 6 months. Mean cost reduction 0-6 months: \$3,058. Median: \$940.
  - Challenges:
    - o Recruiting TAY: Participants 18 years of age and older remains at 17%.
    - o Retaining youth under 18 in center-based setting.
    - o Substance use: 29% increased substance use 0 to 6 months. However, progress was shown in the percentage with higher use changed from 35% in year 1 to 29% in Year 3 of SYT and has stayed under 30%.
    - o Reduction in risk behaviors: tobacco use, unprotected sex, and not attending school at three months.
    - o Progress after 3 months: marijuana use, unprotected sex, fighting, skipping school days, fighting and negative dispute behavior.
    - o Changes in staff and structure of SYT partner Agencies over the three-year grant period.
- In one RBHA region, each of the providers indicated progress was made in school-based partnerships which have resulted in a higher number of high school aged students reached with programs and resources.
- Some of the barriers came when efforts were made to reach those in extreme rural areas due to a lack of transportation or access to multimedia flyers or resources.
- Many providers have an annual rotation of internal trainings to assist staff with ongoing appropriate triage of substance use challenges, which are discussed, identified, and properly provided with treatment that matches needs of clients served.
- RBHA Providers are co-located or have established a direct referral process with 188 schools in 35 school districts. In 2017 in collaboration with AHCCCS, a RBHA offered ACRA training to several providers. Due to staff turnover, we had a low completion rate of the training certification.
- The RBHA collected data from a recent survey sent out to providers which identified the following barriers to treatment:
  - o Correctional systems emphasis of substance use as a criminal issue instead of an addiction can cause disrupt therapeutic processes.
  - o Family system dynamics and/or lack of awareness can also be a barrier.
  - o Lack of understanding of the various community resources available to support families who are not eligible for Medicaid.

#### Success Stories Shared

- A young teenage youth was referred to an SYT Provider for substance use, self-harm, and multiple suicidal attempts. At the time she was living abusive family members. Through the course of treatment she disclosed sexual assaults and additional trauma issues resulting from a childhood of abuse. She was removed from the abusive and placed in a supportive environment. She remained there for 6 months then was able to transition to live with other family members. Over a period of three years, this youth attended individual sessions of therapy and recovery groups. She became an advocate for other youth and took a very active part in her recovery and the group. She participated in community events and had positive interaction with law enforcement. She and her family agreed to assist with information for a presentation providers conducted for school district teachers regarding working with youth who self-mutilate. The information she shared was crucial to informing teachers about what to look for and how to approach youth in a school setting.

This young lady recently moved and the provider is continuing to provide support until she gets enrolled successfully with coverage and is safely supported in her new environment.

- One member was in detention for using drugs/alcohol and facing possible charges that could have resulted in long-term incarceration. She was released and placed in a group home and has transitioned into independent living and receiving direct support services. She remains sober and is attending NA groups multiple times a week. She completes community service weekly and is transitioning into an adult program as she is approaching 18 years old.
- A Hispanic youth, was in need of services due to ongoing difficulties with substance use and related behaviors. He was placed on probation, which made a referral to providers to render the necessary adolescent SUD treatment and support services. Providers delivered these services using the ACRA model. The real life impact of the SABG funding on the affected population is manifest in this member. He "arrived" at the provider with documented behaviors that included substance use, leaving home without permission, and truancy. Within a year of receiving services, he had completely abstained from any substance use, attended his high school on a consistent basis, and became increasingly involved in pro-social activities. Based on this member's significant progress and continuing success the provider, in consultation with the probation department, he was able to have his case closed. The provider firmly believes that the SABG funding played a direct and constructive part in this young man's ability to make more positive life choices and to sustain his behavior.
- Another member was referred for treatment through the SABG funding. The referral behaviors included substance use, verbal aggression, physical aggression, and property destruction. He had served 30 days in juvenile detention, was placed on standard probation, and had to do weekly UA's. The provider initially focused on de-escalation planning to reduce the aggression. The provider helped mom create a monitoring and supervision plan so she could keep a closer eye on the youth. With support, the mom and youth assessed the peers the youth was associating with and the activities the client was engaging to help ensure the youth had positive peers and prosocial activities to engage in. By the end of treatment, the youth was no longer using substances. Probation identified that treatment was successful and youth was released from standard probation early. The youth was seeking employment, engaging with more positive peers, and had improved his relationship with his mother. Youth and Mom were communicating more effectively, which helped maintain the reduction in aggression and verbal and physical escalations. Treatment started when they youth was 17 years old, so they were able to get help and intervene prior to the youth turning 18.
- A Native American female youth came to treatment shortly after moving to Arizona to live with family. She had a significant history of use, including marijuana, meth, alcohol, LSD, Ecstasy, cocaine, and prescription pills. She began building a relationship with her family here. She was actively engaged in IOP and particularly connected to the talking circle; her graduation from the program was a multi-generational family event which included other traditional ceremonial elements that the family brought, including drumming and dancing. She is now living with her family and working on building her relationship with them, is attending school consistently, is passing her classes, and has maintained sobriety since leaving the program.
- A youth was referred for SUD service by his probation officer. He lives with his mom and has another sibling, but the sibling is not placed residing with them. His father was not consistently around and his sibling also struggled with substance use issues. He struggled with marijuana addiction and worked on getting sober through treatment. He had a goal of treatment of understanding why he used, and felt that it was important to understand why, and worked on this challenge throughout the program. He and his mother worked on their communication through our family nights and mother was a big support for him as well as music. Member would often arrive to group and share his talent with his peers by presenting and performing pieces of music that he created. His family also really benefited from the provided transportation as mother worked long hours and it was difficult for her to bring him to the program. While in treatment the youth was detained once and our team continued to meet with him in detention until he transitioned back to full time group and moved on to acknowledgement.
- Client demonstrated consistency in attendance, participation, and was willing to work on concerns that revolved around his substance use. Client was active throughout the sessions, demonstrating honesty and openness to discuss the challenges that he faced regarding using and maintaining sobriety. Client worked on concerns regarding his family, probation terms, and relationships with others. Client developed leadership skills within the group and was instrumental in providing feedback to peers. Client was successfully acknowledged and was transitioned to aftercare. Client stated that after being acknowledged from group he was focusing on his musical interests, education, and family relationships.
- A pregnant female youth gave birth during her time in treatment. She maintained sobriety and gave birth to a healthy child. She attended the family workshop with group home staff in the absence of committed family members, and successfully graduated from the program.

**Priority #:** 2

**Priority Area:** Older Adults

**Priority Type:** SAT

**Population(s):** Other (Entire population over the age of 55.)

**Goal of the priority area:**

Increase screenings, outreach, engagement and enrollment of adults over the age of 55 with a diagnosed substance use disorder.

**Strategies to attain the goal:**

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will track and trend individuals screened for substance

use and abuse in the Northern Regional Behavioral Health Authority (NARBHA) by age.

The ADHS/DBHS will evaluate the number of individuals over 55 who received a Brief Intervention/Brief Treatment related to their substance use/abuse.

The ADHS/DBHS will track and trend the number of individuals who were referred to a treatment provider for substance use/abuse.

The Arizona Department of Health services will educate the rest of the state on the Screening, Brief Intervention and Referral to Treatment (SBIRT) program.

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Annual Performance Indicators to measure success on a yearly basis. .

**Baseline Measurement:** In Fiscal Year 2016, 8% of those with a substance use disorder or dependence were over the age of 55.

**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2016), 8.5%

**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2017), 9%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

CIS enrollment data and SAIS data.

**New Data Source(if needed):**

**Description of Data:**

Data in both systems can be stratified by age, diagnosis, and service received.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

SAMHSA has elected to eliminate the SAIS system and has rolled out the DCI. It is unclear how this will impact data collection and reporting.

**New Data issues/caveats that affect outcome measures:**

### Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Some RBHA efforts include:

- Providing outreach to members who are presenting in hospitals but are not enrolled with a SUD provider. Engagement Specialists go out into the community, including hospitals and home addresses to discuss services and facilitate intakes
- Increased availability of peer support and intensive-community based services to members in an effort to keep them engaged in SUD services.
- In Southern Arizona the RBHA is working with a provider to increase their membership in their integrated care service for older adults (55 and over) in a program called "Cactus Bloom". The program focuses on screening and increasing accessibility to integrated services for older adults.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

AHCCCS has implemented several strategies to achieve the goal of increasing the number of adults over the age of 55 in the behavioral health system identified as having a diagnosed Substance Use Disorder (SUD). The goal of 9% of those who received SABG SUD services was exceeded, as per CIS data adults over 55 years of age represented 11.99% of the population served in SFY 2017. AHCCCS has implemented the following strategies to achieve the goal of increased screenings and service provision for adults over the age of 55

with a diagnosed substance use disorder. Statewide there is an effort to ensure people are screened and receive services as appropriate. Below are the activities and strategies currently being effected:

#### Outreach

- Engagement Specialists are going out into the community including hospitals and homes to discuss services and facilitate intakes when necessary.
- The state maintains an urgent engagement process through which individuals who present at detox facilities will receive a one hour response from a Health Home for engagement and enrollment into services, during which, the member will establish a service plan to be implemented at the time they leave the detox facility.
- Outreach to community centers, hospitals, first responders, and the criminal justice system have all increased.
- Additional outreach efforts are made with senior living centers and the Veteran Affairs Department (VA).

#### Collaboration

With an identified need for increased collaboration of providers to courts, probation and other community legal systems services, AHCCCS contractors work with law enforcement agencies in each county as well as with the jails and detention centers to coordinate referrals for adults released who are identified as having a substance use disorder. Each provider receiving SABG funds in each county has been tasked with developing a work plan specifying how they would better outreach their courts, legal systems, (including the Department of Corrections and the Adult Probation Department) and community to identify adults with SUD.

#### Targeted Interventions

Through contracted providers, the state has utilized the following targeted interventions:

- Implementing Evidenced based practices including, motivational interviewing, Living in Balance curriculum, Family Systems Interventions, Solutions Focused Treatment, MAT services, Stages of Change, Cognitive Behavioral Therapy and Trauma Informed Care.
- State contractors are hiring for Program Specialists to oversee program development for older adults.
- There is a focus on increasing age-specific programming and integrated care for older adults with substance use disorders.
- Coalitions with Emergency Departments have been formed to ensure a referral to pain management or Health Home when an individual is presenting with substance use concerns.

#### Outcomes Measured

- Providers collect and evaluate internet traffic on the Senior Peer Prevention web page, use the Adult Connectedness SOM, pre-and post-intervention to evaluate changes in the Peer Support participants' feelings about their relationships with family and friends, as well as, use of the Geriatric Depression Scale on a pre-quarterly basis to determine changes in depression levels following intervention.
- Outcomes for the older adult population are measured by goals identified by the member in their treatment plan with a focus on: employment status, enrollment in school or vocational program, housing, arrests within 30 days, abstinence from drugs and/or alcohol and participation in social support recovery.

#### Progress/Barriers Identified

- At the Senior Prevention Program, there were 47 volunteers who made 429 contacts with senior participants for a total of 879.5 hours of engagement.
- One barrier/area for improvement is the "dump the drugs" events targeted at older adults. Only one collection was made this year in conjunction with a large Community Health Fair. Recruiting and retaining male volunteers is an ongoing challenge.
- Additional challenges include transportation and member willingness to engage and remain in services.

#### Success Stories Shared

- One member in the Recover Wellness Program had 18 Emergency Department (ED) visits in 12 months. With a diagnosis of Insulin-Dependent Diabetes Mellitus, the member displayed a pattern of going to the ED with blood sugar above 500, stating that he had not taken his diabetes medications due to suicidal ideation. A lack of income, homelessness and an inability to store insulin were identified as barriers to care. Through the Integrated Care program the member found a treatment team and was discharged to temporary housing managed by the health home where he now has daily staff contact and safe storage of his insulin. The member is looking for permanent housing and is engaged with his treatment team on a daily basis.
- One member reported a motorcycle, which resulted in an amputated leg and subsequent relapse with alcohol. Though the member continued to report difficulty with achieving sobriety, this client transitioned back into IOP group and continues to attend SUD treatment to work towards his goal of sobriety. Member was able to continue treatment without any gaps in services after hospitalization. Effective ASAM screenings determined most appropriate level of care for member.

**Priority Type:** MHS  
**Population(s):** Other

**Goal of the priority area:**

Increase enrollment of service members and veterans in the behavioral health system.

**Strategies to attain the goal:**

Enrollment of service members and veterans for substance abuse services out the total number enrolled in the behavioral health system increased from 0.6% in FY2012 to 1.1% in FY2013. Please note, the percent of service members and veterans out of the number of individuals enrolled in the Arizona behavioral health system for substance abuse services is 3.5%.

Our Regional Behavioral Health Authorities (RBHAs) have been collaborating in various capacities, including holding memberships in ACMF's Resource Network and ACMF Leadership Council, and collaborating on ACMF's Resource Navigator training and the VA's Veteran's Summit. Additionally, Rally Point Tucson, a program of CPSA, staffed by experienced veterans continues to help veterans and their families in Pima County navigate and access various resources. Providers throughout the state have been engaged in multiple trainings that are specific to the needs of service members, such as Mental Health First Aid for Military, Veteran and Their Families, Trauma Informed Care, PTSD, Traumatic Brain injury, and employment assistance.

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will continue to be engaged in the Arizona Coalition for Military Families, and will conduct outreach efforts to connect service members, veterans and family members to services throughout the State. The ADHS/DBHS will disseminate information to all levels of service and will encourage collaboration for the provision of culturally competent care.

The ADHS/DBHS will assist the Regional Behavioral Health Authorities (RBHAs) in establishing a relationship their local Veterans Affairs (VAs) in order to coordinate care and participate in trainings.

The ADHS/DBHS and RBHAs will educate behavioral health providers (treatment and prevention) to offer culturally competent services for service members, veterans, and their families.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Annual Performance Indicators to measure success on a yearly basis.  
**Baseline Measurement:** Baseline measurement, FY 2016 1278/205000 (.6%)  
**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2016), Increase FY16 data by 6%  
**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2017), Increase FY17 data by an additional 2% from the outcome for 2016.

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Client Information System (CIS) data.

**New Data Source(if needed):**

**Description of Data:**

Data can be stratified by military and veteran status, diagnoses, and services received.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues anticipated.

**New Data issues/caveats that affect outcome measures:**

CIS data ran this year shows in FY2015 2,364 veterans and service members were enrolled with the behavioral health system, 1085 with a SUD.

**Report of Progress Toward Goal Attainment**

First Year Target:

☐ Achieved

☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

CIS data shows that in FY2016 2417 veterans and service members were enrolled with the behavioral health system, 1094 with a SUD. This is a 2% increase in enrollment of veterans and service members and a .82% increase in the enrollment of veterans and service members with a SUD. The state will work with the RBHAs to identify barriers to enrolling veterans and service members into services as well as discuss opportunities for implementing and supporting additional outreach and engagement programs.

CIS data shows that in FY2016 2417 veterans and service members were enrolled with the behavioral health system, 1094 with a SUD. This is a 2% increase in enrollment of veterans and service members and a .82% increase in the enrollment of veterans and service members with a SUD.

The following are activities aimed and outreaching and engaging veterans into services:

Agencies contracted to provide outreach via community engagement specialists are also targeting efforts to enroll veterans who present in the emergency departments, detox facilities and those who are homeless. Cenpatco also participates in the planning and marketing of Veteran Specific events around the state. Some of these events are the "Stand Downs", the veteran employment/resource fairs, and symposiums. Cenpatco set up training for the local warm lines on effective practices for working with veterans and families. This training certified all their warm line employees as Veteran Navigators trained by the Arizona Coalition for Military Families.

A new program called Project R.E.S.P.E.C.T. was launched in 2016 that focuses on re-entry from jail, and provides services based on Moral Reconciliation Therapy (MRT), also serving veterans.

Rally Point Phoenix, a program of Empact, attended peer support certification training to improve their engagement activities of service members and veterans

Mercy Maricopa Outcome data for Rally Point Phoenix mentioned above:

This program has seen an increase in call volume and member engagement, receiving 1120 calls to their hotline and 446 new veterans engaged in services. Approximately 72% of veterans in this program complete services within 3 months and 97% complete within 6 months. This provider reports an approximate increase of 35%, overall, of veterans and service members engaging into services

Mercy Maricopa Integrated Care are engaged with the VA system to improve response and engagement of service members and veterans into needed services to include high-needs members, members involved with court and legal system, incarcerated and vulnerable adults involved with Adult Protective Services

**How first year target was achieved (optional):**

Second Year Target:

☒ Achieved

☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

CIS data shows in SFY 2017 2,666 veterans and service members were enrolled with the behavioral health system, 1,277 with a SUD. This is a 10.3% increase in enrollment of veterans and service members and a 16.73% increase in the enrollment of veterans and service members with a SUD from the SFY 2016 enrollment rates. AHCCCS has implemented the following strategies to achieve the goal of increased enrollment for veterans and service members in behavioral health programs. Statewide there is an effort to ensure veterans and service members are outreached by various agencies. Below are the activities and strategies currently being implemented:

Outreach

- AHCCCS contractors have partnered with BE CONNECTED which provides services and resources to veterans as a "one stop shop."
- They also assist with training of behavioral health staff to work more effectively with veterans.
- RBHA contractors have and continue to communicate with the Veteran's Affairs (VA) administration and have collaborated on projects and outreach on an annual basis; and the Crisis and Veterans Services Director participated in the Arizona Coalition for Military Families Symposium.
- One provider initiated a Veterans Navigator program to outreach the community and engage veterans and enroll them in outpatient programs.
- Outreach to community centers, hospitals, first responders, and the criminal justice system have all increased.
- Additional targeted outreach efforts include senior living centers and the Veteran Affairs Department (VA).

Collaboration

- AHCCCS contractors have collaborated with Veteran Courts and have established an access point for behavioral health services.
- RBHA leadership collaborates with the VA hospital to coordinate services for veterans through Crisis Services as well as transportation and supportive housing services.
- RBHAs are working with the Veterans Justice Outreach and Vet Centers to reach veterans in the jail system.

#### Targeted Interventions

Through contracted providers, the state has utilized the following targeted interventions:

- Training crisis line staff at NurseWise to be trained in Veterans Navigation, collaborate with RBHA contractors to provide covered services to active military and veterans, and provide substance abuse treatment to veterans.
- State contractors are working with the VA to ensure comprehensive care is delivered to veterans.
- Veteran and active duty status are questions asked in provider intakes to capture this information.

#### Outcomes Measured

- Providers collect and evaluate information on veterans and service members via the enrollment of individuals into services.
- Outcomes for the veteran population are measured by goals identified by the member in their treatment plan with a focus on: employment status, enrollment in school or vocational program, housing, arrests within 30 days, abstinence from drugs and/or alcohol and participation in social support recovery.

#### Progress/Barriers Identified

- There are challenges coordinating counseling services with the VA as there is a preference for LCSWs and not LPCs, LMFTs, or LISACs.
- Additional barriers to serving veterans include: Housing and placing veterans in independent living environments fostering sober lifestyles, service members not disclosing their status, and conflicts between SABG funding source versus VA benefits.

#### Success Stories Shared

- One member in shared her story of having served two tours of duty and having returned to the States. She struggled with PTSD, anxiety, and depression and through an art program she was able to make progress and has shared her story with others. She found her peace in painting and emphatically stated that her art brought her out of the darkness. She works hard to maintain her mission focused on staying well and becoming stronger every day. Her message was clear; if you find your purpose and your passion and follow it through recovery is possible.
- Upon graduation from IOP group, a member reported being able to actively refuse use of substances when "triggered." At IOP graduation, the member's ASAM assessment indicated a need for outpatient level of care, which would be weekly or bi-monthly sessions. However, the member chose to continue with SOP level care (four hours weekly) in order to continue working on his treatment goal, demonstrating his level of commitment to his sobriety.

**Priority #:** 4

**Priority Area:** Healthcare Integration

**Priority Type:** SAT, MHS

**Population(s):** SMI

#### Goal of the priority area:

Increase Behavioral Health staff knowledge of health related topics and connection between physical and mental health, and improve the coordination of care between behavioral health providers and the recipients' Primary Care Physician.

Note- goal is continued.

#### Strategies to attain the goal:

ADHS will monitor and assist Maricopa County with the pilot healthcare integration program to provide behavioral and physical health care in one location for Seriously Mentally Ill (SMI) members in FY14. MMIC, the RBHA for Maricopa County has assigned Care Management staff at each Adult Provider Network Organization (APNO) direct clinic in order to provide a direct link to education and technical assistance; this has allowed an increase in awareness of the medical health related needs, service utilization monitoring, identify gaps, and provide educational resources related to coordination of care with medical providers. The Care Management staff also ensures the treatment goals in the members' Care Plans address both their physical and behavioral health needs. Efforts to increase Primary Care Providers (PCP) knowledge of behavioral health needs is also being addressed through the Integrated Care Training Academy which occurs quarterly, and includes topics such as the SBIRT process.

Effective October 2015, the state of Arizona will have integrated physical and behavioral health care for individuals diagnosed with a serious mental illness (SMI). The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will track the overall health for these individuals.

The ADHS/DBHS will work closely with healthcare providers to ensure that clients are receiving both physical and behavioral health services and that there is continued collaboration between all professionals.



## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Annual Performance Indicators to measure success on a yearly basis.

**Baseline Measurement:** Statewide SMI coordination of care in FY16 - 90%

**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2016), 95%

**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2017), 100%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Case review

**New Data Source(if needed):**

**Description of Data:**

The ADHS/DBHS performs a random sample case file review for coordination of care for those with a seriously mentally ill diagnosis. Review will contain specific elements that will evaluate coordination of care activities.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues anticipated.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The random sample case file review previously conducted by ADHS/DBHS has been discontinued and was not performed in SFY 2016 therefore Arizona cannot report progress towards this goal using previously indicated data source. The RBHAs conduct periodic reviews to ensure care coordination is occurring within their provider networks and implement performance improvement plans as needed to assist providers in improving care coordination efforts. For contract year 2017, AHCCCS has included multiple methods to measure coordination efforts for its integrated plans, but will not have that data to report until 2017. Some of the coordination efforts the RBHAs are monitored on include but are not limited to:

- Contractually required annual reports that focus on activities specifically demonstrating integration and coordination between physical and mental health providers on behalf of members diagnosed with a serious mental illness. These reports focus on planned activities for the upcoming year, as well as an evaluation of the previous year's activities.
- Contractual requirements for Integrated Health Plans to monitor specific coordination activities (via regular chart audits) between behavioral health professionals and primary care physicians.

Below are activities involving care coordination as reported by the RBHAs.

Activities in Maricopa County:

In SFY2016, Maricopa County focused on the development of integrated care practices, workforce development and information sharing to support integrated care models of care. To better understand our provider's readiness to implement integrated care models, Mercy Maricopa utilized the SAMHSA Integrated Provider Assessment Tool (IPAT). Then based on evaluation results, Mercy Maricopa has provided a variety of resources such as toolkits, trainings, curriculum and Practice Transformation Consultant (PTC) to providers preparing for and implementing integrated care programs.

To date, three integrated health homes, launched a virtual health home model primary care sites and have also added the inclusion of primary care on several Assertive Community Treatment teams.

Moving forward, Mercy Maricopa will continue to stay focused on four main areas: integrated care model development and provider expansion, workforce development, value based contracting and technology and evaluation. As stated prior, we continue to expand our integrated care network and provide resources to ensure behavior health staff is knowledge on health related topics and the importance of an integrated care approach. We have implemented integrated care treatment plan and expanded our scopes of work to ensure providers have integrated case consultations inclusive of medical providers. To ensure we have sufficient and skilled professionals, Mercy Maricopa has developed a certified training program so that providers can deliver training to develop skills in the delivery of integrated healthcare and work processes that will result in positive outcomes. To drive positive outcomes, Mercy Maricopa has implemented value based contracts which have shared incentives with medical providers for medical outcomes such as reduced emergency room utilization, inpatient medical utilization and increased contact with a member's physical health providers. These contracts also



include the inclusion of health outcomes such as smoking cessation and diabetic care. Mercy Maricopa has deliverable that addresses gaps in care and requires SMI clinic providers to work with members to close identified gaps. To support the delivery of integrated care, Mercy Maricopa recognizes the importance of real time data and ability to share data to coordinate care in an integrated fashion. Mercy Maricopa is working to implement a population health management tool that will allow for real time collaboration and the delivery of comprehensive integrated healthcare services.

#### Activities in Southern Arizona:

Cenpatico-IC conducts a wide range of coordination of care activities for all members, inclusive of the SABG funded members with an SMI diagnosis. All integrated and SMI members can receive care management or care coordination from Cenpatico-IC. At the provider level, all members are assigned to a Recovery Coach to assist in coordinating their care.

For SMI-Integrated members that have substance abuse diagnosis, the Care Management department provides the following services:

- Coordination of care for medical and behavioral health
- Transitional planning for members that are transitioning into substance abuse inpatient services
- Discharge planning for members transitioning into the community to maintain outpatient substance abuse treatment services towards maintaining their recovery
- Monitoring referrals for specialty services provided by ICCA's and Specialty Providers
- Adult Recovery Team participation with the member and the clinical team
- Continued outreach and comprehensive assessment to support members behavioral health and medical health needs
- Care Planning for high risk SMI members
- For complex member issues, concerns may be referred to the Interdisciplinary Team Meeting that consist of Medical Doctors, Pharmacy, Housing, Cenpatico clinical staff and external stakeholders to provide recommendations, appropriate interventions towards supporting the member's needs

In addition to care management, members are able to access Adult Recovery Team (ART) Facilitators to assist in any issues that may arise. Cenpatico-IC's Health and Wellness Program Development Specialist provided support and technical assistance to clinical and leadership teams within each Intake and Coordination of Care Agency (ICC Agency) to assist in the development of chronic disease and wellness programs, focusing on a whole-person approach in support of SAMHSA's eight dimensions of wellness. Support and assistance included providing information and education related to specific evidenced-based disease management programs and best practices and coordinating with Envolve PeopleCare, Centene Corporation's Disease Management subsidiary. Examples of current wellness and disease management programs currently in progress include:

- Stanford Chronic Disease Self-Management Program
- Specialized Diabetes Management Programs, including utilization of Clinical Pharmacist for diabetes med reconciliation
- In SHAPE program: Several of our ICC Agencies are former or current In SHAPE grant recipients. This is a competitive program through Dartmouth that trains ICC Agencies' staff to address obesity within their population, and provides them with tablets and other equipment to do so. <https://www.thenationalcouncil.org/training-courses/dartmouths-shape-implementation-study/>
- Exercise groups/classes: Several ICC Agencies have a certified personal trainer on staff to facilitate group exercise classes. Other ICC Agencies have exercise equipment (treadmills, stationary bikes, etc.) on site and allow members to drop in and use the equipment as desired. Other exercise programming include walking groups or group exercise using workout videos.
- Cooking/nutrition classes and demonstrations.
- Weekly walk in wellness clinics for screenings.

Members of the Health Home Development Team coordinate with Envolve PeopleCare to provide quarterly disease management trainings for providers to develop their ability to coordinate care and assist members in managing their chronic conditions. We have also developed a health education library and website for additional provider education. In addition, Envolve PeopleCare is recruiting for a Certified Diabetes Educator and a Respiratory Therapist who will be able to provide additional training as requested, assist C-IC Med Management with care plans, and also be of assistance to ICC Agencies for member-specific questions and case reviews. All of the ICC Agencies have developed ongoing training on various health and wellness topics to improve their staff's knowledge and skills related to physical health. Cenpatico has also met with the Arizona Smoker's Helpline (ASH Line) and the Pima County Health Department for the first of what will hopefully be regular meetings to develop a smoking cessation program for our members. Cenpatico is working with Choose Health, Cultural and Community Affairs, and Marketing teams to coordinate health promotion activities and messages for providers, members, and the community. We are ensuring consistent message C-IC wide. Cenpatico is also working with QI and training to develop pilot program for Motivational Interviewing specific to chronic disease management. As well as ongoing work with Med Management Chronic Disease Management Program

The Cenpatico Health Home Development team developed and delivered a 'train the trainer' program on Integrated Case Management in 4 different cities, covering all 19 ICC Agencies operating Health Homes, covering coordination of care. Provider agencies use this training as an integral part of their new employee orientation (NEO) onboarding process. The training is currently being updated and will be launched again during the next quarter.

#### Activities in Northern Arizona:

##### Approach to Integrated Care Coordination and Care Management

Health Choice Integrated Care utilizes data-driven and evidence-based strategies to provide integrated Care Coordination and Care Management services to all members. Our Care Management Department utilizes a team-based approach that serves as the single point of whole health treatment. Our approach is centered on the member and family through a behavioral health-based Integrated Health Management regardless of the member's need, risk or cost profile.

Given the challenges of Northern Arizona's expansive geography and the need to transform the delivery of healthcare, HCIC will assign HCIC care managers (called Integrated Care Managers) to regional Integrated Health Home (IHH) sites to provide medical and behavioral health expertise, oversight, increased integrated system coordination and resources for "Top Tier" members with SMI who are high

need/high cost. These Integrated Care Managers will assist the Adult Recovery Teams in developing an integrated approach to understanding and organizing the member's physical and behavioral health needs and services based on member/guardian/family preferences. This expertise will be supported by additional HCIC care managers (called Leads) with population-specific expertise, and our available technology suite and quality management systems to offer a comprehensive approach to serving members' needs. The intensive ("Top Tier") approach to Care Management for members who have been identified as high need/high cost uses our experienced staff, technology and community relationship resources to identify and track high risk/high cost members in order to ensure seamless care coordination across the service delivery system, and to identify and track how the program will improve overall health outcomes.

#### CARE MANAGEMENT

HCIC's care management program design promotes and supports "seamless" care coordination across the entire delivery system by offering members a single point contact for whole health treatment, while also offering a central point of clinical responsibility for outcomes from a managed care perspective. Data and support will be shared between the providers and HCIC in order to eliminate blind spots and gaps in medically necessary care. This is achieved through a step by step approach that begins with an initial assessment to determine the member's specific Care Coordination or Care Management needs and the development of a Care Management Plan for members in the Top Tier.

##### The Integrated Health Home (IHH)

HCIC's approach to providing integrated Top Tier Care Management services for high need/high cost individuals will be based on the SAMHSA/HRSA Four Quadrant Model. This model stratifies members according to the degree of medical and behavioral health risk and need. Members with high medical and behavioral health needs are offered both physical health care and behavioral health care at the individual's behavioral health provider site, the Integrated Health Home. The HCIC Integrated Care Manager will also be assigned to the Integrated Health Home. Because services are located in the same facility, access to care, care coordination and care management activities are enhanced.

##### Integrated Health Home Case Manager

The Case Manager will be employed by the IHH, and serves as the single point of contact for members. The Case Manager will support the member's needs by developing a personal relationship with the member, collecting member information and helping the member navigate the system to obtain necessary services and supports. The Case Manager will work with the member/guardian/family and the ART/CFT to develop the Individual Recovery Plan/Individual Service Plan (IRP/ISP) as per policy. The Case Manager will assist the member in maintaining, monitoring and modifying covered services and other necessary resources. The Case Manager does outreach and engagement with the member when there is a missed appointment or crisis contact. The Case Manager is responsible for communication and coordination of care between the member's ART/CFT and the member's primary care provider. The Case Manager works closely with the Integrated Care Manager when a member is identified as high need/high cost.

Integrated Care Managers provide an administrative function that is not the day-to-day duties of case management or service delivery. Consistent with direction from ADHS/DBHS, the Integrated Care Managers will compile case analyses in collaboration with the member's clinical team, and ensure coordination of member care needs through development and oversight of a Care Management Plan for individuals with SMI who are included in the top tier care management program. The Integrated Care Manager will use a trauma-informed, and recovery-oriented approach, with a major focus on not introducing or re-introducing trauma in the members' life and also ensure that the clinical care maintains a focus on recovery, self-management and caregiver/family and peer supports.

The Integrated Care Managers are responsible for overseeing and assisting teams in:

- Effectively transitioning members from one level of care to another
- Streamlining, monitoring and adjusting members' Care Management Plans for individuals who are included in the SMI top tier program, based on progress and outcomes
- Reducing hospital admissions and unnecessary emergency department and crisis service use
- Providing ART/CFTs with the proper tools so members can self-manage care in order to safely live, work and integrate into the community
- Identifying and transferring important clinical information and test results, such as discharge summaries, critical lab results, medications, emergency room visits, etc.
- Updating the team on changes in member status, such as eligibility, court-ordered treatment, guardianship, DNR, transition to adulthood, SMI, incarceration, pregnancy, out of state treatment, all cause hospitalizations, etc.
- Ensuring members are scheduled for prevention, EPSDT, disease management and health promotion activities, consistent with need
- Analyzing predicted and actual outcomes and cost-effectiveness of a member's interventions/ services based on best practices

##### HCIC Interdisciplinary Care Team (ICT)

Members who are identified as high need/high cost will have an Interdisciplinary Care Team that is based on the member's needs. The ICT may consist of the member and family, the IHH Case Manager, peer/family supports, or physical and behavioral health providers. The Interdisciplinary Care Team is supported by HCIC's Care Manager and Population Care Lead. The ICT will provide more intensive oversight and coordination for the period of time when the member's need or risk is greatest.

##### The INTEGRATED Care Management Plan

The HCIC Integrated Care Manager will develop and implement an Integrated Care Management Plan (ICMP) for each TXIX member who has SMI in the Top Tier. The Care Management Plan will be consistent with the Individual Recovery Plan (IRP)/Individual Service Plan (ISP), but does not take the place of it. The Care Management Plan incorporates the member's physical and behavioral health needs at a much higher level than the IRP/ISP, focusing on areas that have traditionally been overlooked or are high need. The Care Management Plan describes the clinical interventions and services recommended to the ART/CFT, based on an administrative review of the member's health risk assessment, identified needs, claims, IRP/ISP, diagnoses, predictive modeling and best practices done on a quarterly basis. The content of the member's Care Management Plan will be documented and maintained using EXL Landa's CareRadius TM suite of care management software products which will be available to the 24 hour Crisis System and Nurse Advice Line, and will be shared with the

IHH team.

The Integrated Care Management Plan includes:

- Clinical interventions recommended to the treatment team
- Strategies for successful transitions between levels of care/facilities/providers, discharge planning and coordination of care gaps
- Delineation of responsibilities for involved providers across systems for monitoring referrals and follow-up specialty care
- A schedule for routine health care services, medication monitoring, prevention, EPSDT, disease management and health promotion activities

#### CARE COORDINATION AND COLLABORATION

HCIC coordinates care for all populations as per the Scope of Work Section 5.1 so that members achieve their recovery goals described in their IRP/ISP. HCIC will ensure that coordination of care occurs at both the system level and at the provider level depending on the member's need, goals and functional status. Care coordination is provided by HCIC care managers and clinical staff based on inter-agency collaboration with stakeholders, such as other AHCCCS Contractors and primary care physicians, DDD, tribal nations, justice and law enforcement, peer and family run organizations, DCS and other child-serving organizations. Care coordination and collaboration ensure:

- Early identification of health risk factors and special care needs
- Monitoring of the individual's health status and implementation/revision of the IRP/ISP, including periodic re-assessment and revisions to the IRP/ISP consistent with member needs
- Accurate and timely transmission of health care information, progress, services, lab reports, medications and member needs
- Communication between providers, family members and stakeholders so that services are delivered timely and meet the member's needs, especially in resolving complex, difficult care situations
- Participation in transitions to other RBHAs/ Health Plans, and in discharge planning from hospitals, jails or other institutions to ensure timely services post-discharge, member engagement and avoidance of gaps in care
- Referral management for providers, services and community resources
- Outreach and engagement of members who would benefit from services

For example, care coordination will be provided in a manner that recognizes the importance of Tribal Sovereignty and Nation Building, and will meet the needs of tribal members through the development of individualized tribal agreements. HCIC will also work to coordinate member access to Medicaid and state funded services as permitted during the pre-trial and post-release from jail or prison and during parole as per HCIC Memoranda of Understanding, agreements and protocols for jails and prisons. This will include coordination of care with forensic peer support programs and peer and family run organizations.

HCIC will provide coordination of care to children with developmental disabilities through strong collaboration with DDD and specifically via the HCIC Community Collaborative Care Team (CCCT). The purpose of the CCCT is to facilitate communication, collaboration, coordination of services and fiscal management in order to reach consensus and active decision making for the most complex DDD members.

#### How first year target was achieved (optional):

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

#### Reason why target was not achieved, and changes proposed to meet target:

As mentioned in Year 1, the random sample case file review previously conducted by ADHS/DBHS has been discontinued and was not performed in SFY 2016 or 2017, therefore Arizona cannot report progress towards this goal using previously indicated data source. Based on the inability to report the specific outcomes and the advanced integration efforts in Arizona, this goal has been discontinued in the 2018-2019 application/plan, and the RBHAs were not required to provide duplicative information regarding their sustained efforts from what was reported in year 1.

The RBHAs continue to conduct periodic reviews to ensure care coordination is occurring within their provider networks and implement performance improvement plans as needed to assist providers in improving care coordination efforts. For contract year 2017, AHCCCS has included multiple methods to measure coordination efforts for its integrated plans through contract monitoring. Some of the coordination efforts the RBHAs continue to be monitored on include, but are not limited to:

- Contractually required annual reports that focus on activities specifically demonstrating integration and coordination between physical and mental health providers on behalf of members diagnosed with a serious mental illness. These reports focus on planned activities for the upcoming year, as well as an evaluation of the previous year's activities.
- Contractual requirements for Integrated Health Plans to monitor specific coordination activities (via regular chart audits) between behavioral health professionals and primary care physicians.

AHCCCS in partnership with the RBHAs is continuing and expanding upon the efforts listed in the Year 1 response for this goal. Additional policies and contractual steps are being implemented to expand integration efforts to include all behavioral health services including general mental health and substance use disorder treatment. Those efforts include expanding MAT services through Primary Care Physicians (PCP), expanding the use of Office Based Opioid Treatment (OBOT), and revising policies to provide guidance regarding requirements for coordination of care through Health Homes and specialty providers.

AHCCCS released a Request for Proposal (RFP) for fully integrated care plans for all members, which will be in effect 10/1/18. The ongoing progress made with the SMI population and the upcoming changes are part of a strategic transformation plan that will improve access to care, reduce gaps and duplicative efforts, and allow for greater coordination of care. Quality Improvement processes are in place and information has been solicited from stakeholders throughout Arizona to ensure the integration of the physical health and behavioral health systems meet the needs of the members and incorporate the guidance from those providing the services,

members, and advocates.

**How second year target was achieved (optional):**

**Priority #:** 5  
**Priority Area:** Suicide Rate  
**Priority Type:** MHS  
**Population(s):** Other (Entire population)

**Goal of the priority area:**

Original goal achieved.

New Goal. Reduce the Arizona Suicide Rate to 14% per 100,000 by calendar year ending 2016.

**Strategies to attain the goal:**

The Arizona Department of Health Services/Division of Behavioral Health will research and implement strategies to reduce the suicide rate. Strategies will include but are not limited to: social media messaging, social market/public awareness, youth leadership programs, gatekeeper trainings, improved data surveillance, and ongoing collaboration with stakeholders or systemic improvement.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Annual Performance Indicators to measure success on a yearly basis.  
**Baseline Measurement:** The suicide rate in Arizona for CY14 was 16.2 per 100,000 population.  
**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2016), 15.2 per 100,000  
**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2017), 14.2 per 100,000  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS)

**New Data Source(if needed):**

**Description of Data:**

Each fall, the Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS) calculates the State's suicide rate by determining the number of death certificates of Arizona residents where "Suicide" was indicated by a medical examiner as the cause of death during the second most recent complete calendar year (i.e. CY 2016 data will be made available in fall 2017). This number is then aggregated across the general population to establish a suicide rate per 100,000 persons.

**New Description of Data(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues identified.

**New Data issues/caveats that affect outcome measures:**

The Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS) has not yet released information on Statewide suicide rates for 2015. The most recent information available through ADHS/PHS and the CDC is CY2014. It is unknown when ADHS/PHS will release their CY2015 report. According to information reported to the statewide suicide prevention coordinator at AHCCCS, the number of deaths by suicide in 2015 was 1,340.

**Report of Progress Toward Goal Attainment**

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The Arizona Department of Health Services, Division of Public Health and Statistics (ADHS/PHS) has not yet released information on Statewide suicide rates for 2015. The most recent information available through ADHS/PHS and the CDC is CY2014. It is unknown when ADHS/PHS will release their CY2015 report. According to information reported to the statewide suicide prevention coordinator at AHCCCS, the number of deaths by suicide in 2015 was 1,340.

**How first year target was achieved (optional):**

The State's 2017 End to Suicide in Arizona State Plan" is attached and outlines the state's plan to reduce deaths by suicide. The six targeted populations for suicide prevention in Arizona:

Veterans

Those age 65 and older

Native Americans

First Responders

Medical Examiners (for educational purposes)

Vendors of Firearms (for educational purposes)

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The suicide rate per 100,000 for Arizona was 18.19 per 2015 data, released December 2016, CDC Web Based Injury Statistics Query and Reporting System (WISQARS) as cited in the American Foundation for Suicide Prevention's Suicide: Facts & Figures document. Arizona Health Care Cost Containment System (AHCCCS) completed the 2018 End to Suicide in Arizona State Plan to focus on the reduction of the suicide rate across multiple populations of focus across the state.

The 2018 End to Suicide in Arizona State Plan provides recommendations including strategic directions, objectives and strategies specific to our state. The four strategic directions are the same as those given in the National Strategy with the goals, objectives, and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Arizona Suicide Prevention Coalition and AHCCCS.

An End to Suicide in Arizona 2018 State Plan was written to identify and outline the plan for Arizona to reduce deaths by suicide. The State plan provides a guideline of activities aimed to prevent suicide in Arizona. The State plan is aligned with the 2002 National Strategy for Suicide Prevention: Goals and Objectives for Action, a joint report from the US Surgeon General and the National Action Alliance for Suicide Prevention. The Strategic directions include:

1. Healthy individuals and communities,
2. Ready access to prevention resources for clinicians and communities,
3. Treatment and support services available to clinicians, communities, survivors, and
4. Continued evaluation and monitoring of prevention programming.

During 2017, AHCCCS connected with health care professionals and the community to complete targeted activities. AHCCCS collaborated with groups to promote the best practice, Zero Suicide at public events, organized suicide prevention month events and engaged in positive safe social media activities. AHCCCS worked in partnership with the Be Connected movement to prevent military suicides and joined with community organizations for dialogue of suicide prevention within their own neighborhoods.

**Outreach**

AHCCCS has worked with the RBHAs and providers on suicide prevention outreach activities. The following suicide prevention efforts included education, and training, social media and awareness campaigns, information dissemination, screening, youth peer leadership and alternative activities to the community and potential members:

- Outreach to peer/family, RHBA staff, community stakeholders, and youth and provider agencies by offering gatekeeper trainings.
- Increased education to faith-based groups via gatekeeper trainings.
- Targeted education to audiences of schools, emergency services, elderly, middle-aged adult males, and the LGBTQ community.
- Collaboration with Native American Tribes to facilitate trainings in their respective communities.
- Participation of prevention coalitions and community committees to increase exposure of available resources.
- Partnership with committees that promote mental health and wellness, crisis resources and the awareness of dangers of stigma.
- Conduct Mental Health First Aid trainings to community groups.
- Collaboration of law enforcement, a Behavioral Health home and a suicide prevention coalition to decrease the number of suicides at a bridge, which has historically been a place that people have completed suicide.
- Service referral cards are given to youth and students to provide them with treatment service options including a suicide hotline.

When presented with the card, they are educated on the value of calling to talk to someone about their feelings which can include suicide ideations.

- Through Facebook and Twitter, over 5000 social media impressions have provided information about referral phone lines for those seeking support of substance use, coping skills, and/or suicide.
- A newspaper article reached over 7000 readers, titled "Dealing with drugs and suicide risk".
- A provider held a Suicide Prevention Awareness Week (SPAW) in each community in their geographical service area.

**Collaboration**

AHCCCS has worked with the RBHAs to gain involvement and collaboration with the provider community. The goal of partnership is to provide Technical Assistance (TA) on best practices, disseminate information and provide trainings to best support the unique needs of each community. The following highlights the collaborative efforts:

- Active RHBA involvement in task forces and several community coalitions, including those that focus on specific cultures and veterans.
- Involvement on community planning committees for awareness walks, rallies, and survivor events.
- Sponsor and support an annual suicide prevention conference.
- Support of the following community trainings: Zero Suicide Workshop, Motivational Interviewing with Adult Probation, Opioid Overdose, Re-entry & Recovery: A Second Chance for Life, Trauma Informed Care, ASIST, and safeTALK.
- Support the provider community to collaborate with local schools to promote suicide prevention.
- A provider has established ties with a hospital organization to help assist members in order to make a smooth transition into their community after an inpatient hospitalization stay.

#### Targeted Interventions

AHCCCS has partnered with the RBHAs and providers to implement interventions specifically identified to assist targeted populations, which includes individuals with previous attempts/hospitalizations, schools, members transitioning from jail to the community, and direct care staff. The following are some of the targeted intervention efforts:

- Coordination for training and intervention (In-home Supportive Housing) to assist individuals who are transitioning from jail into their community with a focus on increased community stability.
- Recovery Wellness program included 1199 students receiving the EBP Life Skills school-based curricula and 646 elementary school students receiving the EBP the Good Behavior Game.
- Increased training to direct care staff using models Suicide First Aid and ASIST.
- Training and use of screening and assessment tools.
- Implementation of SHOUT (Safety-Help-Outreach-Understand-Track) suicide attempt prevention protocol in Northern AZ. Outcomes focus on decreasing a subsequent suicide attempt.

#### Outcomes

AHCCCS and the RBHAs monitor data based on utilization, quality management, and outcome measures to assess the progress made through services provided to members with the goal to increase coping skills/life skills and decrease the number of completed suicides. The following are several of the findings:

- Majority of trainees reporting that they "strongly agree" that they have increased their knowledge about suicide prevention via suicide prevention training.
- Of the students who completed the EBP, Life Skills Curricula, over 90% self-reported an increase in coping skills.
- A 68.36% decrease in symptoms or negative classroom behavior reported per implementation of the EBP, Good Behavior Game.
- Decrease in completed suicides per outcomes of SHOUT.
- Provider with 95% of their staff trained in ASIST.
- Provider utilizing ACORN (A Collaborative Outcomes Resource Network) Tool at intake, during treatment and at discharge to measure progress.
- Lower readmission rate and an increase in use of outpatient services due to hospital navigation follow-up for members previously hospitalized.
- Formalized process to improve access to request suicide prevention trainings.
- Distribution of three suicide prevention posters, in English, Spanish, and targeting specific populations of youth, adults, and older adults. The posters, which contain the crisis telephone number, were distributed throughout Southern Arizona.
- 200 students participated in a research-based program, "Say it Out Loud" to provide information to students on mental health issues.

#### Progress/ Barriers Identified

AHCCCS and the RBHAs work collaboratively to identify strengths and potential barriers to raising awareness and decreasing the suicide rate in Arizona. The following are some of the findings:

- Progress towards raising awareness of the high number of suicides in a County. The health department community health improvement projects plans will include objectives for addressing suicide prevention.
- Increased mobile crisis services at a bridge where there have been a high number of completed suicides.
- Demand for training has exceeded initial projections. The RHBA has increased training capacity by implementing Train the Trainer models to meet the needs of the providers and the communities.
- Arizona Suicide Prevention Coalition was awarded a grant from LivingWorks Education to offer an annual trainer conference to build skills and bring trainers together.
- A Prevention Administrator from a RBHA was invited and selected to present on school and community postvention at a national outreach to survivors conference, as well as a community-based suicide prevention symposium and annual conference.
- The RBHA provided safeTALK trainings at the symposium, and trained 90 staff members from Arizona Department of Veteran Services (ADVS), and Arizona Department of Economic Security (ADES) that directly serve veterans.
- The ManTherapy campaign received high interest, buy in and support from law enforcement and veteran organizations. Printed materials were distributed and have since run out.
- The RBHA provided ASIST and safeTalk trainings to crisis teams and volunteers in local Fire and Medical Departments, creating new



partnerships.

- Success in suicide prevention and decreasing the number of suicides across the state despite funding decreases.
- Only having funding through SABG has posed a barrier for some members in connecting with mental health services.

#### Success Story Shared

A success story of a member can provide the clearest picture regarding the efforts of suicide prevention awareness, education and appropriate treatment. Below is an example of a member's ability to access the support that met his individual needs.

• A member was followed under the Recover Wellness Program due to his high frequency of emergency department visits (at the highest point he had 22 visits in 12 months) and because of high risk suicide attempts which qualify him for the SHOUT protocol. Both the ED visits and suicide attempts are strongly related to member's 30 year history of dependence on pills, including opiates and benzodiazepines. Member frequently made ED visits requesting opiates or benzodiazepines. The RBHA's Integrated Care Manager (ICM) followed member in the SHOUT protocol, which provides monthly case review and oversight with the Health Home case manager to increase attention to the member's care, provide additional resources, and review health plan data (pharmacy fills, claims). The ICM referred the member to the local Medical Center's Integrated Care Coordinator who follows the Health Home's patients who frequently visit their ED seeking medications. The ICM also connected the Medical Center's Integrated Care Coordinator to member's Health Home case manager and PCP. As a result, the Medical Center and treatment teams coordinated a joint treatment team meeting with the Member, the ED's Medical Director, Medical Center and RBHA Integrated Care Coordinators, Primary Care Provider from the Health Home, and Health Home Case Manager, where the team collaboratively discussed new Medical Center ED prescribing guidelines limiting opiate and benzodiazepines prescriptions and addressed the member's concerns about his access to care. Solutions were developed for member's concerns, including a referral for peer support services through his health home. The Member has not visited an ED since that meeting and has increased support through his health home. He is now down to 11 ED visits in the past 12 months. He has successfully completed the SHOUT protocol due to having no suicide attempts in the past 12 months.

#### How second year target was achieved (optional):

**Priority #:** 6  
**Priority Area:** IV Drug Users  
**Priority Type:** SAT  
**Population(s):** IVDUs, Other (Entire Substance Abuse Population)

#### Goal of the priority area:

Increase the availability and service utilization of Medication-Assisted Treatment (MAT) options for individuals with a substance use disorder. The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) will focus on reaching out to the IV drug use population.

Note- goal is in progress. Arizona has worked to improve MAT access and availability through provider network monitoring to assess needs, expanding lists of approved MAT medications, and increasing convenience of locations and hours. Providers and their prescribers receive training on the availability and use of MAT services, as well as education on MAT medications. Additionally, there is now Methadone and Suboxone Directories available for Maricopa County to assist in making appropriate referrals.

#### Strategies to attain the goal:

The ADHS/DBHS will further rollout the expanded MAT services available to those with a substance use diagnosis through additional advertising within the community.

The ADHS/DBHS and Regional Behavioral Health Authorities (RBHAs) will provide education for healthcare practitioners on best practices and availability of MAT services.

The ADHS/DBHS will compile a listing of various MATs available throughout the State to assist clients in locating appropriate services.

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1  
**Indicator:** Annual performance measurement for outcomes.  
**Baseline Measurement:** 2014 measurement of individuals who are IVDU who received MAT services.  
**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2016), 51%  
**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2017), 53%  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Client Information System (CIS) data.

**New Data Source(if needed):****Description of Data:**

CIS report on the number of injecting clients with a SUD receiving MAT services out of number of injecting clients

**New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:**

No data related issues anticipated.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Arizona has worked to improve access to MAT and all three RBHAs continue to monitor adequate access to MAT services. Arizona requires all SUD providers to receive training on available MAT for Opioid Use Disorders. Each RBHA is monitoring and addressing barriers to accessing MAT and working with the State on strategies to increase access to MAT. RBHAs have focused efforts on increasing access to MAT in rural areas through utilization of telemedicine medication reviews. Arizona continues to monitor utilization and network capacity to identify areas for expansion and improvement.

**How first year target was achieved (optional):**

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How second year target was achieved (optional):**

SFY 2017 CIS data shows 7,494 members received one or more medically assisted treatments, out of 12,011 members who reported using substances intravenously, which represents 62.39% of the population, exceeding the goal of 53%. AHCCCS has implemented the following strategies to achieve the goal of increasing availability and service utilization of MAT for individuals that this method of treatment would be clinically indicated, with a special emphasis on those who have intravenous drug use (IVDU). These strategies have been a part of a comprehensive statewide effort to address the opioid epidemic with the resources available through the block grant, Opioid STR, Medicaid, and MAT-PDOA. Below is a description of the activities conducted through the RBHAs and SUD providers.

**Outreach**

AHCCCS has worked with the RBHAs and providers to understand the block grant requirements for outreach activities, especially for those with IVDU. Education to the community and potential members took place through the following efforts:

- Increased MAT availability to members and successfully increased member participation in these services through education and community outreach.
- Outreach and services through the MAT PDOA Grant to ensure MAT accessibility for Jail Reach In efforts in Maricopa County and Pima County. The main focus of this program is to connect those involved with the criminal justice system to medication-assisted treatment and creating a bridge between incarceration and treatment.
- Outreach to the community, first responders, the criminal justice system and hospitals.
- Over 5000 social media impressions through Facebook, Constant Contact, and Twitter have provided information about referral phone lines, available 24/7 to those seeking help.
- TV commercials have increased awareness on how drug dependence starts, promoted that recovery is possible, and on social media the TV commercial resulted in 141,253 impressions.
- Service referral cards give healthcare professionals and first responders a mechanism to support those in recovery with easy access to local treatment service information.
- Increasing the accessibility of MAT and Overdose Prevention to rural communities that show high rates of overdose and opioid use.
- 886 county health care professionals and prescribers received information including Harmful Interactions, Pain Management, and Naloxone as education around the opioid epidemic and rise in heroin use.
- RBHAs frequently communicate with OTPs and Health Homes to ensure our members have timely access to the full array of MAT options.
- AHCCCS and the RBHAs maintain a current list of MAT providers in the network.



- The RBHAs and providers outreach members at key points of contact such as hospitals, jails, homeless campuses, justice initiatives, crisis/first responder services, and through navigation services.

#### Collaboration

AHCCCS has worked with the RBHAs and providers to be a part of a comprehensive statewide effort that uses all of the resources and efforts in the community in a collaborative manner to increase efficiency, reduce gaps, and avoid duplication in providing services to those with SUD, especially geared toward those with opioid use disorder (OUD), and priority populations at highest risk. Collaboration in Arizona took place through the following efforts:

- Increased MAT capacity by 16% in Southern Arizona. Collaboratively established MAT services in rural areas to ensure MAT accessibility to members through co-locations to provide Buprenorphine through telemedicine.
- Integrated an Access Point to provide the community and law enforcement 24/7/365 access to urgent and routine behavioral health services. Co-located at the Access Point facility is a Patient Centered Health Home (PCHH) where members can receive ongoing medical and behavioral health services.
- RBHAs participate regularly in community coalitions to join efforts and reduce gaps in the continua of care.
- AHCCCS, RBHAs, residential SUD, and MAT providers have collaborative relationships with County Sheriffs' Offices, Arizona Department of Corrections, Adult Probation, and the Governor's Office.
- Residential SUD providers have collaborative relationships with MAT providers for IV drug using members needing MAT services.

#### Targeted Interventions

AHCCCS has partnered with the RBHAs and providers to implement interventions specifically identified to assist those with IVDU. The following are some of the targeted intervention efforts:

- Care coordination from jail, emergency departments, and other healthcare settings to support timely access to appropriate SUD treatment services.
- Specialized MAT providers, all of whom also provide additional individual and group counseling (including IOP). MAT providers primarily utilize Methadone, but are increasingly using Suboxone and slowly increasing the use of Naltrexone. Additionally, Naloxone is being increasingly used by providers.
- Utilization of case management and transportation services to reduce barriers to treatment.
- Residential SUD treatment integrating MAT services and Naloxone availability.
- Workforce development efforts for providers to become qualified practitioners to dispense or prescribe buprenorphine and the combination of buprenorphine/naloxone.
- Increasing the accessibility of MAT services through office based and primary care settings.
- HIV education and testing are provided to members.
- RBHAs provided multiple trainings on MAT to increase knowledge and reduce the stigma surrounding OUD and, in particular, MAT.
- Providers applied for and received a waiver to increase their MAT prescribing within OTP, office based and correctional health settings.

#### Outcomes

AHCCCS and the RBHAs monitor data based on utilization, quality management, and outcome measures to assess the progress made through services provided to members with IVDU. The following are some of the measures and findings:

- Increased utilization of MAT by members with IVDU, including buprenorphine, and/or naltrexone (or derivations thereof), as well as methadone.
- Outcomes measured for SABG funded IV drug users include, but are not limited to:
  - o Discharge status
  - o Number of intakes
  - o ASAM level of care throughout service delivery
  - o ASAM score based on ASAM criteria
  - o Achievement of treatment goals as identified by member
  - o Employment status
  - o Enrollment in school or vocational education program
  - o Housing
  - o Arrests within 30 days
  - o Abstinence from drugs and/or alcohol
  - o Participation in social support recovery in the past 30 days

#### Progress/ Barriers Identified

AHCCCS and the RBHAs work collaborative to identify strengths and potential barriers to accessing services for members with IVDU. The following are some of the findings:

- The increased outreach and ability of the providers to serve this population has resulted in positive outcomes and an increase of the number of members enrolled.
- Progress includes identifying members have improved levels of care per the ASAM criteria.
- A recurrent barrier with this population is transition from the criminal justice system and jails, but the targeted interventions including the in-reach programs are making progress in this area.

- Engagement with IV drug users can be challenging.
- SABG members needing medical and mental health services, but not having the means to having access these services.
- Housing (transitional living) and long-term community placements fostering sober lifestyles is another identified challenge.
- Stigma was also identified as a barrier to receiving services.
- Increased demand and funding for MAT services is stressing the networks growing capacity for these services and members.

#### Success Stories Shared

With so much time and focus placed on policies, funding, programs, services, data and the many other important aspects to SUD treatment, AHCCCS wants to emphasize the importance of changed lives that occur for individuals who have received treatment through the providers receiving SAMHSA funding. Below are a few of the examples provided:

- A member began receiving MAT PDOA grant services this year. Member was incarcerated due to her drug court violations. During her time of incarceration, member was diagnosed with OUD and was able to be inducted and receive methadone medication during her time. Upon release, she was able to be connected and streamlined to a treatment provider so there were no gaps in services. Since enrollment she has been actively engaged with treatment, drug court probation, and has not relapsed since her release. She has gone from being homeless to now having a house that she shares with her family, and her children, which she has regained custody of. As she tells her story of recovery, she observes that because of the treatment she received in jail and in the community, she is able play be a part of her children's lives again. She now is working and someday wants to get a job helping others with the same struggles she encountered.
- A member was released from jail after being in custody for approximately 3 months. Prior to her incarceration she was on the streets living in her car. She had lost her employment, apartment, and contact with her children related to her prescription opioid addiction. The member was transported to a SUD Brief Intervention Program where she resided for about 2 weeks. The following day she met with her MAT provider and together they decided that Vivitrol was a good fit for her. Since her release she has attended all of her provider appointments, groups and keeps regular contact with her recovery coach and MAT team. She is currently living at an independent living facility. She found full time employment and managed to save up enough money to purchase a vehicle. She anticipates moving into her own apartment in the next couple of months and is making tremendous strides in reconnecting with her children. She has become more confident in her ability to reach her goals and maintain her sobriety. She in an inspiration and has become an excellent example for other individuals who doubt their ability to achieve their success.
- An alumnus of a gender specific chemical dependency residential treatment facility and former IVDU, has two years sobriety and is employed with a local treatment center.
- A member who was pregnant and receiving MAT services was referred by corrections to a provider. The member participated in the program, reporting continued sobriety, increased insight into her own behaviors and support to other members. After the birth of the child the client continued SUD treatment to work towards treatment goals and fulfill terms of parole. The member completed the program and aftercare. The member achieved treatment goals and was successfully discharged from the program.
- A pregnant member who was using heroin came to a SUD provider for help. She was able to complete a diversion program, turn her felonies into misdemeanors and has since given birth to a child, while on Methadone.

**Priority #:** 7

**Priority Area:** Pregnant women and women with dependent children.

**Priority Type:** SAP, SAT

**Population(s):** PWWDC

#### Goal of the priority area:

Ensure that women have easy access to SAPT services.

Note- Goal is in progress. Strategies utilized by RBHAs and providers for collaborations include the following: creating a protocol for pregnant females using drugs intravenously in order to ensure MAT medications are appropriately prescribed for this population; collaboration with Arizona's Family First Program which provides substance use treatment services to parents who have involvement with DCS due to abuse of substances; and collaboration through the Women's Services Network who are currently developing tools for outreach to women in the community. In addition to statewide use of updated SABG posters, a Women's Services Directory was developed this last year that lists all treatment providers with treatment services and programs that are gender specific to women, and the Women's Treatment Group is developing a pamphlet and short video summarizing women's services that will be displayed for incarcerated women in jails, hospitals, and domestic violence shelters. Monitoring of the number of women in substance abuse treatment (particularly those on the waitlist), encounter values is being conducted statewide.

#### Strategies to attain the goal:

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and the Regional Behavioral Health Authorities (RBHAs) will collaborate on ways to expand public awareness campaigns directed towards the priority populations.

The RBHAs and the ADHS/DBHS staff will regularly monitor treatment waitlists to ensure access to care.

The ADHS/DBHS will review encounter codes to ensure that pregnant women and women with children receive the full array of covered services.

The ADHS/DBHS and RBHAs will monitor the utilization of services for this priority population.

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Annual Performance Indicators to measure success on a yearly basis.

**Baseline Measurement:** Number of pregnant and parenting women with dependent children within the system receiving SA treatment in 2015.

**First-year target/outcome measurement:** Increase the FY 15 enrollment by 3%

**Second-year target/outcome measurement:** Increase the FY 16 enrollment by 2%

**New Second-year target/outcome measurement(if needed):** Increase the FY 17 enrollment by 2%

**Data Source:**

Client Information System (CIS) data

**New Data Source(if needed):**

**Description of Data:**

CIS enrollment data on number of pregnant and parenting women with dependent children receiving SA treatment. This data base is capable of stratifying data by gender, diagnosis, service received, number of children, pregnancy, etc..

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues anticipated.

**New Data issues/caveats that affect outcome measures:**

## Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

Below are activities focused on pregnant and parenting women the RBHAs have reported. Additionally the State works with the RBHAs and other stakeholders to support services for pregnant and parenting women. The State collects from the RBHAs information on what providers have services for PPW, including providers with gender specific services available.

Cenpatico Strategies and Updates:

- Cenpatico has updated the SABG posters for 2016 and has targeted marketing toward women and women with dependent children. All updated posters have been provided to SABG providers, and audits have been ongoing to ensure posters are posted at each clinic site.
- Cenpatico has collaborated with two Pima County providers to expand gender-specific treatment services to women, pregnant women and/or women with dependent children. One provider has recently established a collaborative relationship with Tucson Medical Center (hospital) to provide immediate SUD services for women and their infants, including MAT services. This initiative with both providers has resulted in a reduction of children removed by the Department of Child Safety, as providers are able to offer a full continuum of care, including BHRF, IOP, outpatient and transitional housing, for mother and her children.

AHCCCS and Mercy Maricopa will collaborate on ways to expand public awareness campaigns directed towards the priority populations.

- AHCCCS and Mercy Maricopa staff will regularly monitor treatment waitlists to ensure access to care. ALL SABG Residential Providers were trained on the electronic submission of the AHCCCS Waitlist Report and have implemented this process.
- AHCCCS and Mercy Maricopa will monitor the utilization of services for this priority population.
- Mercy Maricopa Integrated Care provided MAT Training for all GMH/SA providers in order to improve knowledge of this valuable service and strengthen partnerships resulting in better care for these members and increase referral and use of this service.
- Mercy Maricopa Integrated Care network providers are providing preventative care and coordinating care with the PCP and OBGYN as interim services in order to improve whole health and address risk factors associated with this population.
- Mercy Maricopa Integrated Care provided training to GMH/SA providers on the Opioid Epidemic in Arizona presented by ADHS Assistant

Director, providing statistics and data and invite involvement in meeting the goals set by the State of Arizona to address this area.

- Mercy Maricopa Integrated Care continues to foster partnerships with MAT providers and the justice system to identify this 'at risk' population to engage them into MAT services prior to release and/or as being released.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**

Per CIS data, enrollment went up by 20.10% from SFY 2015 to SFY 2017. During that same time period the percent of pregnant women receiving SABG services went up by 35.86% and the percent of women with dependent children receiving SABG services went up by 37.27%, exceeding the second year goal. AHCCCS has implemented the following strategies to achieve the goal of increasing availability and service utilization for the priority populations of pregnant women and women with dependent children (PWWDC). These strategies have been a part of a comprehensive statewide effort to address the high risk for both the mother and child by treating the family as a whole and having specialized treatment services. Below is a description of the activities conducted through the RBHAs and SUD providers.

**Outreach**

AHCCCS has worked with the RBHAs and providers to conduct outreach activities and interim services for the PWWDC priority population. Education to the community and providers took place through the following efforts:

- Increased outreach to the community, first responders, the criminal justice system, and hospitals.
- Frequent communication with the Arizona Department of Children's Services (DCS), children's programs, outpatient programs, and peer and family run organizations (PFROs).
- Created a parent support program, which involves community stakeholders such as county health departments, courts, and attorneys to support the reunification of families, including those with parents who have SUD.
- AHCCCS and the RBHAs maintain a current list of gender-specific providers and programs in the network.
- Coalitions and providers outreached to pregnant women who have high risk factors or have been identified as using substances by local health professionals to get access to services to keep the mother and child safe and healthy.

**Collaboration**

AHCCCS has worked with the RBHAs and providers to be a part of a comprehensive statewide effort that uses all of the resources and efforts in the community in a collaborative manner to increase efficiency, reduce gaps, and avoid duplication in providing services to PWWDC with SUD, especially geared toward treating the family as a unit and addressing unique treatment needs for women and their dependent children. Collaboration in Arizona took place through the following efforts:

- Arizona has identified an increased need to ensure pregnant women (pre and post pardon) and their babies are receiving services while in the hospital and as they transition back to the community. RBHAs have worked with Health Homes, Medical Centers and coalitions/task forces to address this need. Data showed there was a significant population of mothers who were using opiates and in need of immediate MAT services and treatment. If these Women are identified as having an OUD or needing MAT assistance in addition to other services, the collaborating Health Homes and MAT OTPs work directly with the hospitals to ensure service availability.
- Outreaching to rural hospitals. PCPs and OBGYNs are also outreached for this population to educate them regarding the available services in their community and how to connect the women to services.
- One of the Health Homes and a Medical Center developed a MOU to serve the women and their babies inside the hospital. The Health Home was given a designated room with in the Medical Center to complete groups, intakes, and other treatment needs for the women, families, and babies identified needing this service.
- A RBHA, Health Home, and two hospitals are in the process of developing MOUs to collaborate following the model of the existing Health Home and Medical Center co-location. At this time 55 families have been referred to the program. When any of the women and their babies are identified as needing rural area follow up, a MAT provider has been working with the hospitals to assist with transition.
- A coalition and providers are running a program working with women with high-risk factors related to SUD with agencies such as adult probation and DCS. Releases are completed and information about the member's engagement and progress is shared.
- Co-locations and telemedicine are used to increase access to services and collaboration.
- Integrated an Access Point to provide the community and law enforcement 24/7/365 access to urgent and routine behavioral health services. Co-located at the Access Point facility is a Patient Centered Health Home (PCHH) where members can receive ongoing medical and behavioral health services.
- AHCCCS and RBHAs participate regularly in community coalitions and continuum of care meetings that include agencies that provide services to pregnant and parenting women.

**Targeted Interventions**

AHCCCS has worked with the RBHAs to assist providers in providing evidenced based programs (EBPs) that meet the block grant requirements for the PWWDC priority population. The following are some of the targeted intervention efforts:

- Care coordination for pregnant and/or parenting women to ensure all women in these priority populations receive the indicated services within the corresponding wait times.

- Implemented gender specific EBPs.
- Provided case management, transportation, and child care to increase access to care.
- Provided residential SUD treatment for women and their children.
- Worked with MAT providers to treat pregnant and parenting women.
- Monitoring and managing waitlists of all health homes on a monthly basis.
- Coordinated treatment with a program focusing on the safety and well-being of mother and child.
- Provided multiple trainings on medication assisted treatment, which included information regarding the efficacy of MAT during pregnancy.
- Developed Neonatal Abstinence Syndrome (NAS) services and supports designing a system that supports pregnant women, so the mom was safe and the baby was born healthy.
- A Medical Center hosted a health care provider work shop addressing opioid use and Pregnancy. The workshop addressed knowledge and skills for referring pregnant women for treatment services if clinically appropriate.
- A coalition and provider group implemented a home visitation program. Members who enroll in the program receive a journal that they use to track their progress and share the progress with health and other involved professionals. Members also receive healthy pregnancy education. Community health nurses provide an initial visit, along with the program staff. The nurse gives anticipatory guidance and education on issues that the mom is dealing with; these may include but are not limited to substance abuse and prenatal exposure, pre-term labor, adverse childhood experiences (ACEs), toxic stress, and smoking/alcohol use. Post-birth the nurse will return to do a physical assessment of baby and an emotional assessment of the mom. The nurse will also help the mom with the newborn and regulation. The family health and wellness counselor can see the client for counseling support if needed. They also provide referrals to a number of area resources for additional mental health and/or substance abuse counseling, food banks, DES, and child care, etc.

#### Outcomes Measured

AHCCCS and the RBHAs monitor data based on utilization, quality management, and outcome measures to assess the progress made through services provided to the PWWDC priority population members. The following are some of the measures and findings:

- Increased enrollment into services for PWWDC members.
- Priority population members on the waitlist monthly and annually by geographic region. For one region the monthly average for SFY17 was 1.5 members, and for seven of the twelve months, no priority population members were on the waitlist.
- Outcomes measured for SABG funded PWWDC members include, but are not limited to:
  - o Discharge status
  - o Number of intakes
  - o ASAM level of care throughout service delivery
  - o ASAM score based on ASAM criteria
  - o Achievement of treatment goals as identified by member
  - o Employment status
  - o Enrollment in school or vocational education program
  - o Housing
  - o Arrests within 30 days
  - o Abstinence from drugs and/or alcohol
  - o Participation in social support recovery in the past 30 days

#### Progress/ Barriers Identified

AHCCCS and the RBHAs work collaborative to identify strengths and potential barriers to accessing services for members who are PWWDC. The following are some of the findings:

- Increased outreach and ability of providers to serve this population has resulted in positive outcomes and an increase of the number of members enrolled.
- Increased efforts to partner with OBGYNs and Maternal Health programs.
- Community members partnered with community coalitions to assist with the growing issues around NAS.
- Educated providers and their staff about the NAS issues, screening pregnant women, the referral tool and other educational materials they can provide to at-risk pregnant women.
- Progress includes identifying members have improved levels of care per the ASAM criteria.
- A recurrent barrier with this population is transition from the criminal justice system and jails, but the targeted interventions including the in-reach programs are making progress in this area.

#### Success Stories Shared

With so much time and focus placed on policies, funding, programs, services, data and the many other important aspects to SUD treatment, AHCCCS wants to emphasize the importance of changed lives that occur for individuals who have received treatment through the providers receiving SAMHSA funding. Below are a couple of the examples provided:

- A MAT provider has been working with a female member who had been using large quantities of heroin and meth on a daily basis, for several years. The member was pregnant when she came to the provider. Last reported use was the night before intake. She is now doing well in treatment and in drug court, and gave birth to a healthy baby. The member is attending school to work in the field and is being titrated off methadone.
- A mother of three children received treatment after having her children removed by the Department of Children Services (DCS) due to

an addiction problem. She was facing possible prison time related to a felony theft charge and was scared that she might lose her children to the system. Through treatment she worked through the stages of change from a pre-contemplative state. She has developed internal motivation to change and began her new life in recovery. She walked away from her old life, including her partner, friends, job and connections to begin her new journey. She engaged in all services with the Health Home and worked with treatment program staff regularly to assist her in completing her DCS case plan requirements in a timely manner. She faced the judge for her theft charge and because of the progress she had made while in treatment, she was granted probation with no jail time. Since that time, she has sustained recovery and is working hard to maintain her sobriety. She sought and obtained assistance for housing to help her transition back into society, was granted custody of her children, and the DCS case was dismissed. She reports, that she has a new life now and is grateful to the staff of the treatment program for supporting and encouraging her when she felt like no one else was on her side.

**Priority #:** 8

**Priority Area:** Underage Drinking

**Priority Type:** SAP

**Population(s):** Other (Criminal/Juvenile Justice, Youth under the age of 21.)

**Goal of the priority area:**

Note- original goal was achieved.

New goal- Increase the percentage of youth who perceive 5 or more drinks of alcohol per day harmful to 2%, as measured by the Arizona Youth Survey

**Strategies to attain the goal:**

Conduct youth driven media campaigns to promote positive youth values and community pride. Campaigns will include: youth developed social messaging (radio; PSA poster contests; billboards; murals and alcohol free pledges.

- Collect samples of youth written letters to the editor with anti-alcohol messages.
- Host a statewide youth UAD prevention media display and recognition event.
- Verify that all prevention programs incorporate education on perception of harm into their prevention programs.

Implement afterschool and leadership programs for youth.

- Implement alcohol prevention focused peer leadership programs such as: SAD, YES, Sources of Strength, University leadership organizations.
- Host annual statewide and regional conferences/retreats/youth camps.
- Develop a statewide venue for recognition of youth UAD prevention projects and other successes.

Implement an adult targeted media campaign to educate parents about risks.

- Community media campaign/Draw the Line (DTL)/Hasta Aqui Implementation.
- Collect data on Inclusion of DTL.
- Identify programs needed to increase incorporation of DTL in their parenting program.
- Meet with Regional Behavioral Health Authorities (RBHAs) Prevention Administrators to determine a means for inclusion of DTL in their programs.
- Distribution of DTL materials to RBHAs during alcohol awareness month.

**Annual Performance Indicators to measure goal success**

<b>Indicator #:</b>	1
<b>Indicator:</b>	Annual Performance Indicators to measure success on a yearly basis.
<b>Baseline Measurement:</b>	2014 data reflects 78.9% of youths perceive having five or more alcoholic beverages in a row once or twice a week is of great risk.
<b>First-year target/outcome measurement:</b>	2% increase from baseline per post tests administered at the end of the year. 80.9 -2015 Arizona Youth Survey
<b>Second-year target/outcome measurement:</b>	2% increase from baseline per post tests administered at the end of the year. 82.9%- 2016 Arizona Youth Survey
<b>New Second-year target/outcome measurement(if needed):</b>	
<b>Data Source:</b>	Pre and post test
<b>New Data Source(if needed):</b>	

**Description of Data:**

Data will be obtained from the Pre and Post Tests (Adolescent Core Measure) that is part of the Arizona Youth Survey

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

Due to a change in AYS reporting, the indicator used in this report will need to change from the perception of 1 to 2 alcoholic drinks as harmful to the perception of 5 or more drinks in a row as harmful. As a result,

**New Data issues/caveats that affect outcome measures:**

The Arizona Youth Survey (AYS) is published every two years, typically in the fall. The 2016 AYS report has not yet been released and the data needed to update this indicator is not available. Below is the response from the Arizona Criminal Justice Commission, the state entity that administers the survey:

"Hi Lesley,

Thank you so much for reaching out to us. At this time, we are slated to release the AYS reports in the month of December. We are unable to process 2016 data requests until the full release has occurred, and all schools have received their reports. As a result, we will not be able to process this request by November 30th.

I'm happy to keep you posted on the release of these data, and will add your request to the queue for processing once the release has occurred. Please feel free to contact me with any questions or concerns.

Best,

Carlena A. Orosco, M.A.  
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## Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

The Arizona Youth Survey (AYS) is published every two years, typically in the fall. The 2016 AYS report has not yet been released and the data needed to update this indicator is not available. Below is the response from the Arizona Criminal Justice Commission, the state entity that administers the survey:

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**How first year target was achieved (optional):**

The Southern Arizona RBHA maintained contracts with the following coalitions to address underage drinking and perception of harm: Southern Arizona AIDS Foundation (SAAF) established the Youth Empowerment and LGBTQ Leadership (Y.E.L.L.) coalition and facilitates Botvins Life Skills in 4 Tucson school and is developing a youth leadership component targeting LGBTQ youth and young adults 15 – 24 years of age. Social media is used to promote youth developed messages. Also, The RISPNET Coalition, funded through La Frontera, targets refugee and immigrant youth and families. Vetted mentors facilitate Botvins Life Skills in schools with high concentration of refugee students and the Botvins parent component is facilitated with parents to support parents talking to their children. Native American Advancement Foundation Healthy People Coalition in the GuVo Village on the Tohono O’odham Nation has established an afterschool program facilitating the Too Good for Drugs life skills program and providing evening family activities to promote alcohol perception of harm.

Maricopa AkChin CAASA established the “Be Awesome” Maricopa coalition. The SADD club develops media messaging, participates in community events and activities to increase the perception of harm of alcohol and for parents to talk to their children. The IMPACT Sierra Vista coalition, funded through Southeastern Arizona Behavioral Health Services (SEABHS), has an established SADD club that engages in community activities and develops messaging for youth and parents. Douglas Community Coalition has an established SADD youth leadership group that designs media messages and is involved in promoting alcohol perception of harm within the community and for parents to talk to their children. Ajo Community Coalition and Yuma YMCA are also establishing SADD youth leadership groups that will promote alcohol perception of harm and design related media messages and parents talking to their children.

In Maricopa County the RBHA’s strategic plan includes multi-mode media campaigns with messages targeting youth, aimed at changing norms and attitudes about substance use. Several coalitions developed enhanced materials and/or expanded their reach to include multiple substances. These campaigns target decreasing adult attitudes that enable underage drinking, marijuana use, and prescription drug misuse and abuse. There are also campaigns targeting increasing youth perceived harms of underage drinking, marijuana use, and prescription drug misuse and abuse. Coalitions engaged youth in developing messages and materials. A total of 4,502,485 individuals were reached through public information and social marketing strategies throughout FY16.

- Social Media (Facebook, websites, Twitter, online banners, Youtube, etc.)
- Video and radio Public Service Announcements aired via movie theater, local public access TV, and radio advertisements (i.e. Pandora, local radio and/or TV)
- Billboards
- Print materials (door hangers, bookmarks, postcards, magnets, flyers, stickers placed on liquor coolers or store windows in establishments selling alcohol, posters, shopping cart ads, table tents, brochures)
- Health fairs
- Magazines
- Newspapers (including press releases)
- Alcohol-free pledges

Additionally in Maricopa County youth created press releases and articles, specifically regarding successes/outcomes of educating about Party Patrol and Sticker Shock campaigns. Coalitions held Town Halls, marketing campaign launch events, youth and/or adult recognition events to raise awareness of UAD, and media representatives were invited and/or participated in some events. Media was also part of all coalitions and recognized throughout the year for their part in promotion and raising awareness.

The Tempe Coalition (City of Tempe), WOW Coalition (DrugFreeAZKids.org), Chandler Coalition on Youth Substance Use (ICAN), Scottsdale Neighborhoods in Action (Scottsdale Prevention Institute), South Mountain WORKS Coalition (Southwest Behavioral & Health Services), COPE Coalition (TERROS), CARE Coalition (Touchstone Behavioral Health), the HEAAL Coalition (Tanner Community Development Corporation), UICAZ (Phoenix Indian Center) and the NOPAL Coalition (Valle del Sol) all included youth leadership programs addressing alcohol prevention in their comprehensive strategic plans and coalitions. Many of the youth leadership programs are associated with schools, but also local churches and other local community organizations. Coalitions also have formalized youth councils or subcommittees of their coalitions which meet regularly at the community level. All of these peer leadership and coalition groups focus on empowering youth to become agents of community level change, and youth receive leadership training and specific training to engage in activities such as shoulder taping, sticker shock, etc.

In Northern Arizona the RBHA and providers have conducted youth driven media campaigns to promote positive youth values and community pride. Additionally they have developed a project in Mohave County, including the Hualapai Tribe, to implement a “Not In My Home / Not In My House” project to spread awareness of the extent of harm for early use of alcohol

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**



**How second year target was achieved (optional):**

Based on the average of the scores for the 8th, 10th, and 12th grade responses to the question regarding perceived risk of having five or more alcoholic beverages in a row once or twice a week is of great risk being 88.1% from the 2016 Arizona Youth Survey (AYS), this goal was achieved. The following sections contain information related to prevention efforts from regions that collaborate as a part of the statewide effort that addressed the goal during the current reporting period.

**Programs/Coalitions**

- Be Awesome Youth Coalition/ SADD Club Chapter
- Douglas Community Coalition
- The Healthy People Coalition (HPC)
- Refugee and Immigrant Integrated Services Provider Network of Tucson (RISP-Net)
- Family Passages / Bright Futures
- Youth Empowerment and LGBTQ Leadership (YELL)
- STEPP (Strategic Tribal Empowerment Prevention Plan)
- Suicide Prevention Task Force
- Ajo Substance Abuse Prevention and Education (SAPE) Coalition;
- Ajo Middle School SADD (Students Against Destructive Decisions)
- Ajo High School SADD (Students Against Destructive Decisions)
- Impact Coalition Preventing Substance Abuse aka IMPACT Sierra Vista
- Yuma County Anti- Drug Coalition Students Against Destructive Decision
- Gila River Health
- The Gila River Health Care Prevention Program
- Governor's Office of Youth, Faith, and Family
- MATFORCE
- Arizona Youth Partnership
- Southeastern Arizona Behavioral Health Services (SEABHS)
- Coconino Coalition for Child and Youth
- Change Point Integrated Health
- Tanner Community Development Corporation (TCDC)
- HEAAL (Helping Enrich African American Lives) Coalition
- TERROS/Maricopa County LGBTQ Consortium (safeOUT Program)
- Phoenix Indian Center/UICAZ (Urban Indian Coalition of AZ)
- Guadalupe Prevention Partnership
- Guadalupe Community Partnership Network Coalition

**Events**

- 21st Century AVIS Parents Night
- 3 days of Christmas
- 3 days of Thanks Giving
- Allere Campo Prevention Summer Camp
- American Indian Heritage Day
- Annual Child Abuse Prevention (CAP) Conference
- Awareness Events
- Back to School Events
- Behavioral Health Conferences
- Board Meeting Presentations
- Children's Art Festivals
- Christian Community Ministry Fair
- Coalition meetings
- Coalition Retreats
- Community Awareness Walks
- Community Education Events
- Community Forum Events
- Cookies & Pictures with Santa
- Crossroads Mission Volunteer
- Dia Del Ninos, Family Fun Festival
- Disability Fair
- Family Fun Nights
- Family Night
- Fun Runs
- Glow City Run
- Harvest Feast
- Health Fairs
- Healthy Families-Health Youth Middle School Pilot Program (HFHY)

- Healthy Kids Day
- High School youth groups
- Community Hikes
- Holiday Events (i.e. Christmas, Valentine Easter Egg Hunts)
- LGBTQ Consortium / Safe Out alcohol free End of Year event.
- Lutu-uria Youth Group Meetings
- Men's Retreats
- Mid Night @ Oasis
- Middle School youth groups
- Mosaics With A Message Art Project
- National Night Out
- Neurobiology of Trauma in the Brain Conference
- Open Houses at Programs
- Optimist Club Presentation
- Events bringing families together to promote safe lifestyles without alcohol
- Parent groups
- Project Graduation
- Dances for Middle Schools
- Red Ribbon Week Activities
- Resource Fairs
- RISP-Net Bi-monthly Community Meetings
- RISP-Net Monthly Steering Committee Meetings
- SADD BYOB Party (Bring Your Own Buddy) - a party promoting the SADD program
- Saddles Of Joy
- School based prevention events
- Senior Community Events (i.e. Hooked RX screening and suicide)
- Sidewalk Slam Prevention Messaging
- Sober Movie Nights
- Sober Arcade Nights
- Sober Sports Nights (basketball, softball, soccer)
- Somerton Light Parade
- Reindeer Round Up
- Spring Break Awareness - Reduce alcohol access to youth
- Summer "High School 101" for incoming freshmen
- Tabling at Weekly Farmers' Markets Promoting the Coalition
- Take a Stand against Violence / Healing Journey
- Trunk & Treat
- Trunk or Treat
- Turkey Trot
- Valley View Math curriculum night
- Veteran's Day Parade
- Veterans Fair
- Weekly PSA's at Middle Schools and High Schools
- West Wet Land Clean up
- Women's Retreats
- Y After School lessons
- YMCA Carnival/ Red Ribbon
- YMCA Community Day
- YPD GAIN event
- Yuma Teen Fitness Fest
- Zombie Run

#### Information Disseminated

##### Campaigns and Community Outreach:

- o Social Norms Campaigns were held including Students against Destructive Decisions (SADD), where students received training on social norms and knowledge about ads on substances specifically on underage drinking.
- o Harmful effects of alcohol in youth and its effects of alcohol in youths' developing brain by the National Institute on Drug Abuse (NIDA).
- o Legal consequences of underage drinking Mothers Against Drunk Driving (MADD), Binge drinking SEABHS bookmarks, Talk to your child about alcohol by the National Institute of Health (NIH), "Talk, they hear you" by SAMHSA, and Underage drinking Myths vs Facts; Rethinking drinking by NIH.
- o Yourself: focus on the importance of self-care when affected by someone abusing alcohol.
- o Red Ribbon Campaign materials and New Year Resolution " You Shine Brightest When You're Clean."
- o Facilitated 84 community events at the Tribe reservations during FY 16/17.

- o Events were held in all districts within the communities including: information booths, games for youth, and dissemination of material.
- o Provided a variety of information about protecting youth from harms of alcohol and substance use. During this period 1457 youth and 3108 adults participated in these events.
- o Shared the "It Matters" campaign website and materials within tribal communities.
- o Coalitions like MATFORCE provided alcohol and other drug abuse class room education to 11,884 students in the 2016-17 school year.
- o Coalitions sponsored a "Stand with Me, Be Drug Free" week: 137,670 community members participated in the campaign on alcohol prevention.
- o Hosted various community events including: Yaqui Education Open House, Mother Daughter TEA, Fees Middle School, Meth awareness day, Dia de San Juan cultural community event, Dia del Nino, Tribal Christmas event, community mailer distributed monthly to approximately 2441 tribal and community members.
- o Coalition and Speaker Bureau members presented information on the risks and harms of drug and alcohol use to 6444 individuals in this fiscal year.
- o Coalitions staff presented multi-session research based parenting classes to 341 parents in regards to underage drinking.
- o Coalition "MATFORCE" implemented the "Marijuana Harmless? Think Again!" campaign and provided substance abuse education on the risks and harms of marijuana statewide and in other states.
- o Coalition visited over 100 medical offices and provided materials to over 600 medical staff on proper prescribing methods, risk factors on substance use, and other pertinent information related to prevention.
- o Coalition tabled or had representation at Phoenix Pride, Take Back the Night, Social Justice Night at the Burton Barr Central Library, and a Cinco de Mayo Sin Alcohol resource fair.

#### Posters:

- o Placed posters on campuses regarding the risks of underage drinking stats in schools and organized interactive trivia game with questions were conducted.
- o Coalition staff and volunteers presented over 15 different research based curricula on underage drinking to students.

#### Booklets/Pamphlets:

- o Distributed booklets amongst students to learn about substance use facts vs myths on drugs.
- o Shared handouts about risks of underage drinking and how to talk about drugs and alcohol with youth at community events such as Parent Teacher conferences, Christmas Gift Give Away, and Salsa Festival, Mental Health Awareness Event.
- o Shared SAMSHA's underage drinking materials and DUI information with communities.
- o Distributed brochures and promotional items with preventative messaging including Tribal Warm line literature.
- o Distributed pamphlets on: Community Survey results, Drinking and Driving, Underage Drinking, What to Say to Drugs and Alcohol, Alcohol-Know the Facts, Alcohol-Conociendo los Hechos, Alcohol risk information (legal, social, economic), Binge Drinking-A Deadly Tradition, Alcohol Awareness Youth Guide (an agency created booklet).
- o Disseminated "Keep Them Safe" Prevention Brochures and "Together We Can Prevent Underage Drinking" Brochures within tribal communities.
- o A grantee shared at least 800 brochures distributed during workshops and community events including Phoenix Pride Festival, Cinco de Mayo sin Alcohol (partner event), C3 Conference, LGBTQ Social Justice Night at the Library, Let's Get Better Together Conference.

#### Social Media:

- o Posted on Facebook on substance use facts from SAMHSA (i.e. According to the National Survey on Drug Use and Health, nearly 9.2% of Native Americans ages 12 and older were current heavy alcohol users, the highest rate of any ethnic group).
- o Posted on Facebook about SCAT Prevention.
- o Provided SAMHSA and NIDA messaging via social media (Facebook , Twitter, Google+, LinkedIn targeting adults and youth).
- o Disseminated information on the Statewide Treatment Locator at the following web address: <http://substanceabuse.az.gov>.
- o Outreach through social media and grantees' websites to disseminate free downloads materials on underage drinking.
- o An estimate of 184,473 people received a message on the risks and harms of substance abuse on social media.
- o Information and referral resources on LGBTQ Consortium website, social media outreach through 194 total posts on Facebook, Twitter, and Instagram on consequences of use, signs and symptoms of use, and alternative activities.

#### Public Service Announcements:

- o On SCAT Radio Station KYAY and White Mountain KNNB, Weekly Articles on Prevention Education in the local newspapers (Silverbelt, Moccasin, Copper Country News), Billboards with Prevention Education Messages in different areas around the state.
- o "Keeping Them Safe" and SAMHSA's "Talk They Listen UAD PSA's" and via social media.
- o Coalitions published on over 50 newspaper articles each quarter related substance use and abuse. Yavapai Broadcasted radio commercials (free of charge) on the risks and harms of drugs and alcohol.
- o Cable One partnered with a Coalition "MATFORCE" by producing multiple commercials that were used on TV and Social Media.
- o Newspaper ads in AZ Informant, billboards, and radio ads all part of the "Lock it Up" campaign which ran for 9 months straight in Central and South Phoenix. Print materials disseminated at 30 total community events, reaching 3415 individuals.
- Unduplicated reach across platforms: 17,941 people. 2 videos posted reaching 343 people, 3 ads published in Ion and Echo magazines.

#### Trainings

#### Curricula on Underage Drinking:

- The “Be Awesome” Training was provided in various areas and community sectors around the state.
- The SADD Chapter provided training to Parents and Youth on “Dover Youth to Youth” component that covered public speaking including underage drinking and risks factors involved. The local police department participated to answer questions regarding the law enforcement surrounding youth substance use including underage drinking.
- The “Parent University Be Awesome” coordinated with a High School to host a Parent University with Substance Abuse Trends and how to talk to kids about drugs and underage drinking.
- “Teacher Training Be Awesome” worked with the Police Department to discuss local Drug Trends and intoxication identification tailored for teachers and staff at the local high school with specific focus on underage drinking.
- The “Botvins Life Skills” training was provided to parents of middle school students.
- Strategic Prevention Framework (SPF) training was provided to Coalition members.
- Alcohol prevention presentations to parents and adult care givers.
- The “Too Good for Drugs” training.
- Prevention staff facilitated ASIST T4T (Trainer for Trainers) to continue delivering trainings.
- Peer Mentor Training on underage drinking.
- Community Readiness Training for Coalitions.
- Youth and Adult Facilitators were trained on how to deliver the Healthy Families-Health Youth (HFHY) Middle School Pilot Program curriculum.
- Prevention staff trained approximately 150 youth peer leaders on effective prevention techniques on underage drinking.

#### Conference Presentations:

- Sexual Violence and Substance Use Amongst LGBTQ Youth, LGBTQ Youth and Mental Health.
- Overdose Awareness Presentation and Underage Drinking (UAD) Prevention Workshop presented to parents in collaboration with MADD.
- Presentations to Western Pima County Community Council and Ajo District Chamber of Commerce in regards to the prevalence of UAD and SAPE efforts and harmful effects of underage drinking.
- Native HOPE and approximately 60 Youth, and Lutu’uria Youth Group attended Midyear UNITY conference in Tempe, Arizona.
- Prevention Specialists, Coalitions members, and Youth representatives from around the State attended CADCA trainings and mid-year conference.
- Prevention staff conducted 4 outreach presentations to youth throughout the state to discuss the dangers and consequences to underage individuals in a non-school setting.
- Prevention staff provided training and presentations to 120 establishments that sell alcohol to ensure they are familiar with the latest trends taking place with underage drinking and attempting to purchase/sell alcohol to minors
- Coalitions held multiple trainings at the CAP Conference on various topics including the correlation between child abuse and alcohol addiction.
- Coalitions invited Kevin Campbell, an internationally known child welfare expert, to discuss active planning and promote best prevention practices on alcohol prevention to present.
- A coalition hosted multiple trainings to reach approximately 677 professional staff in regards to alcohol prevention component, including:
  - o From Inmate to Citizen Training.
  - o Motivational Interviewing.
  - o Reentry and Recovery Conference.
- Youth peer-to-peer educational workshops delivered at various community sites including Maryvale YMCA, Tanner Scout Troops, AZ African American Legislative Leadership Council, Grand Families Community, and Omega Youth Leadership.
- Two educational presentations were presented for youth and care givers/parents/providers focusing on LGBTQ youth between ages 16-29. The LGBTQ training was facilitated by 10 expert trainers on a Trainer of Trainers (TOT) model to 98 participants (41 adults, 57 youth). The training topics included:
  - o Refusal skills.
  - o Harms and dangers associated with excessive alcohol use (inclusive of binge drinking and underage drinking).
- Monthly education workshops on underage drinking were presented at Westwood High, Central High, and Camelback High on the impacts of Historical/Intergenerational Trauma with regard to substance abuse (Alcohol and Marijuana) among American Indians.

#### Other Services/Activities

- Facilitated a lesson on “Life Skills: Too Good For Drugs” to a 5th Grade class in regard to risks of drinking and alcohol abuse, with a follow up lesson on drugs and alcohol risk in general.
- Hosted a display exhibitor table at the Community Resource Fairs.
- Mentored a Refugee Youth group on the “Bright Futures” program.
- Hosted a “Its Holiday Posada Season” Campaign due to the Holidays and related drinking risk factors.
- Established a Youth Leadership program with Youth Council members from Gu Vo District.
- Established a Youth Leadership Council to disseminate information to peers around underage drinking.
- The Prevention team conducted referrals to community agencies for services needed by participants including the following:
  - o Agencies include Child Protective Services
  - o San Carlos Wellness Center, School Personnel
  - o Adult Long-Term Care Services

- o Domestic Violence Advocates
- o San Carlos Housing Authority
- o Food Distribution
- o Behavioral Health facilities and residential
  - Creation of the "Ajo SAPE Coalition" mission/vision statements and the social media sites and website.
  - Formation of SADD Clubs at Ajo Middle and High Schools and its social media sites (Facebook, Instagram, Twitter).
  - The AZYP/SADD/SAPE acquired a location for regular youth coalition meetings.
  - Coalitions members attended meetings at the Western Pima County Community Council (WPCCC).
  - A Coalition joined Ajo District Chamber of Commerce.
  - Training for Prevention and Coalitions staff included:
    - o Mental Health First Aid Recertification.
    - o TOT Botvin's LifeSkills Training Middle School Level.
    - o TOT Botvin's LifeSkills Training High School Level.
    - o TOT Botvin's LifeSkills Transitions Level.
    - Prevention Staff and Coalitions members attended various conference included:
      - o The Governors Office for Youth Faith and Families (GOYFF) Conference.
      - o Health Disparities and Cultural Competency.
      - o Substance Abuse Prevention Skills Training (SAPST).
      - o TOT for MADD Power of Parents.
      - o Webinar YMSM & LGBT Center of Excellence, "Identity Development and the Coming Out Process."
      - o AZYP Annual Cultural Competency and Ethics in Prevention.
      - o Mandatory Reporting of Child Abuse.
      - o TOT for Youth Mental Health First Aid.
    - Youth Presentations addressing underage drinking.
    - Red Ribbon Week Presentation to elementary students.
    - Brain Power by NIDA highlighting the harmful effects of alcohol in the brain.
    - Parent Teen Matters Support Group for parents of teenagers.
    - SADD Club activities: Violence Prevention Video; National Night Out Recruiting new members and National Drugs and Alcohol Facts week.
    - Thirteen Community Education sessions took place specifically focused on underage drinking impacting 725 youth and 121 adults who participated in the workshops.
    - "Active Parenting" included 85 parents' participants during FY 16/17.
    - A total of 15 cycles were provided which represents 55 sessions of programming "Protecting You, Protecting Me," where 142 youth participated during FY 16/17.
    - A total of 41 sessions were provided on the "Life skills" training delivered at Blackwater Community School and Gila Crossing Community School.
    - An additional 133 sessions on "Botvin's Life Skills" were provided to 282 youth participants during FY 16/17. The program took place at Gila Crossing Community School, Sacaton Boys and Girls Club, Laveen Elementary School, Laveen Middle School, Perry High School, Bogle Junior High School, Coolidge HHK Middle School, and Gila River RPY.
    - Continued efforts to reduce access of alcohol to youth through social media campaigns, during meetings with parents and community groups, and through school and community-based trainings.
    - Information regarding the extent of harm for early use of alcohol was disseminated to parents via utility bill mailers yearly.
    - Alcohol Retail ID kits were disseminated to retail outlets.
    - Drug and alcohol awareness events were held in local communities in collaboration with other community agencies to educate the public regarding the risks of underage drinking and other substance use/misuse issue.
    - The multiple events held around underage drinking allow data collections, collaboration with community agencies and businesses, and help build capacity for coalitions.
    - Participated a annual events honoring Recovery at Parks, Underage Drinking Town Halls in partnership with the local SADD chapters.
    - Hosted a "Walk Away from Drugs" event which offers community members a location to dispose of unused medications and education on prescription use/misuse along with underage drinking and other substance use/misuse issues.
    - A grantee developed a joint protocol with the VA in order to increase veterans' access to care, which includes quarterly meetings and continued partnership with the VA and veterans to speak at the "Full Circle to Recovery Conference"(a peer and employment conference).
    - A grantee actively partnered with the AZ Coalition for Military Families (ACMF) to prevent substance use and abuse.
    - Held a basketball tournament with 16 youth, 15 adults, and completed 16 anti-substance use pledges.
    - Implemented a "LGBTQ Resource Fair" at the Burton Barr Central Library, with 62 participants receiving screening and/or referrals for behavioral health and substance abuse prevention and/or treatment needs, a total of 21 community partners/agencies were in attendance.
    - Worked with the Cultural Mural Project with youth in small towns and delivered a session on underage drinking to the "Fatherhood and Motherhood is Sacred."
    - Established a public Garden near to a high drug traffic area next to liquor store as part task force partnership to prevent drugs and alcohol.

#### Outcomes Measured

The outcomes measured during this period vary amongst contractors, grantees, and sub-grantees as follow:

- Participants in the "Too Good for Drugs" life skills program will increase their perception of harm regarding underage drinking, and will increase their knowledge of peer refusal strategies to help avoid pressure to smoke, drink, or use marijuana. There were several changes in the Too Good for Drugs survey. There was a positive change of 21.6% in the desired direction for knowing many peer refusal strategies to help them avoid pressure to smoke, drink, or use marijuana, for example.
  - Youth grades 6-12 will increase their perception of harm of underage drinking, a majority reported "great risk" with youth taking one or two drinks of an alcoholic beverage.
  - Participants in Life Skills classes will report an increase in speaking with their parents about alcohol, a majority reported discussing alcohol with parents or adults.
  - Community education participants will report an increase in knowing how to safeguard alcohol from youth. As a result, 94.1% said the information helps them to talk to their children about substance abuse.
  - Increase in community members reporting they saw messages regarding talking to their kids about underage drinking as measured by the Community Survey. As a result, there was an 8.8% increase in awareness of messages about the legal consequences of providing alcohol to someone under 21 years of age, a 7.1% increase in awareness of messages regarding information about the harmful effects of alcohol use by youth
  - Perception of harm among youth (13 to 18) for underage drinking will increase, reporting alcohol use to be a "moderate" to "great" risk as measured by the Community Survey
  - Adult awareness of legal consequences for providing alcohol to underage drinkers, will increase as compared to the 2015 survey as measured by the Community Survey. Safeguarding alcohol in the home increased from 39.4% to 62.6%.
  - Increase in perception of the effectiveness of the Coalition in addressing the problem of underage drinking in the Gu Vo District as measured by the Coalition Core Measure. As a result, there was a 33.3% increase in coalition members reporting satisfaction with the coalition's plans for achieving its goals.
  - Increase in Gu Vo Community members stating that underage drinking is a severe as measured by the community questionnaire.
  - Refugee and immigrant school aged youth expected an increase in refusal skills for alcohol, tobacco, and drugs as measured by the retro Botvin's Middle School LifeSkills Youth Survey. As a result, there was an increase of 16.7% in refusal skills.
  - Increase knowledge of the harmful effects of alcohol as evidenced by Presentation Survey (Alcohol). As a result, there was a significant increase of 33.9% of participants agreeing that they were aware of the way that underage drinking was affecting their community after the presentation.
  - Increase in community members reporting seeing messages on strategies to safeguard alcohol in the home and what types of events do you think children get alcohol in our community evidenced by the Community Survey.
  - Increase in alcohol perception of harm as evidenced by the Adolescent Survey. As a result, there was an increase in perceived risk of 33.3% in youth taking one or drinks of an alcoholic beverage.
  - Increase in respondents reporting they have a strong sense of belonging to their own heritage as measured by the 2016-17 Cultural Identity Survey - Point in Time.
  - Increase in alcohol use perception of harm as measured by the Community Survey.
  - Increase in alcohol use perception of harm as measured by the Adolescent Survey. As a result, there was an increase of 21.4% in perceived risk with taking one or two drinks of an alcoholic beverage nearly every day.
  - Increase in knowledge on safeguarding alcohol from youth as evidenced by the Presentation Survey (Alcohol). As a result, seven participants completed the Presentation survey for alcohol. Of those, clear majorities agreed the presentation motivated them to get more active in the community (85.7%), the presentation was interesting (85.7%), they would recommend it to their friends (71.4%), and the information helps them to talk to their children about substance abuse. Also, the items with the greatest effect sizes were increased awareness of the legal consequences of providing alcohol to someone under 21 years of age, and increased awareness of information about the harmful effects of other drugs.
  - Increase in community members stating they are aware of messages about the importance of youth communicating with parents about underage drinking as evidenced by the Community Survey. As a result, the top message seen was about information about the harmful effects of other drugs with half (50.0%) reporting awareness of this type of messaging. Many community members were also aware of messaging around the importance of youth communication with parents about underage drinking (42.2%) and the legal consequences of providing alcohol to someone under 21 years of age (41.6%).
  - Increase in the number of youth who report that they have influence on a large amount of people on important issues related to alcohol and other risky behaviors as measured by the Youth to Youth Pre-post survey.
- Adult Community Education Sessions:
- o 88.75% of participants reported they learned new information and increased their knowledge about prevention activities.
  - o 85% of participants indicated that they intended to talk to their children about the harms of use.
  - o 93% of participants indicated they learned to connect to prevention resources.
- Active Parenting at the Conclusion of Training:
- o 81% of parents agreed they must understand their own values related to alcohol and drug use before family policies can be developed.
  - o 88% of parents reported learning new skills.
  - o 84% indicated their knowledge had increased about strategies to protect their child from experimenting with alcohol and drugs.
- Protecting You, Protecting Me (provided to elementary age youth)
- o 81.69% of youth reported that alcohol affects how the brain and body communicate.
  - o 66.20% of youth indicated that it was not okay for older teens to drink if they weren't driving.
  - o 67.61% youth pledged not to use alcohol before they turned 21.



#### Botvin's Life Skills:

- o 83% of youth agreed they knew more about the impact of how drugs and alcohol use can hurt them.
- o 100% of youth reported they have a goal not to use drugs and alcohol.

#### HFHY Event:

- o 95% of adults and youth said they had a clear plan (for my youth) to avoid drugs and alcohol.
- o Three months later, 94% of adults said their family had a clear plan for their youth to avoid drugs and alcohol.

#### It Matters Campaign had the following impressions:

- o Total Parents: 60,713,664; Total Teen: 14,532,477

#### Now You See Me, Addiction: The Elephant In The Room Red Ribbon kickoff Event:

- There were 600 attendees.
- Approximately 40 prevention, treatment and recovery exhibitors attended.

#### Currently collecting output measurements and pre/post tests for RX360 only at this time:

- o 60% of respondents reported an increase in knowledge, 20% reported no change, and 20% reported a decrease in knowledge related to alcohol, reasons for excessive drinking within the LGTQ community, effects of binge drinking, and resources available. This decrease may suggest a higher confidence in knowledge prior to exposure to new material.
- o Primarily collecting output measurements and pre/post tests for RX360 only at this time.

#### From 2016 AYS:

- o Alcohol Use in the Past 30 Days has continued to decline in Arizona
- o In 2016, 22.4 percent of youth reported drinking alcohol in the past 30 days
- o A decline from 24.1 percent in 2014, and from 28.1 percent in 2012.

#### Attitudes Favorable toward Drug Use:

- o On average, students had unfavorable views towards drug use. On a scale of 1 (very wrong) to 4 (not wrong), the mean was 1.55, and less than 5 percent of youth scored a 3 or higher, showing that youth believed it was wrong for someone their age to use alcohol, cigarettes, marijuana, or LSD/cocaine/amphetamines/illegal drugs.

#### Additional Outcomes Measured Strategies Included:

- o Numbers of attendees at events.
- o Pre and post testing for events and training.
- o Copies of materials provided including: quarterly reports, website traffic tally, social media and printed materials tracking.
- o Number of community members reached with the materials.
- o Number of community members reached by the presentations.
- o Collect and evaluate internet traffic on the Senior Peer Prevention web page.
- o Use the Adult Connectedness SOM, pre- and post-intervention, to evaluate the changes in Peer Support participants' feelings about their relationships with family and friends. Contacts between Volunteers and participants are captured monthly and entered into the Senior Peer data base.
- o Use the Adult Connectedness SOM twice per year to evaluate our Support Group members' feelings about their relationships with family and friends.
- o Use the Geriatric Depression Scale pre- quarterly- post following intervention to measure changes in depression levels.
- o Contacts between Volunteers and participants are captured monthly and entered into the Senior Peer database.
- o Women's TEA survey, 2016-2017 ADHS Core Instruments for Adolescents, TGFD Student Knowledge Pretest, Native HOPE conference surveys. Core Instruments for Coalition Members 2016.

#### Success Stories Shared

- A member of the "Be Awesome SADD students" who had struggled with extreme anxiety for years volunteered to present at Parents and Pizza. She came to every practice and took time to rehearse her lines. She has consistently signed up to participate in events but has taken "behind the scenes" roles such as set up, or break down. When presenting to the audience she had exceptional stage presence and clearly understood the information she was presenting. Her mother with tears in her eyes stated that one year earlier her daughter would not have been able to present to a room with over 30 individuals in it, let alone being a stand out presenter and was grateful for the program and opportunities SADD and the Be Awesome Youth Coalition had offered her daughter. By the end of the year SADD Club there were more students involve. Coalition membership increased.
- The "Sober Movie and Arcade Nights" have become a big hit, and have exceeded expectations in terms of turnout. As the community increased awareness of involvement and mission, there was more participation in these events. Over 70 participants attended the Zombie Fun Run.
- A participant from the Nepali group shared that they are now more aware of the importance of being a good role model for their children and has begun making changes in their own day-to-day activities so that their children will observe only healthy behaviors.
- Youth Participants at the "Bright Futures" program expressed how happy they were to have participated in the program and stated that they were looking forward to next year. They said they liked the opportunity to be able to ask questions without worrying that an adult would criticize them for asking about drugs and/or alcohol.

- A youth leader involved in the council and an active participant in the coalition was recently awarded a scholarship to learn how to implement public health programming in Washington, D.C. this summer. He attributes this in part to his leadership role on the coalition, both in skills and the résumé building component.
- Youth reported that their father does not drink all day anymore, so they can go to the Harvest event and other activities organized by the prevention staff and designed to increase connection to language, culture, and traditions.
- Notes written by youth who were in juvenile detention who participated in the White Bison's Wellbriety for Native Youth program; which included talking circles, sweat lodges, sobriety challenges, Team-building, bead making, art classes, guest elder speakers, birthdays and parties.
- Office space was acquired and renovated and serves as staff office, coalition meeting location, and due to the proximity to the school campus allows for location of a youth drop-in area.
- This year the formation and branding of the Ajo Substance Abuse Prevention and Education (SAPE) Coalition after a five year absence from the community and a year of struggling to staff and convene this coalition. Members met monthly during this fiscal year developed missions and vision statements, worked with a graphic designer on a coalition website and a built a Facebook page to provide a larger reach for information dissemination.
- AZYP staff and coalition spent this year building its membership and partnerships to now include all 12 CADCA community sectors. The coalition joined the Ajo District Chamber of Commerce and regular attends meetings of the Western Pima County Community Council (WPCCC). Staff and members also provided technical assistance to Ajo High School in writing a grant proposal for the Governor's Office of Youth Faith and Families' High School Health and Wellness program, which was awarded in May.
- A SADD club was formed at Ajo Middle School during this year whose members participated in Botvin's LifeSkills Training, community events to disseminate prevention messaging in the community.
- Members of the Ajo High School SADD club attended Peer Mentor training provided by SAPE member Emily Saunders, Behavioral Health Clinician at Desert Senita Community Health Center. This training provided the school with high school mentors that were assign to identify middle school and increases on-campus resources for these youth.
- A coalition observed a 2.2% increase in the way members and organizations in the coalition work together; 23.1% increase in the way the coalition implements its plans; 22.7% increase in communication between coalition leaders and members; 23.3% increase in how leadership helps identify new ways to solve problems; and 22.4% increase in recruiting diverse people and organizations.
- Two of the SADD chapter students where recognized by the Arizona Zone One Optimist Club Youth Appreciation Dinner and Recognition dinner & the Yuma Family YMCA SADD & CDMS SADD chapter received a trophy in the Youth Group Division in the Yuma County Silver Spur Rodeo parade.
- Adult participants of Community Education sessions provided the following feedback:
  - o Education at an early age is important to reducing the likelihood that youth will participate in negative behaviors.
  - o Understand better the relationship of a parent drinking on children.
  - o Information about understanding how the development of the youth brain impacts the likelihood of underage drinking or drug experimentation.
  - o Information about how underage drinking impacts an individual's brain as an adult.
- Parents that participated in Active Parenting provided the following feedback:
  - o I learned new tools about how to talk with my children without being demanding.
  - o I learned new ways of looking at parenting.
  - o I have a better understanding of what my children are experiencing.
- From HFHY event night: FACULTY: "Been here 30 years and I was amazed at the parents and students working together to form a plan for saying no. I felt that the material was non-threatening and blameless which gave our parents and students the freedom to carry on serious discussions." STUDENT: "I liked how it brought us together and we were able to talk to each other in a great way. Also, that we learned to not do drugs because it's bad for us."
- Collaborated to host a "Full Circle to Recovery."
- Inform and educate veterans and families about CPSMP provided a full array of covered services to active military and veterans. A Vocation Rehabilitation Administrator worked with the VA to facilitate Supported Employment Services to veterans and active military personnel.
- 200 students participated in the 'Say it Out Loud' classroom presentations. This research based program provides information to students on mental health issues and focuses their skills training on alcohol and other drug prevention.
- MATFORCE sponsored the Yavapai Reentry Project. The project provided support and life skills to individuals returning to Yavapai County from the Department of Corrections. The program provides necessary skills for their transition in gaining the confidence to be successful community members living an alcohol and drug free life.
- Great collaboration with other coalitions (SM WORKS, and others) to partner on offering educational sessions for youth and adults on underage drinking.
- Great success with being invited to provide educational sessions for youth, parents, caregivers, and community members allowing for cross-generational discussions.
- Enhanced partnerships and opportunities to present on historical trauma and substance abuse to Native American communities
- As a result of their strategic planning the youth felt the need to give back by filling zip lock bags with necessities and handing them out to the homeless community in November. It is called the Blessing Bags project. The youth felt a sense of accomplishment and value for what they have. They also heard stories from the homeless about how drugs and alcohol lead to their situation.
- Native HOPE in October was during the fall break and we had 60 youth attend from the community. They discussed issues like drinking and driving, drug abuse, and suicide during the three day conference. The curriculum was presented by Clayton Small from Native pride and is an EPB.



**Priority #:** 9  
**Priority Area:** TB Screenings  
**Priority Type:** SAT  
**Population(s):** TB

**Goal of the priority area:**

Increase the number of clients entering substance abuse treatment who are screened for tuberculosis to 18% by CYE 2017.

Note- Goal is in progress. The Arizona Department of Health Services/Division of Behavioral Health Services did not achieve its goal to increasing each year by 5%.

**Strategies to attain the goal:**

Focus on developing mechanisms to document and verify TB screening of those entering substance abuse treatment were implemented this last year. Strategies providers are and will continue to implement include: integrating education on TB (along with other communicable diseases) into client orientations, providing educational materials on TB to clients, providing clients with referral handouts for TB and HIV testing at specified locations, as well as including elements to capture TB screening documentation in contractors' audit tools.

In addition, the Arizona Department of Health Services/ Division of Behavioral Health Services (ADHS/DBHS) to provide guidance to the Regional Behavioral Health Authorities (RBHAs) regarding accurate documentation on screening and referrals for TB services.

**Annual Performance Indicators to measure goal success**

**Indicator #:** -1

**Indicator:** Annual Performance Indicators to measure success on a yearly basis.

**Baseline Measurement:** FY14 data on the number of patients receiving substance abuse treatment with documentation of TB services documented in their chart. Current baseline will be 14.6

**First-year target/outcome measurement:** First-year target/outcome measurement (Progress to end of SFY 2016), Increase FY15 data by 2%

**Second-year target/outcome measurement:** Second-year target/outcome measurement (Final to end of SFY 2017), Increase FY 16 data by 2%

**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Independent Case Review

**New Data Source(if needed):**

**Description of Data:**

A random sample of charts will be pulled and scored based on pre-determined elements that include documentation evidencing screenings and referrals for further TB services.

**New Description of Data:(if needed)**

**Data issues/caveats that affect outcome measures:**

No data related issues anticipated.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

Based on the 2015 Independent Case Review (ICR), the percent of clients entering substance abuse treatment who are screened for tuberculosis increased from 24.0% in FY14 to 30.8% in FY15.

**How first year target was achieved (optional):**

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:****How second year target was achieved (optional):**

Based on the 2016 Independent Case Review (ICR), the percent of clients entering substance abuse treatment who are screened for tuberculosis increased from 30.8% in FY15 to 37.3% in FY16. The Arizona Health Care Cost Containment System (AHCCCS) partners with the contractors and provides technical assistance as well as identifies available resources to enhance the management of the SABG implementation of early intervention programs. These efforts include:

**Outreach**

The contractors provide ongoing networking activities and technical assistance to community groups and agencies including neighborhood-based outreach services and public empowerment models. Agencies provide assistance related to early intervention for Tuberculosis (TB) to those receiving services for Substance Use Disorders (SUD), through medical case management and continuity of care including:

- Audits conducted Bi-annually with each Health Home agency to ensure the completion of TB testing and referrals as needed.
- Provide technical assistance to Health Home agencies that are not meeting the 85% minimum performance standard to improve the documentation of TB testing and referrals for all members.
- The Technical Assistance Meetings include the review and updates of the Performance Improvement Plan that each substandard-performing agency has developed for continued improvement.
- Contractors meet regularly with network providers of SUD residential treatment centers and provide information and feedback about policies and initiatives.
- TB testing is done for members receiving residential services. Providers attend health fairs to promote their services.
- Providers include TB testing on promotional materials.

**Collaboration**

AHCCCS' efforts to maximize services include expanding collaborations and partnerships among the providers and contractors to increase awareness of TB and implement risk assessments and/or screenings especially to high risk populations. A few examples of action planning and collaborative systems planning activities include:

- Referrals for Human Immunodeficiency Virus (HIV), Hepatitis C (HEP-C), and Tuberculosis screenings and services; and referrals for primary and prenatal medical care.
- Providers partner with the County Health Departments to create informational handouts on HIV and TB.
- Provider's medical management, quality management, and clinical services departments work actively to provide support and technical assistance to enhance service provision.
- Providers have collaborations with counties, and PCP's to assist with TB screenings and for referrals for positive TB screenings.
- Providers collaborate with schools of nursing from colleges and universities for medical services, including TB screenings.

**Targeted Interventions**

Providers who receive SABG funding develop comprehensive primary prevention and treatment programs that include activities and services provided in a variety of settings to address SUD holistically including screening and referral for TB. These activities include, but are not limited to:

- To increase the number of members receiving TB testing and information, create policies and procedures to provide TB testing or referral for all individuals that enter residential treatment services.
- Engage at risk individuals for screening of other communicable diseases like HIV and HEP-C.
- Provide referrals for TB screenings for all SUD clients and conduct TB screenings to members in residential services.
- Refer positive screenings to the appropriate medical providers as necessary.
- Screenings include purified protein derivative (PPD) skin testing and chest x-rays.
- As a part of interim services, include the provision of education and dissemination of information related to preventing behaviors that increase the risk of contracting TB, HIV, HEP-C and other communicable diseases.
- Conduct SUD and Medication Assisted Treatment (MAT) meetings to exchange information and collective strategies.
- Require regular TB screenings of employees.

**Outcomes Measured**

As a Single State Authority (SSA) and State Prevention Structure and Organization, AHCCCS monitors and ensures that each program's specific requirements are in compliance with all contractual, intergovernmental agreements and collaborative protocols including:

- Tracking the number of members receiving TB testing and/or information on TB testing and referrals.
- Screening all members receiving a residential level of care.
- Referrals provided for members having a positive TB screen result.

**Progress/ Barriers Identified**

The prevention early intervention program intends to increase awareness of the effect of alcohol and other drug use/abuse and addictions, as well as, their effects on individuals, families, and communities. As in any other programs, prevention and treatment services related to high risk behaviors present progress and some limitations as listed below:

- A limitation has been that outpatient services are deficient in comprehensive reporting of information provided to members regarding

TB and resources for being tested.

- Providers identified few barriers related to TB testing:

- o a) If a member tests positive and does not have the financial means to receive care for the result.

- o b) It can be difficult to coordinate care with PCPs if a member tests positive.

- o c) The main barrier identified is members not following up on the skin test 72 hours after the initial test.

- Providers have demonstrated improvement with TB referrals from the Quarterly Audit to the Bi-Annual reports.

**Footnotes:**

The second year goal was updated to reflect AHCCCS reporting on FY17 enrollment numbers rather than FY16, so the data is more representative of the application period and most recent data available.



# **Arizona Youth Survey 2016**

## **State of Arizona**

December 20, 2016

Arizona Criminal Justice Commission  
Arizona State University  
NORC at the University of Chicago

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HESTON SILBERT  
Law Enforcement Leader

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ANDREW T. LEFEVRE  
Executive Director

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Dawn DeLay, Arizona State University

Furthermore, the success of the 2016 Arizona Youth Survey could not have been possible without the support and participation of school superintendents, principals, prevention coordinators, and teachers throughout the state. Thank you for contributing your time and efforts toward the completion of this report.

Finally, we extend our thanks to the students who responded to the survey. Their thoughtful participation resulted in a wealth of information that can be used to improve the circumstances in which all youth live and learn.

Data from the Arizona Youth Survey will be made available on the ACJC Community Data Project (CDP) site after reports have been distributed to participating schools and government agencies. The CDP site was made possible with funding from:

Bureau of Justice Statistics  
Office of Justice Programs  
U.S. Department of Justice  
Governor's Office of Youth Faith and Family  
Arizona Department of Gaming

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## Section 1: Executive Summary

---

The Arizona Youth Survey (AYS) was administered to a statewide sample of 8th, 10th, and 12th grade students during the spring of 2016 under direction of the Arizona Criminal Justice Commission's Statistical Analysis Center to comply with Arizona Revised Statute §41-2416. Based on the nationally recognized Risk and Protective Factor model and the Communities That Care survey (Hawkins et al., 1992), the AYS assesses the prevalence and frequency of youth substance use, gang involvement, and other risky behaviors in Arizona, and helps stakeholders to better understand the risk and protective factors that are correlated with these behaviors.

At the local school and district level, administrators may use the data included in this report to guide their decisions on programming and services. Planners at the regional, county, and state levels can use these data as comparisons to data they may be collecting at the program level in order to better understand needs and to help allocate resources to issues of greatest concern.

At all levels, stakeholders involved in assessment, planning, implementation, and evaluation efforts around substance use and other problem behaviors can use the AYS data in a variety of ways:

- examine pertinent community issues,
- design and implement a new project and/or policy,
- look to obtain funding for a new project and/or policy, or
- modify or redesign a project and/or policy.

### Survey Findings: Highlights

These findings discuss some of the important attitudes and behaviors of Arizona youth who responded to the 2016 survey.

#### Problem Behaviors

*Alcohol Use in the Past 30 Days* has continued to decline in Arizona; in 2016, 22.4 percent of youth reported drinking alcohol in the past 30 days, a decline from 24.1 percent in 2014, and from 28.1 percent in 2012.

*Marijuana Use in the Past 30 Days* was reported at 14.2 percent, a very slight increase from the 13.6 percent who reported using marijuana in 2014, but similar to the rate in 2012 of 14.3 percent.

*Cigarette Smoking in the Past 30 Days* among youth has continued to remain at a rate of less than one in ten who smokes regularly, with the 9.2 percent of youth who reported this in 2016 staying similar to the 9.4 percent in 2014, down from 12.9 percent in 2012.

*Prescription Pain Relievers Use in the Past 30 Days* was reported at 6.4 percent for 2016; this is an increase since the 4.7 percent reported in 2014, but is similar to the 6.2 percent reported in 2012.

*Bullying on School Property:* When asked how often during the past 12 months they had seen bullying on school property, 38.9 percent of youth said they have seen bullying on school property at least once, and about 16 percent had seen bullying four or more times.

### Risk Factors

*Attitudes Favorable toward Drug Use:* On average, students had unfavorable views towards drug use. On a scale of 1 (very wrong) to 4 (not wrong), the mean was 1.55, and less than 5 percent of youth scored a 3 or higher, showing that youth believed it was wrong for someone their age to use alcohol, cigarettes, marijuana, or LSD/cocaine/amphetamines/illegal drugs.

*Perceived Risk of Harm of Drug Use:* Perceived risks of drug use showed a mean score that was towards the middle of the 1-4 scale at 2.31 suggesting that youth only perceived some moderate to slight risk for people using alcohol, cigarettes, marijuana, or prescription drugs without a doctor telling the youth to take them.

### Protective Factors

*Interaction with Prosocial Peers:* On average, youth responded that they each had an average of two best friends who had participated in positive activities in the past year. Participating in clubs, committing to staying drug free, trying to do well in and liking school are all positive attitudes and behaviors for youth.

### Consequences

*Rode in a Car with Someone Who had been Drinking Alcohol:* The vast majority of youth practiced the safe habit of not riding in a car with someone who had been drinking alcohol, with only about 20 percent of youth reporting having ridden in a car with someone who had been drinking in the past 30 days.

### ACEs (Adverse Childhood Experiences)

*Adult Actions in the Home:* Unfortunately, more than half of youth reported that in their lifetime, an adult swore at, insulted, or put them down. Such early childhood experiences are linked to negative health outcomes later in life.

### School Safety

*Feel Safe at School:* About 80 percent of youth agree or strongly agree that they feel safe at school. School safety can impact certain youth behaviors such as school attendance and bullying.

This report provides a comprehensive overview of the aforementioned topics, complete with definitions and charts, in turn providing an in-depth understanding of the youth landscape in Arizona. These AYS findings, along with data from other disciplines (e.g. public health and education research), can support the design and implementation of evidence-based programs intended to meet needs specific to the populations most at risk or most likely to be impacted by substance abuse and other problem behaviors.

## Section 2: Introduction

---

### 2.1 Background

---

#### 2016 Arizona Youth Survey Report

Every two years, the Arizona Criminal Justice Commission's Statistical Analysis Center conducts the Arizona Youth Survey (AYS) to comply with Arizona Revised Statute §41-2416. This survey was designed to assess the prevalence and frequency of youth substance use, gang involvement and other risky behaviors in Arizona, and to better understand the risk and protective factors that are correlated with these behaviors. The AYS is based on the nationally recognized Risk and Protective Factor model included in the Communities That Care (CTC) survey. This framework was developed in 1989 by J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and a team of researchers at the University of Washington (Hawkins et al., 1992).

The Risk and Protective Factor (RPF) model is a prevention model that is utilized to identify methods of reducing concerning behaviors in youth by addressing the social factors that may increase or decrease the risk of a behavior developing. This model categorizes these social factors in four domains: individual/peer, family, school, and community. Each domain contains a set of risk and protective factors that youth may experience. Risk factors include concepts such as youth perceiving no risk in using drugs, having high family conflict, having low commitment to their school, or perceiving that drugs are easily obtainable. Protective factors include concepts such as youth interacting with prosocial peers, having a strong attachment to their family, having opportunities for prosocial involvement, or receiving rewards for prosocial involvement.

During each administration year, the Arizona Youth Survey is completed by 8th, 10th, and 12th grade students throughout all 15 counties in Arizona. Any school that serves these grade levels is eligible to participate regardless of school type (e.g. traditional public, private, or charter schools). The 2016 survey was administered between February and May 2016, and resulted in the participation of 57,170 students from 249 schools across Arizona.

This report summarizes the findings obtained from the 2016 AYS for The State of Arizona. Due to significant changes to the survey instruments over the years, the Arizona Criminal Justice Commission (ACJC) cautions readers against comparing these data to pre-2002 survey results.

#### The Community Data Project

The Community Data Project (CDP), online at [http://azcjc.gov/cdp\\_site/default.aspx](http://azcjc.gov/cdp_site/default.aspx), is a multi-agency effort to create a central repository for Arizona's substance abuse and criminal justice data (e.g. AYS results, crime rates, and corrections). Through a user-friendly website, the public has access to a one-stop portal where they can select the type of data they need by specific demographic characteristics and geographic level of interest. The CDP can be used to obtain data for grant writing purposes, prevention efforts, and to inform strategic planning and programmatic changes. Various output options are available, including data tables, graphs, and maps, to cover a variety of reporting and visualization needs of the user.



## 2.2 School Sample

All schools in Arizona are eligible to participate in the survey, and recruitment efforts were successful in obtaining participation by schools in all 15 counties. Careful planning and uniform administration of the survey have resulted in data that are valid and representative of students in the 8th, 10th, and 12th grades across the state.

In this report, the results for the state are presented. Table 1 presents the summary demographic statistics for the 2016 state sample, and compares them with the latest data from the National Center for Education Statistics' (NCES) Common Core of Data (2015). This table allows the reader to judge the representativeness of the obtained sample. If there are large differences between the sample and Common Core data, the generalizability of the results should be re-considered (Maxfield and Babbie, 2015).

To better understand the diversity of Arizona's youth population, respondents were asked separate questions about their ethnicity (Hispanic vs. Non-Hispanic) and their race (American Indian, Asian, Pacific Islander, Black, and White — which includes Hispanic and Non-Hispanic). This method for obtaining ethnicity and race information provides more comprehensive data on youth cultural and racial self-identification, and on Arizona's diverse youth population. Note also that students were able to check as many race categories as they felt applied to them, so percentages in the race categories may not add up to 100%. To simplify this issue, percentages are reported for a composite race/ethnicity variable created based on answers to the separate race and ethnicity questions.

Table 1: Demographic characteristics of the State sample.

		<b>AYS Sample</b>	<b>State of Arizona (NCES 2014-2015)</b>
Gender	Male	50%	51%
	Female	50%	49%
Race/Ethnicity	American Indian	4%	5%
	Asian/Pacific Islander	3%	3%
	Black	4%	5%
	Hispanic	39%	45%
	Multi-racial	9%	2%
	White	42%	40%

Whenever data are obtained from a sample of students instead of the entire population, it is important to recognize the strengths and weaknesses of the data. One easy way to investigate the quality of the sample is to look at the basic demographic characteristics of the students who participated in the survey and compare them to what is known about the entire population of students. This will give the user of these data a basic understanding of the degree to which the sample data can be generalized to the entire population. Differences of greater than 5 percentage points may indicate that the results in this report may be over- or underestimating the prevalence of various issues.

The data included in this report describe the level of risk and protective factors, substance use, antisocial behavior, and delinquency of those youth who participated in the survey. These can be used to inform

the development of school and community-based prevention and intervention activities that may benefit both the youth who participated in the survey and those who did not.

### **2.3 About the Survey Data**

---

The data reported here were collected using two modes. First, a self-administered questionnaire using Scantron technology was utilized in schools which did not have extensive access to computers for their students. The instrument used for these paper-and-pencil administrations is available in Appendix B. A second mode, a self-administered online survey, was also available for schools to use if they preferred to administer the survey online. This online tool presented the same questions as the paper-and-pencil Scantron survey, except that students could answer the questions on a computer while in their classroom. The data were compiled into the final analysis dataset using statistical software.

## 2.4 Structure of the Report

---

### Structure of Sections 3–8

Sections 3–8 of this report have the same basic structure. Each subsection presents definitions, followed by bar- or line-graphs (“figures”), all relating to a particular topic area of the Arizona Youth Survey. The figures visually represent the responses to a selection of questionnaire items associated with the topic area. For example, Section 3.1: Substance Use and Frequency of Use begins with a Definitions portion, which lists definitions for the AYS categories *Substance Use in the Last 30 Days*, *Lifetime Substance Use*, *Frequent Use of Substances*, *Binge Use*, and *Poly-Substance Use*. Following these definitions is a Figures portion, which presents a series of figures summarizing survey results for the questionnaire items associated with the categories in the definitions portion.

While some subsections (topic areas) contain a larger number of specific definitions and figures than others, all subsections in Sections 3–8 have this same basic structure.

The Figures portions of each topic area contain separate figures for 8th, 10th, and 12th grade responses (with the exception of 2012-2016 line-graphs, in which the 8th, 10th, and 12th grade data appear side-by-side in the same graph). If a particular figure requires additional explanation or commentary, it is included above it in the main text of the Figures portion.

### Structure of Appendix Section

Following the main text of the report are four appendices:

**Appendix A: List of References**

**Appendix B: Scantron Questionnaire**

**Appendix C: Risk & Protective Factor Scale Definitions**

**Appendix D: Wording Changes in 2016 Questionnaire**

The contents of the appendices are summarized at the beginning of the Appendices section. Additional information about each individual appendix is provided in the corresponding appendix subsection itself.

## 2.5 Interpreting the Figures

---

Most of the figures are bar-graphs (or: “bar-charts,” “bar-plots,” etc.). With a few exceptions, such figures depict what percentage of youth in the sample agreed with a statement (e.g. “it is wrong to smoke marijuana”), reported having participated in some activity (e.g. have smoked marijuana in the last 30 days), or provided some specific answer to the relevant question (e.g. obtained marijuana from someone with a medical card). Each percentage-based figure will specify exactly how the percentages should be interpreted, via a main title above the plot window and label on the horizontal axis.

Some figures in the report display measurements other than percentages, such as initiation age in Section 5.2, or composite Risk and Protective Factors (RPF) scores in Section 5.1 (see Appendix C for RPF scoring information). In figures that do not represent percentage-based data, the relevant units will be clearly indicated in the title and/or horizontal axis.

## Section 3: Problem Behaviors

---

### 3.1 Substance Use and Frequency of Use

---

#### Definitions

Youth were asked many questions on their use of alcohol, tobacco, and other drugs, and specifically on

- alcohol (beer, wine, or hard liquor);
- cigarettes;
- electronic cigarettes;
- marijuana;
- LSD or other hallucinogens;
- cocaine or crack;
- inhalants (sniffed glue or inhaled gases);
- methamphetamines (meth, crystal meth);
- heroin;
- Ecstasy (MDMA);
- steroids or anabolic steroids;
- prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them;
- prescription stimulants (such as Adderall, Ritalin, or Dexedrine) without a doctor telling you to take them;
- prescription sedatives (tranquilizers such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them;
- over the counter (OTC) drugs (such as cough syrup, cold medicine, or diet pills) for the purpose of getting high;
- synthetic drugs (such as Bath Salts or herbal incense products);
- beer, wine or hard liquor at the same time you used prescription drugs; or
- “phenoxydine (pox, px, breeze).”

The drug phenoxydine does not exist, but was included for data validity purposes. Youth who responded that they used this drug may not be answering questions honestly. We include these responses, but note the prevalence of this answer as a measure for possible untruthful answers.

*Substance Use in the Last 30 days* is a measure of the percentage of youth who used a given substance at least once in the 30 days prior to taking the survey. This serves as a proxy for the level of current use of the substance. Data are shown for the past three survey administrations in order to note any trends of increased or decreased use.

*Lifetime Substance Use* is a measure of the percentage of youth who tried a particular substance at least once in their lifetime, and is used to show the percentage of youth who have had experience with a specific substance.

*Frequent Use of Substances* is a measure of the percentage of youth who used the substance at least 10-19 times in the 30 days prior to taking the survey. This acts as a proxy for addiction or abuse of substances.

*Binge Use* of alcohol defined as having had five or more drinks in a row, at some point during the two weeks prior to the survey.

*Poly-substance Use* is defined in this survey as consuming alcohol and prescription drugs at the same time, at some point during the 30 days prior to the survey.

## Figures

### 30-day Substance Use, 2016

Figure 1: Substance Use in Last 30 Days (8th Grade)

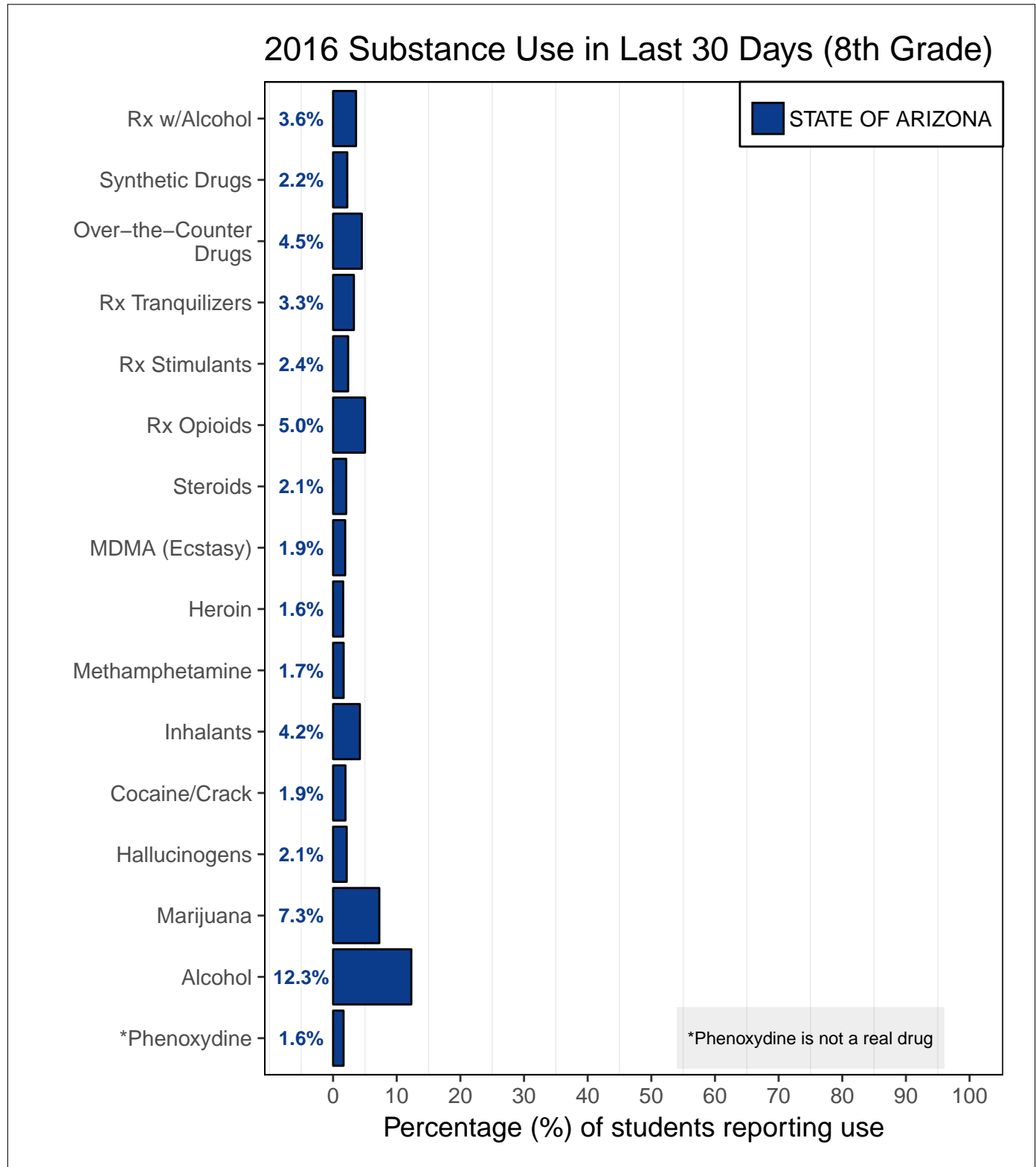


Figure 2: Substance Use in Last 30 Days (10th Grade)

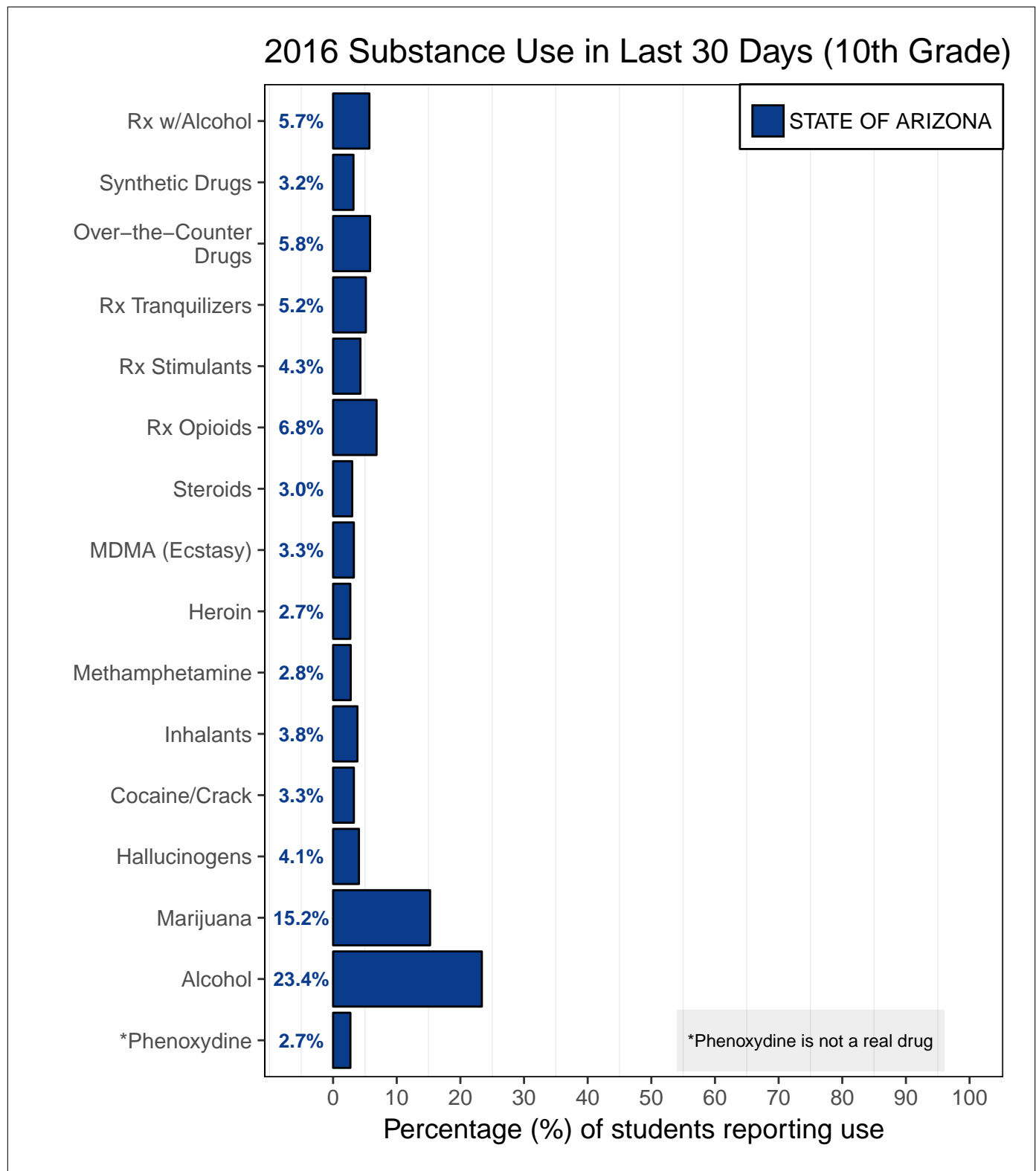
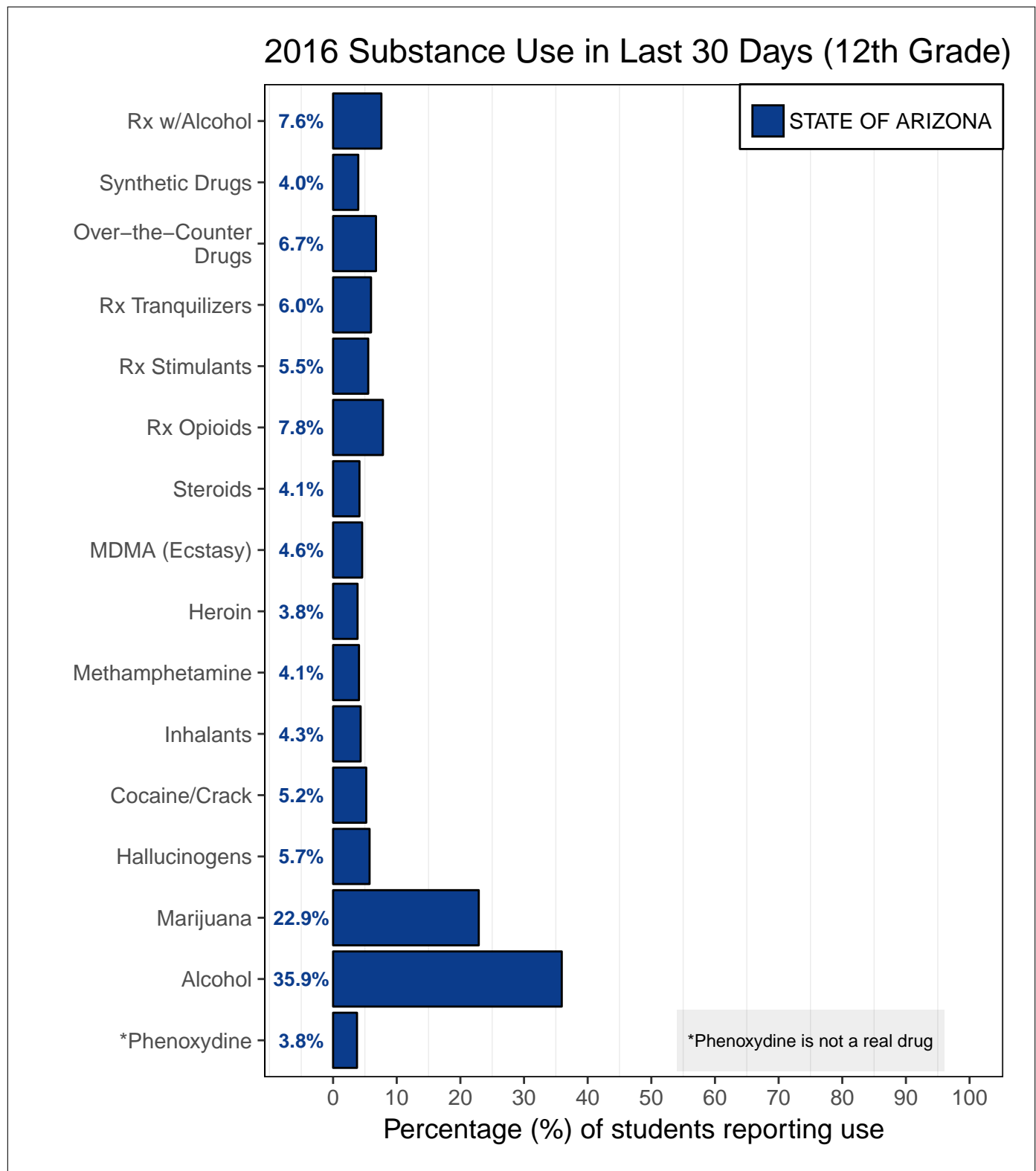




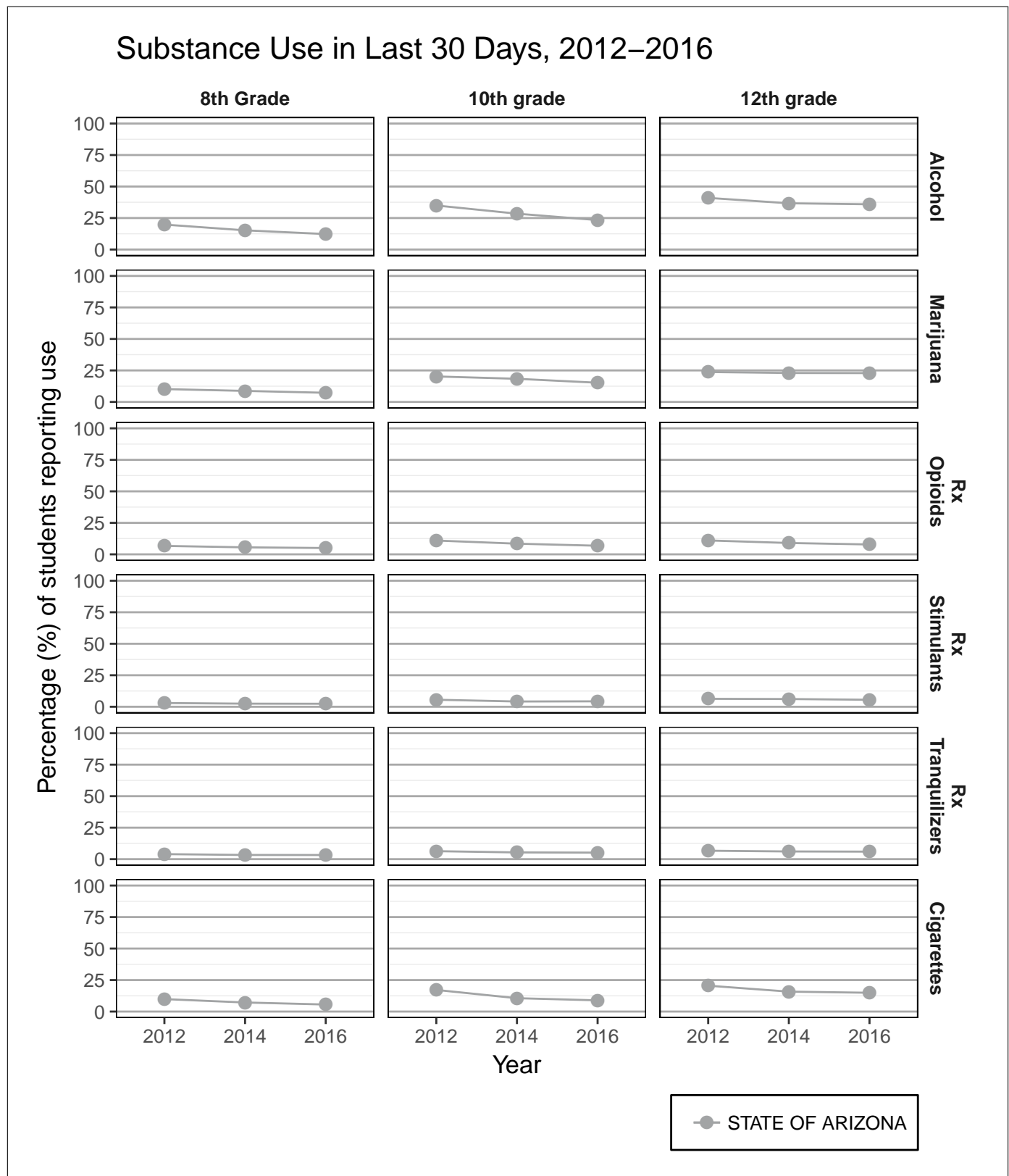
Figure 3: Substance Use in Last 30 Days (12th Grade)



**30-day Substance Use, from 2012 to 2016**

Figure 4 shows 30-day substance use trends for a variety of common substances, drawing from the results of the 2012, 2014, and 2016 Arizona Youth Surveys. The bars represent the percentage of youth who report having used each of the substances in the 30 days prior to taking the survey.

Figure 4: Substance Use in Last 30 Days, 2012-2016



**Lifetime Substance Use, 2016**

Figure 5: Lifetime Substance Use (8th Grade)

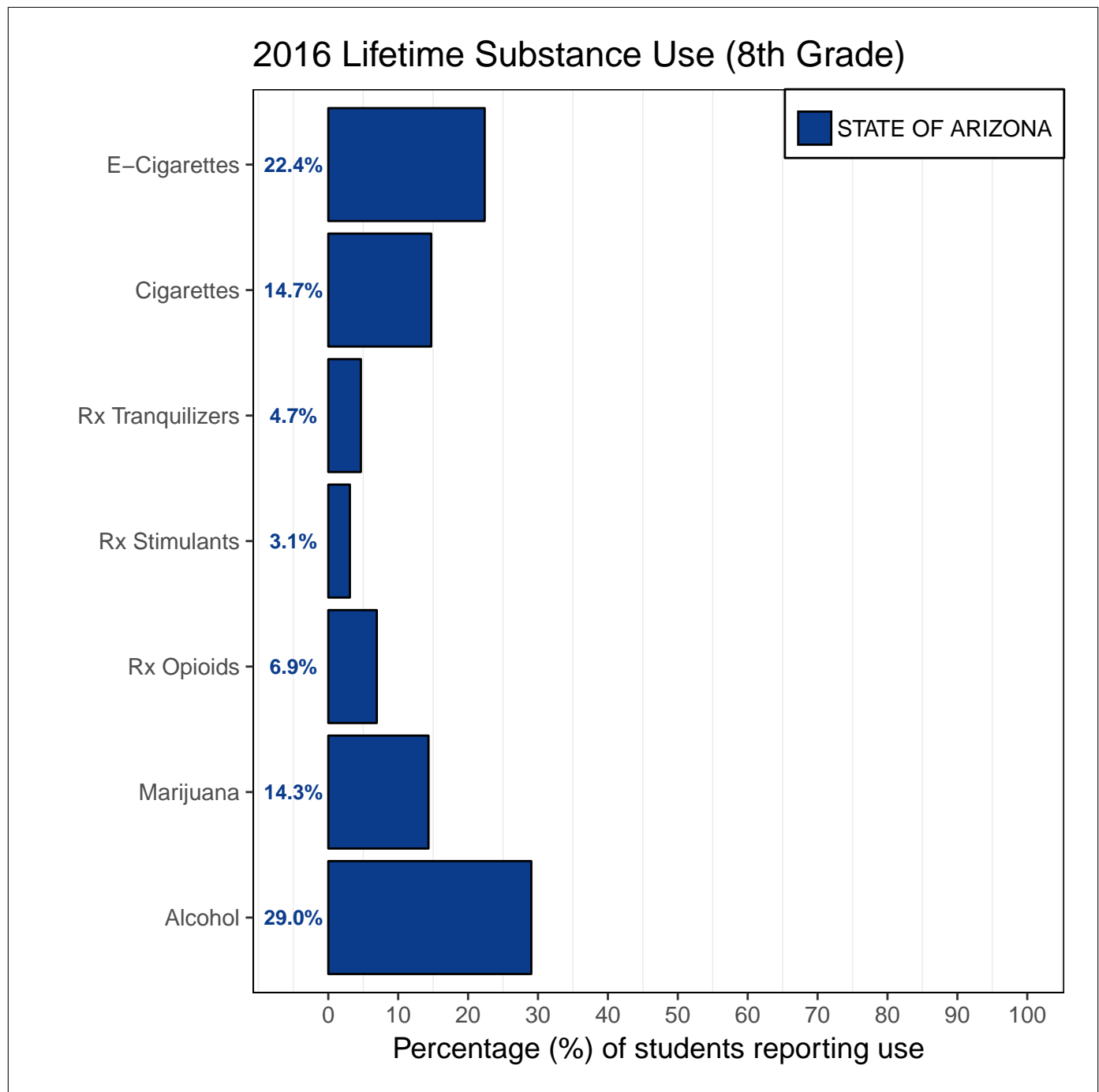


Figure 6: Lifetime Substance Use (10th Grade)

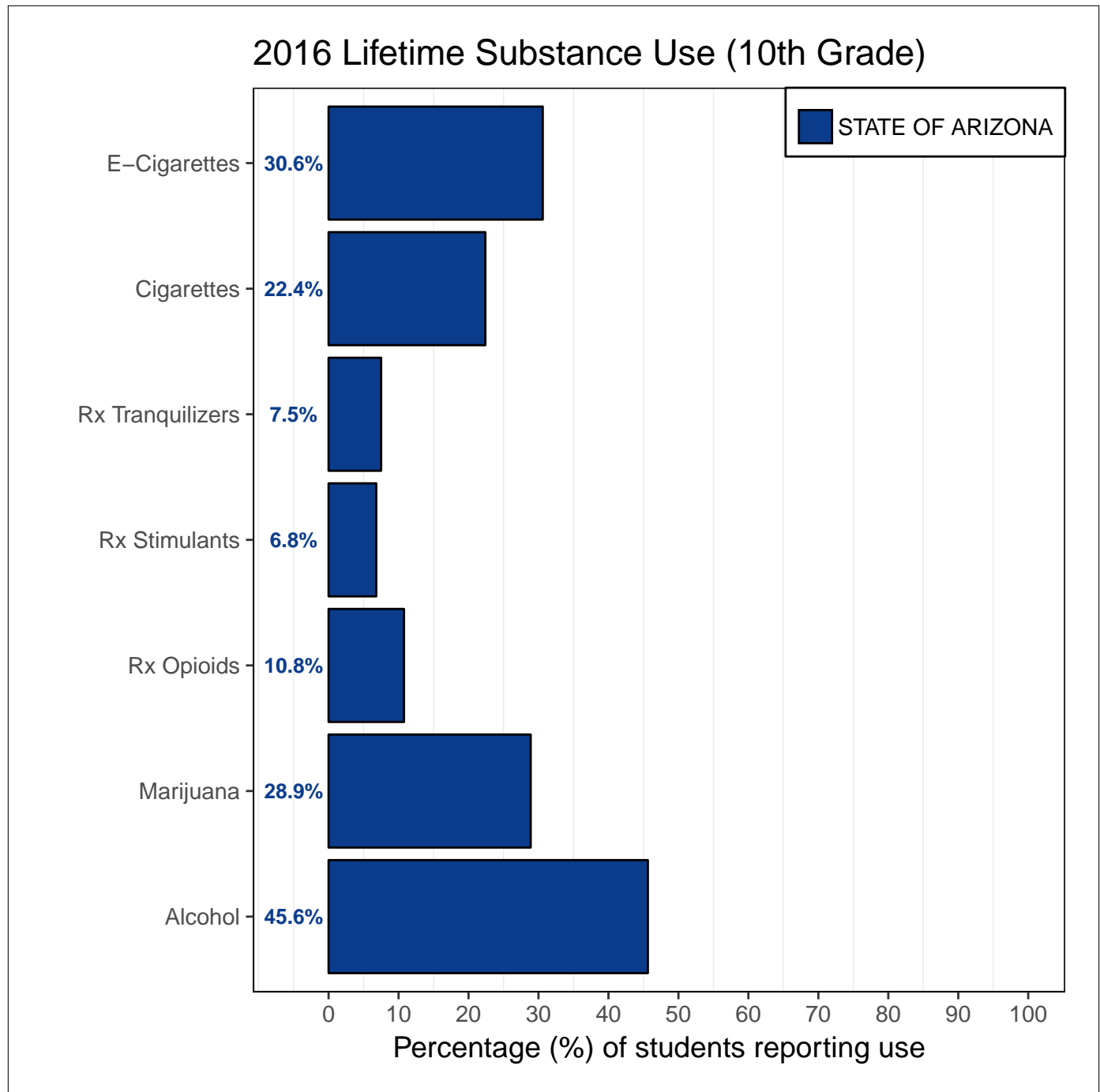
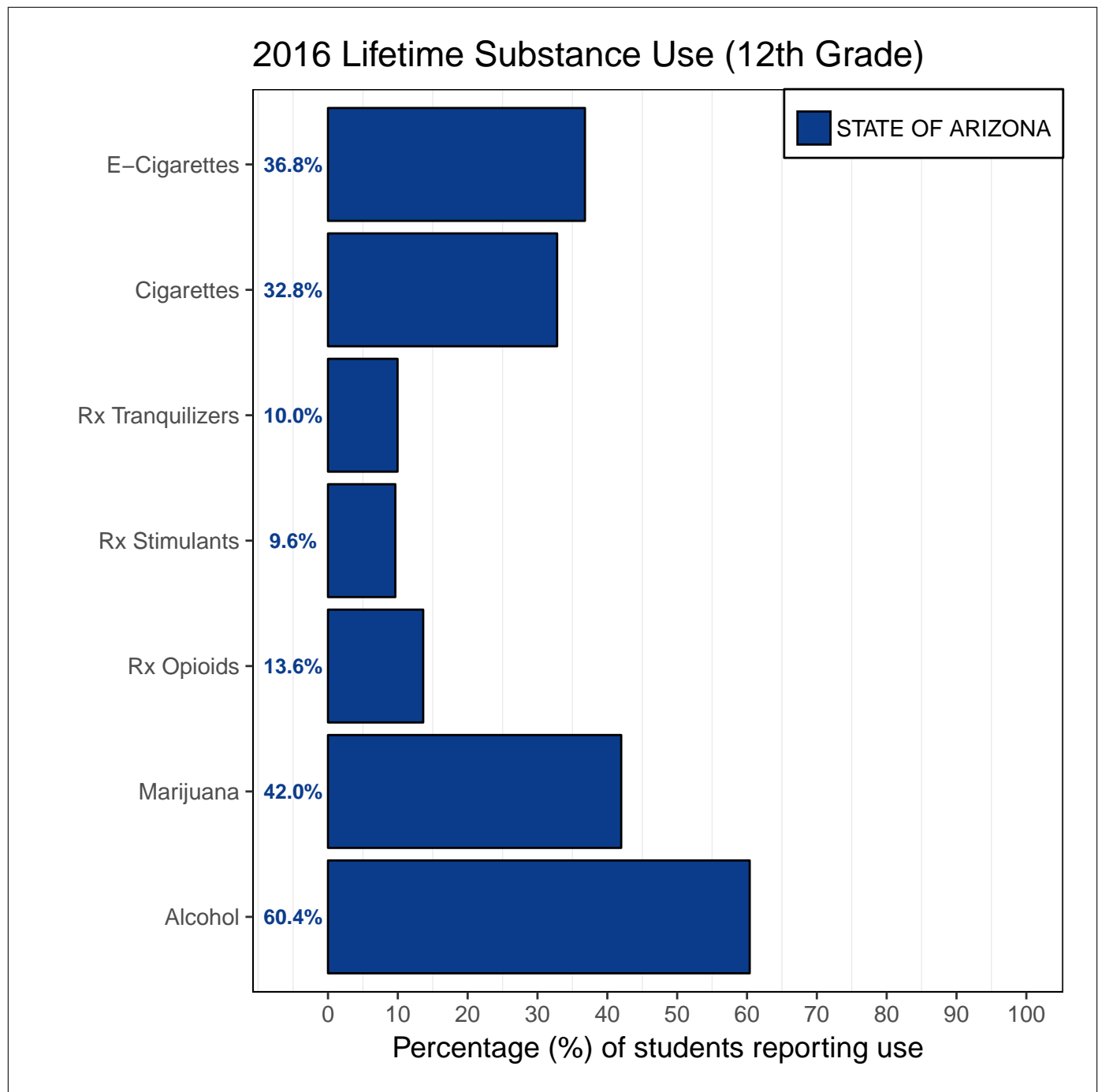


Figure 7: Lifetime Substance Use (12th Grade)



**Frequent Substance Use, 2016**

Figure 8: Frequent Use of Substances (8th Grade)

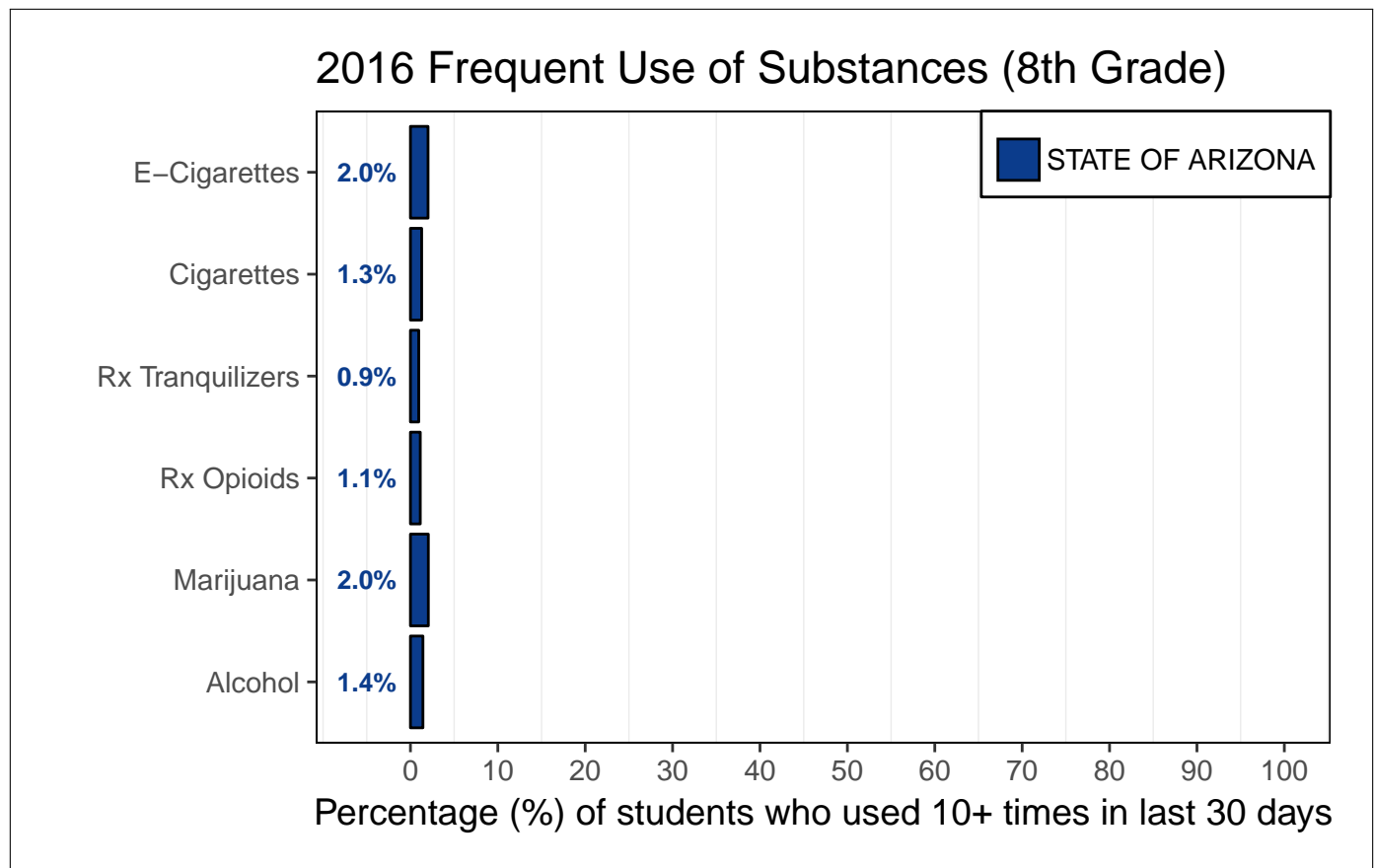




Figure 9: Frequent Use of Substances (10th Grade)

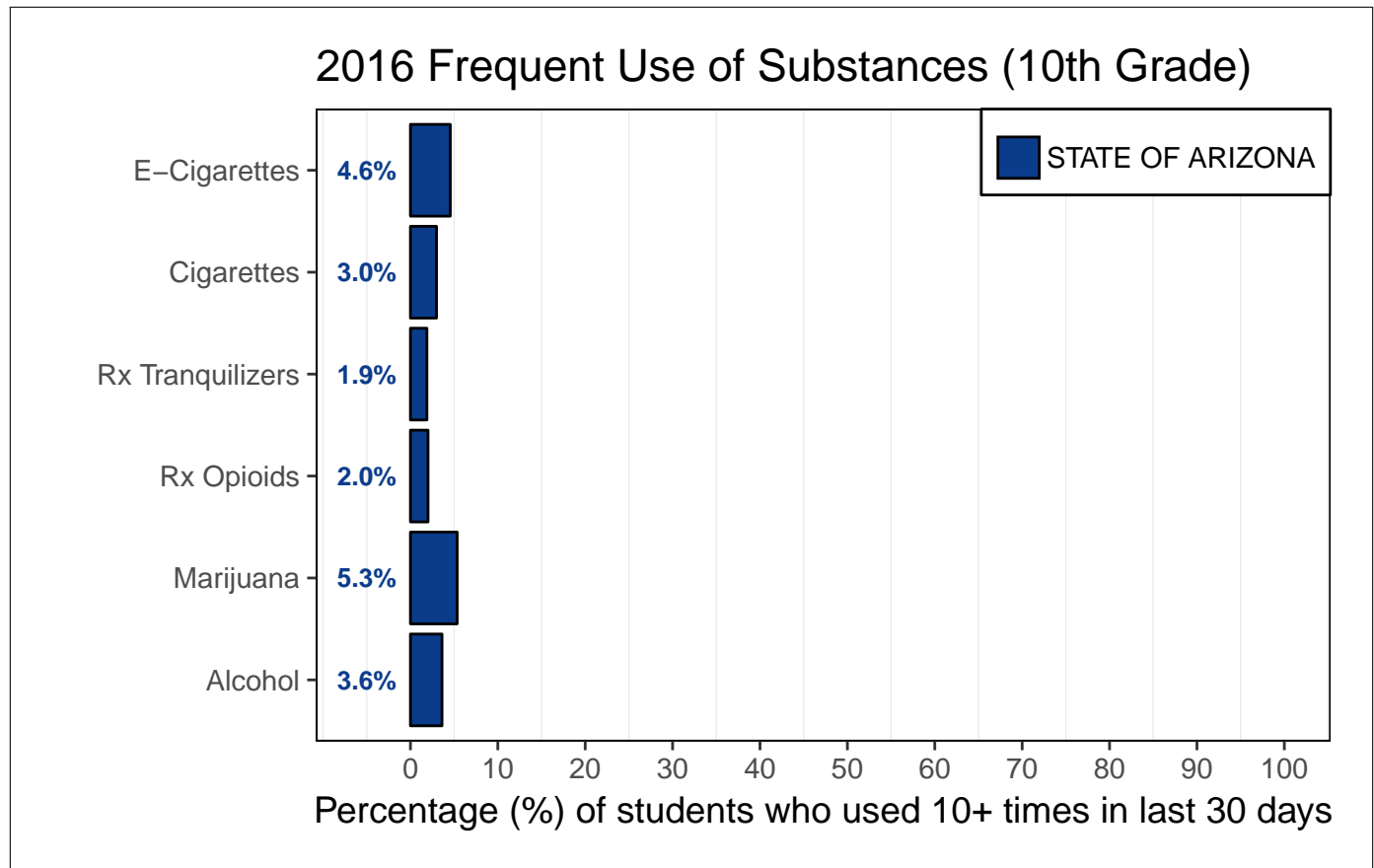
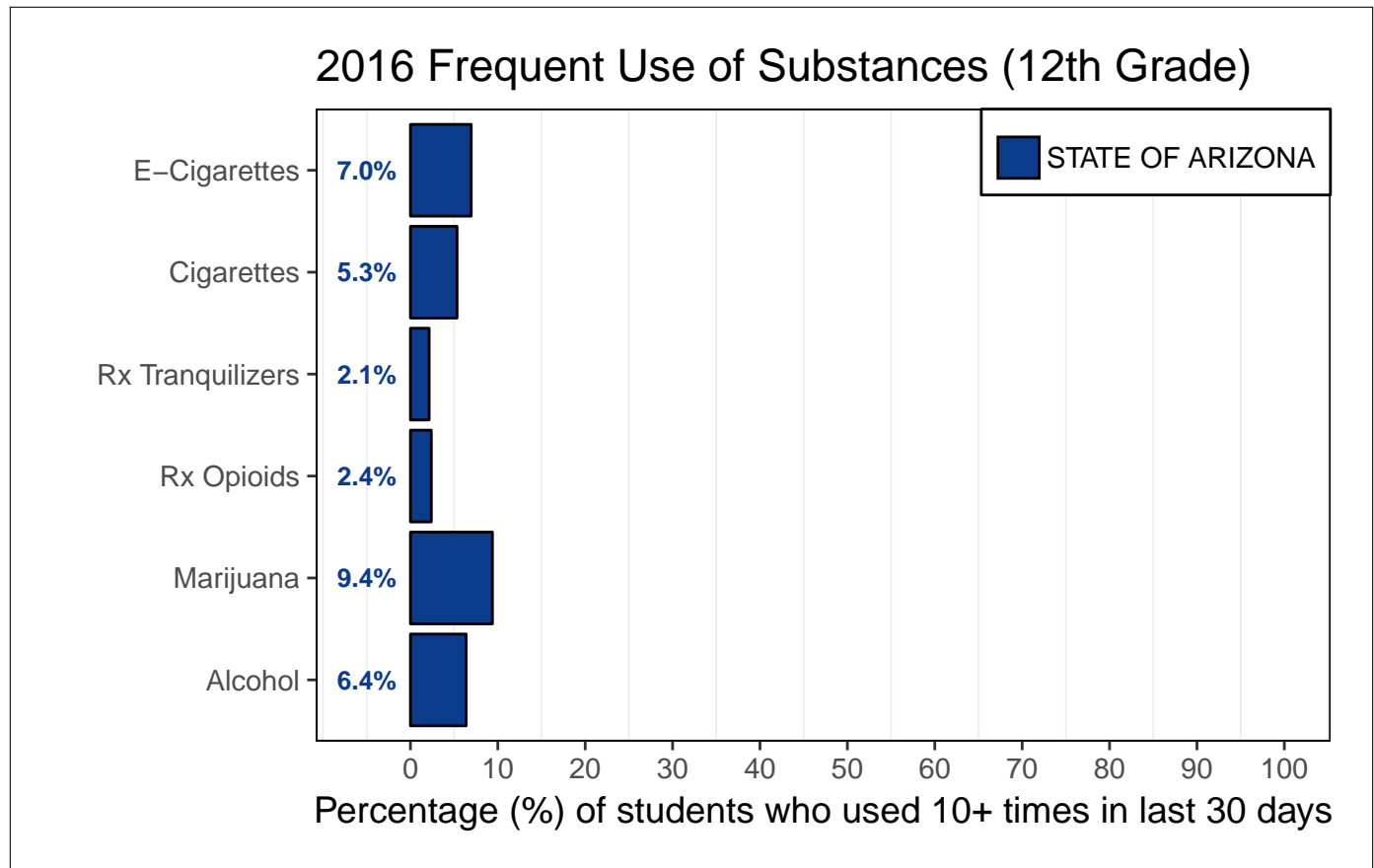


Figure 10: Frequent Use of Substances (12th Grade)



**Binge Use, 2016**

Figure 11: Binge Use (8th Grade)

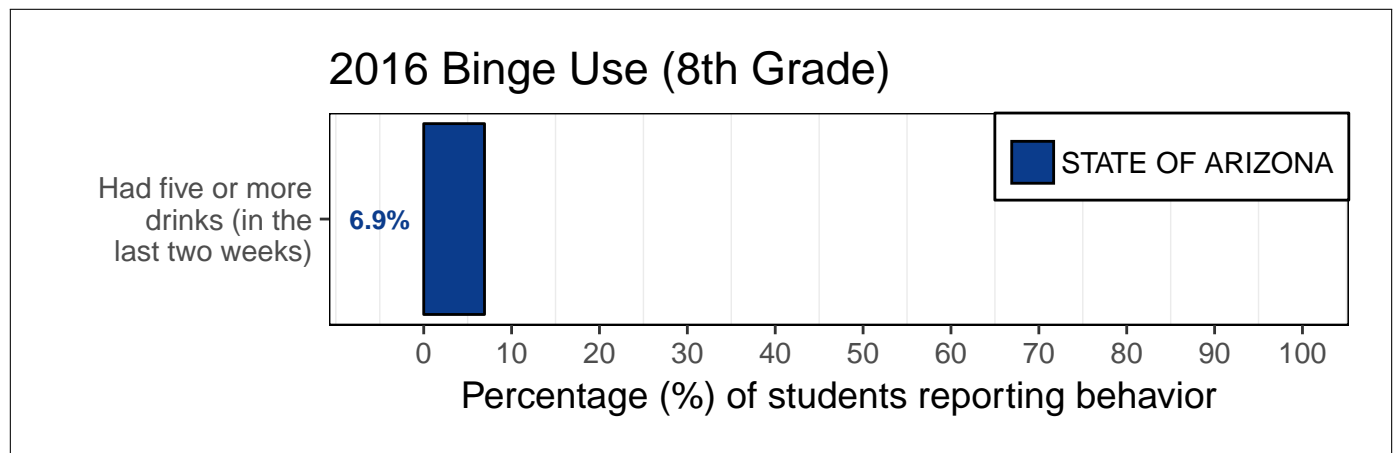


Figure 12: Binge Use (10th Grade)

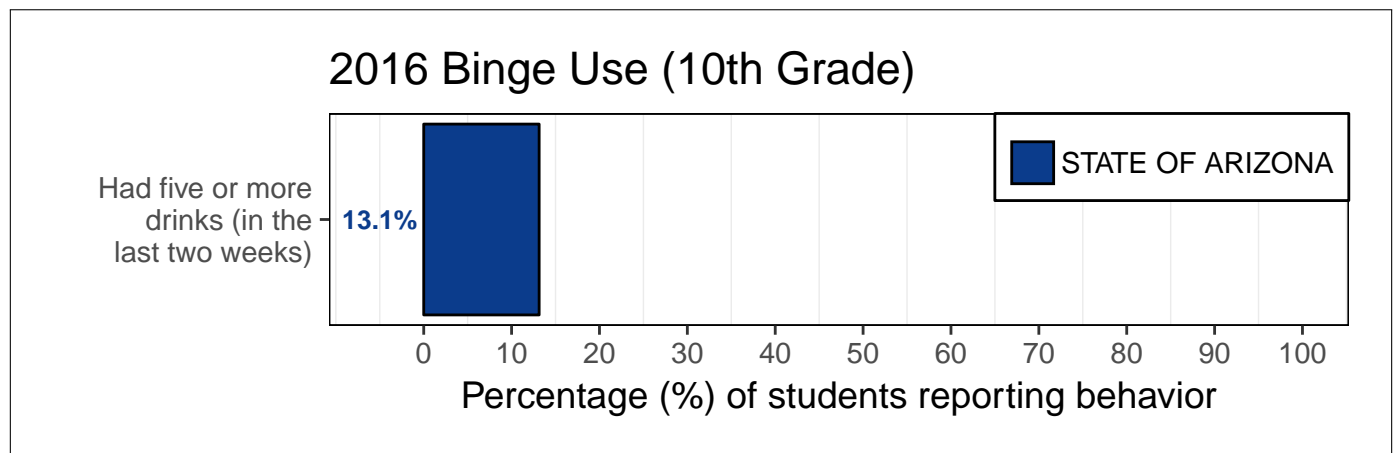
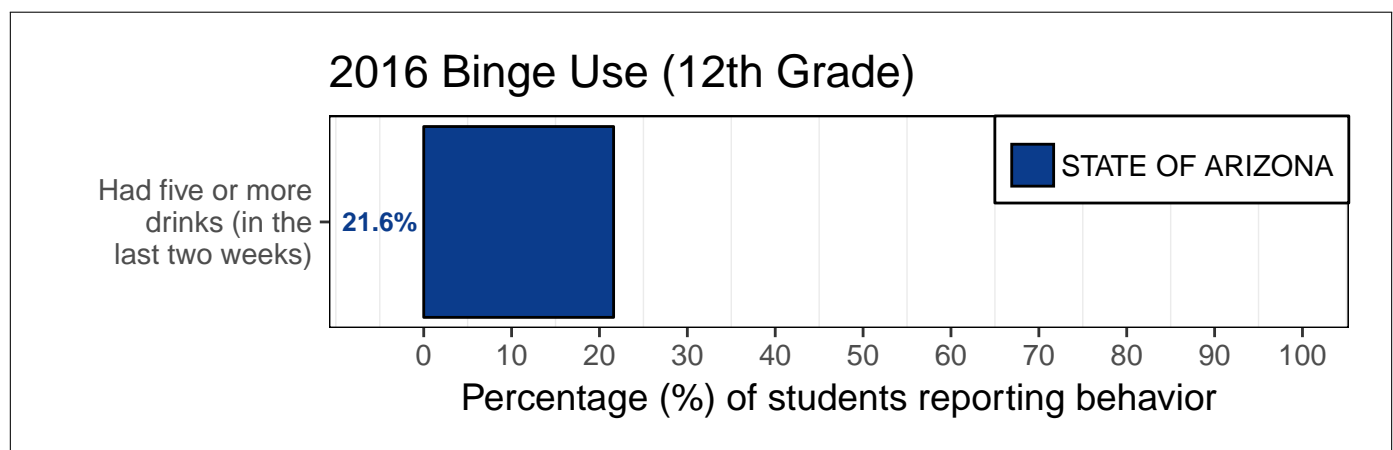


Figure 13: Binge Use (12th Grade)



**Poly-Substance Use, 2016**

Figure 14: Poly-Substance Use (8th Grade)

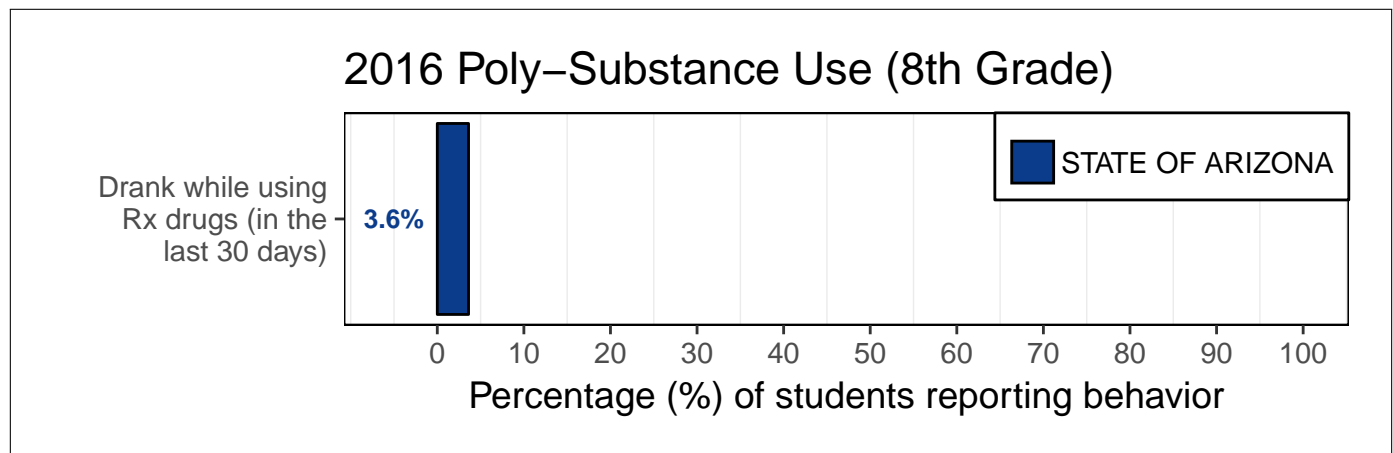


Figure 15: Poly-Substance Use (10th Grade)

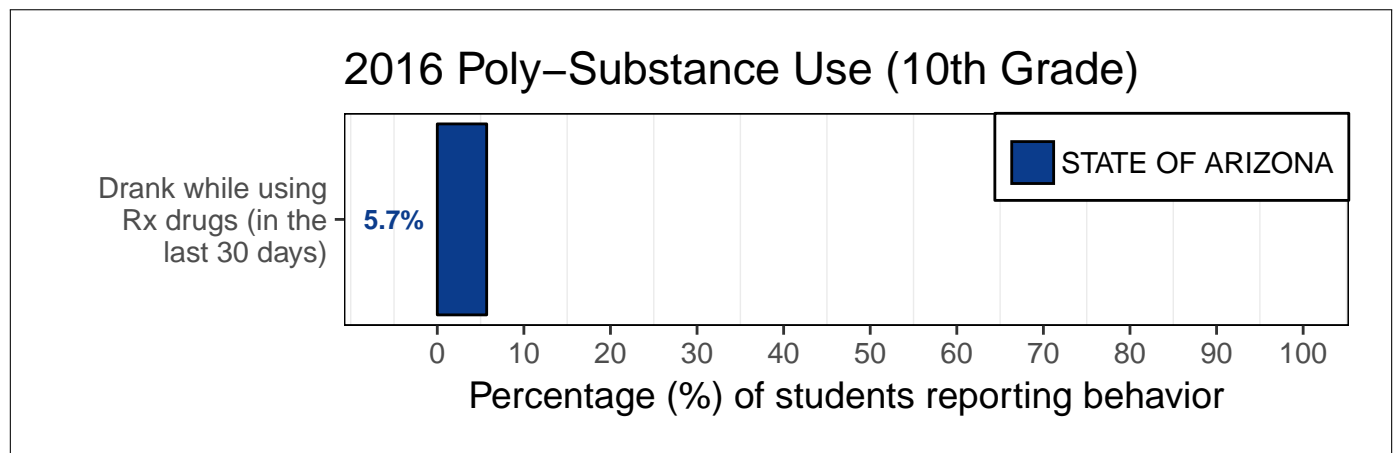
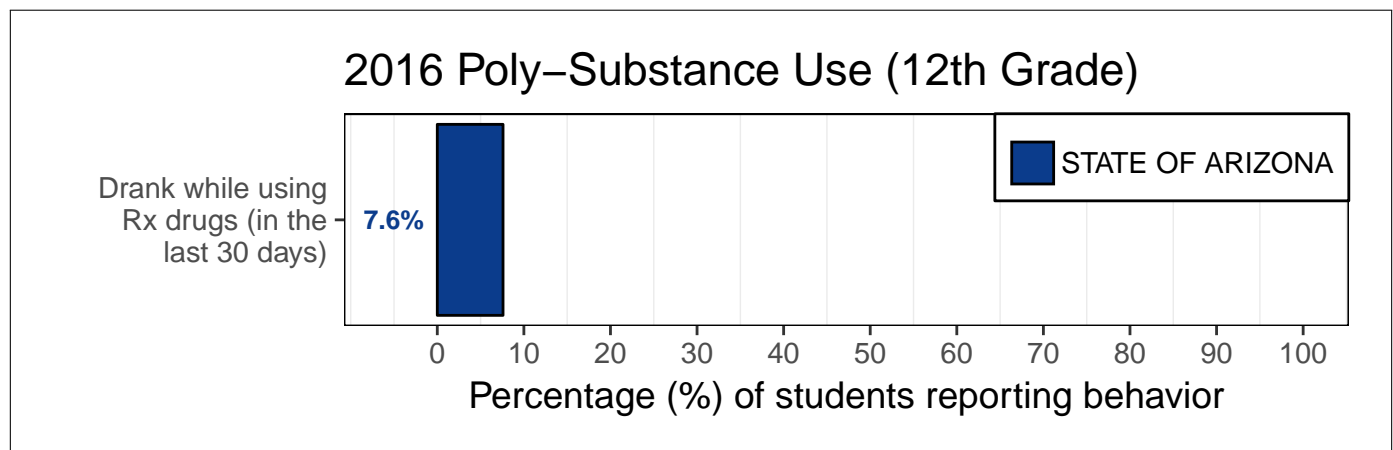


Figure 16: Poly-Substance Use (12th Grade)



## 3.2 Gang Involvement

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### **Definitions**

*Gang Involvement* is measured by a series of questions centered on current and past gang membership for self and friends, as well as the major reason for membership. Association with “delinquent” peers has been identified as a correlate of individual gang involvement and other anti-social behaviors (Esbensen et al., 2009; Klein and Maxson, 2006). This item is examined with a question pertaining to peer gang membership (i.e. best friends were in a gang in the past year).

Research has also indicated that perceptions of gang involvement are important to understanding potential or future gang involvement of youth (Lopez et al., 2006). To inspect this further, Gang Involvement also asks whether youth think that they will be seen as “cool” if they belong to a gang, as well as whether or not they have taken money in the last 30 days to support gang activities.

- Ever belonged to a gang percentages represented in charts refer to those youth who responded “yes” or “no, but would like to.”
- Friends ever belonged to a gang percentages represented in charts refer to those youth who stated that one or more of their four best friends had been members of a gang in the last 12 months.
- The chances of being seen as cool if you were part of a gang percentages represented in charts refer to those youth who stated some, pretty good, or very good chance.
- Taking money to support gang activities percentages represented in charts refer to those youth who stated that they’ve stolen money to support gang activities one or more times in the past 30 days.
- Reasons for belonging to a gang percentages represented in charts refer to those youth who said they had ever belonged to a gang, and then selected the major reason why they joined (those who reported having belonged to a gang but did not provide a reason are *not* included).

## Figures

### Gang Involvement, 2016

Figure 17: Gang Involvement (8th Grade)

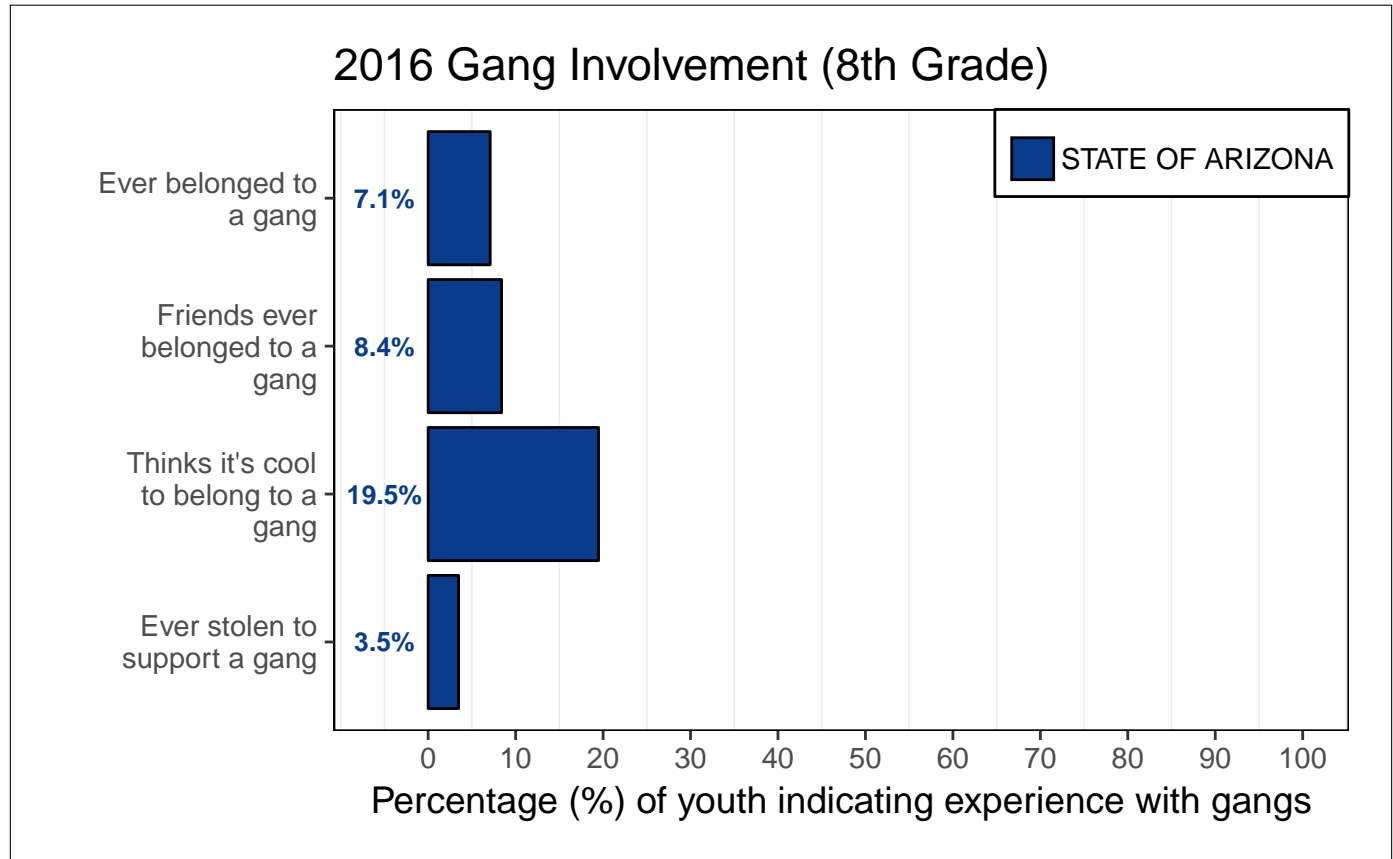


Figure 18: Gang Involvement (10th Grade)

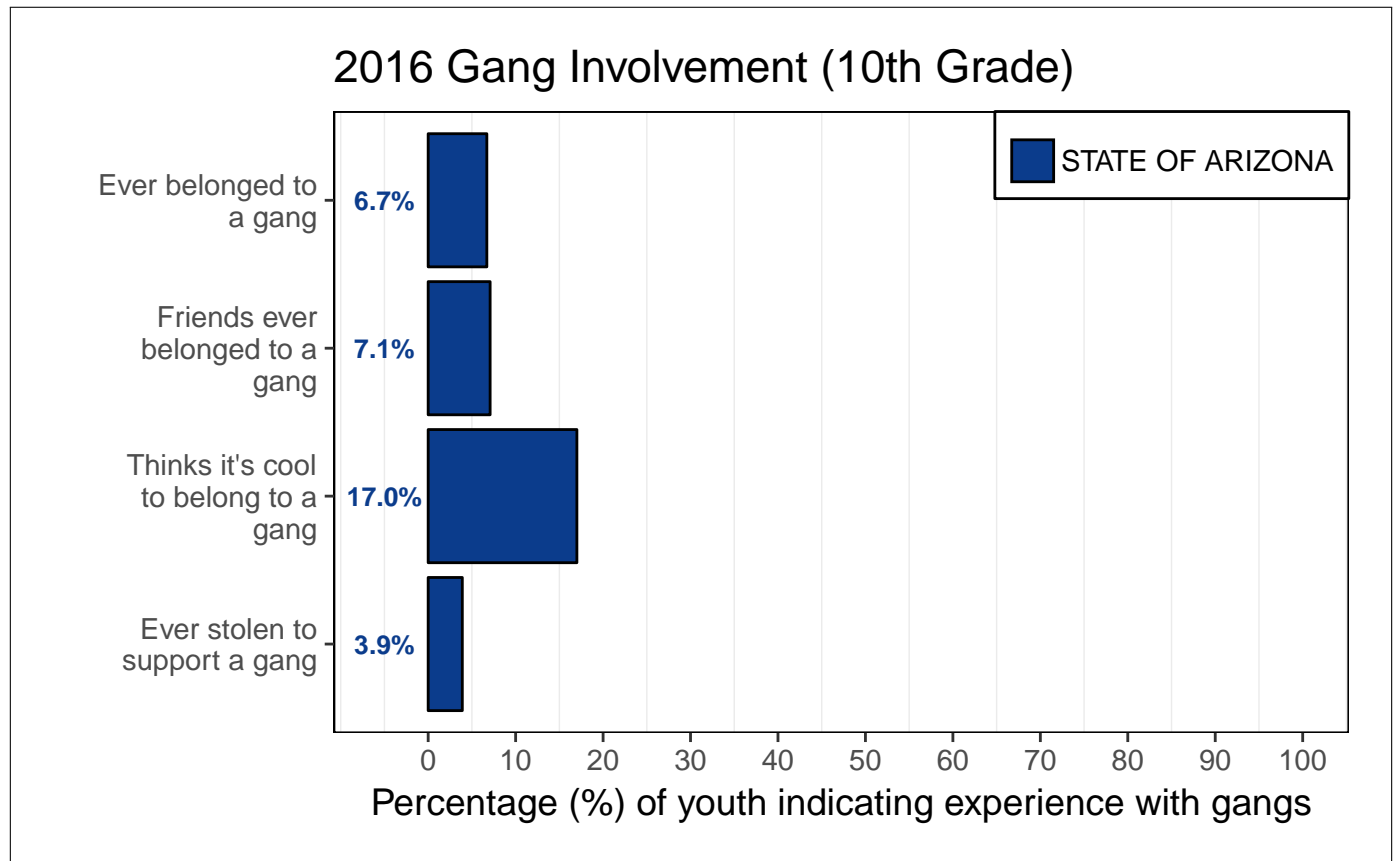
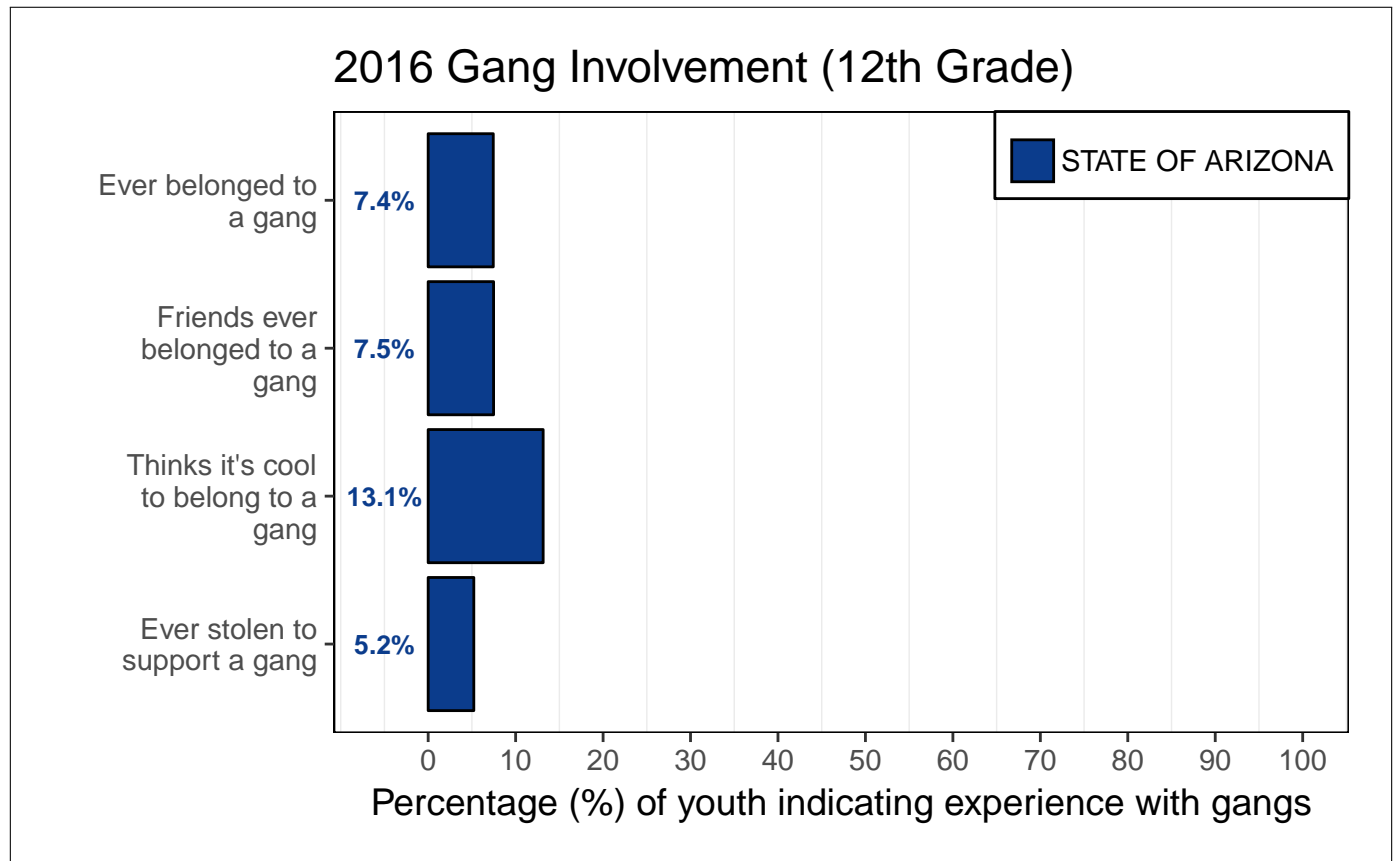


Figure 19: Gang Involvement (12th Grade)





**Reasons for Joining a Gang, 2016**

Figure 20: Reasons for Joining a Gang (8th Grade)

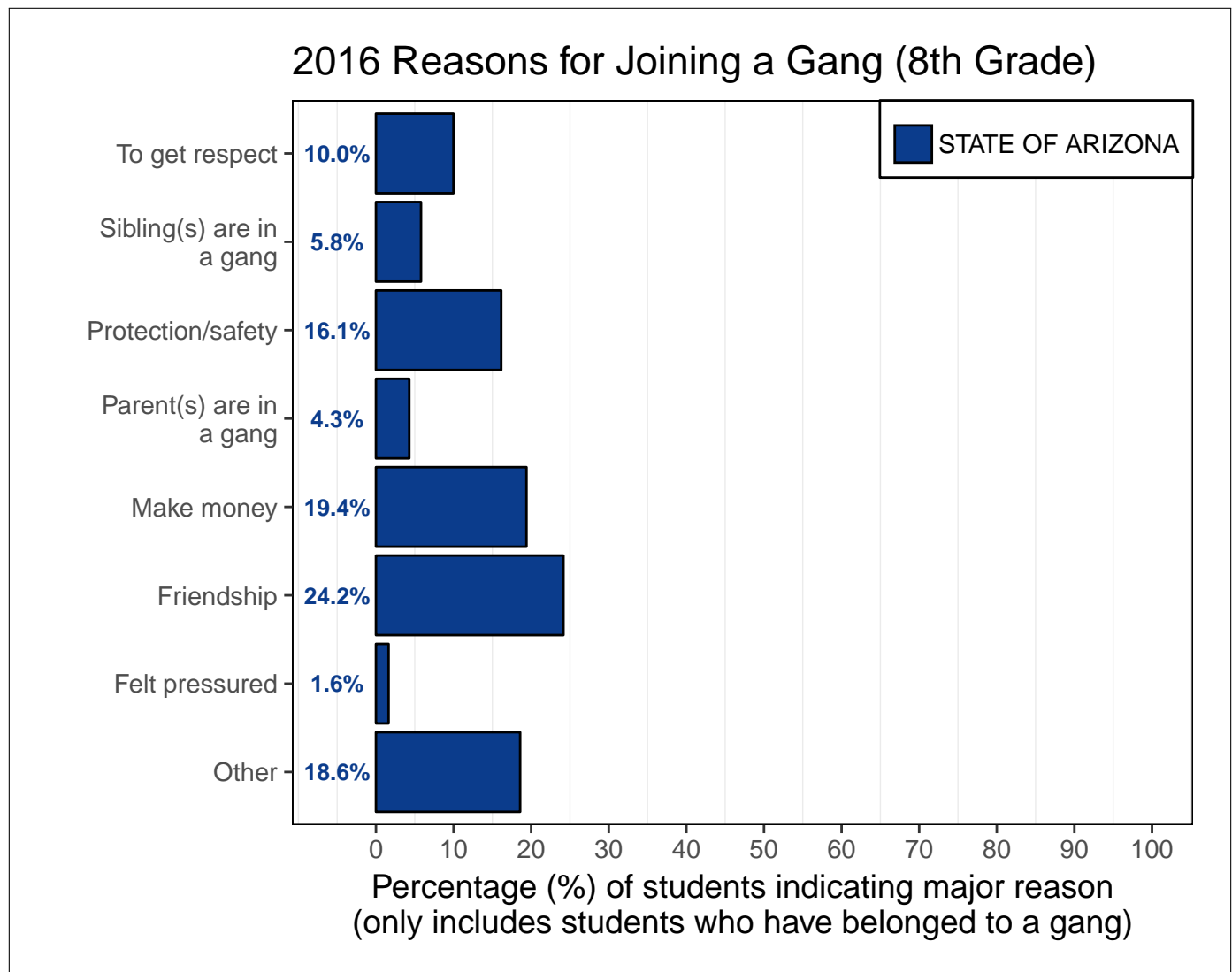


Figure 21: Reasons for Joining a Gang (10th Grade)

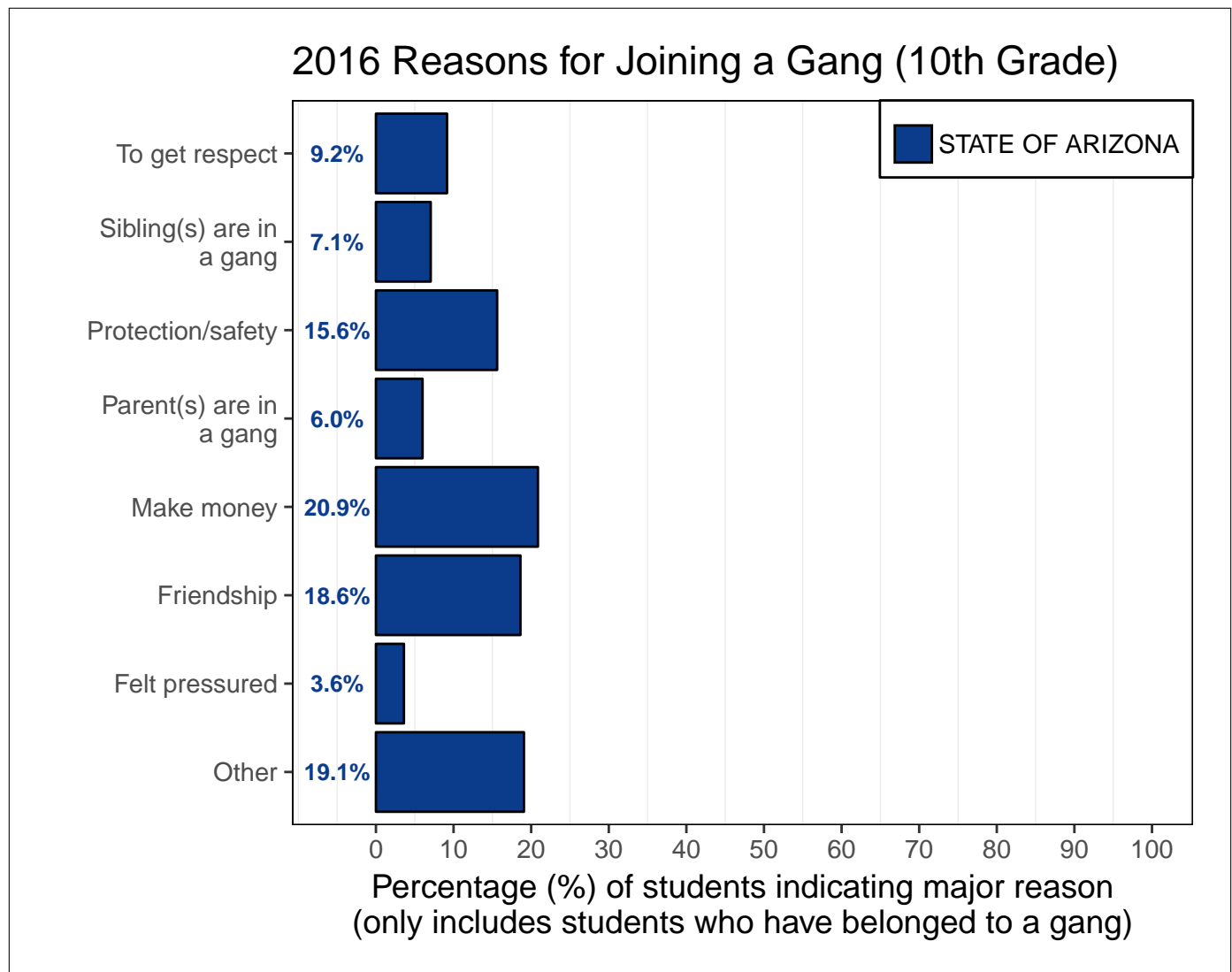
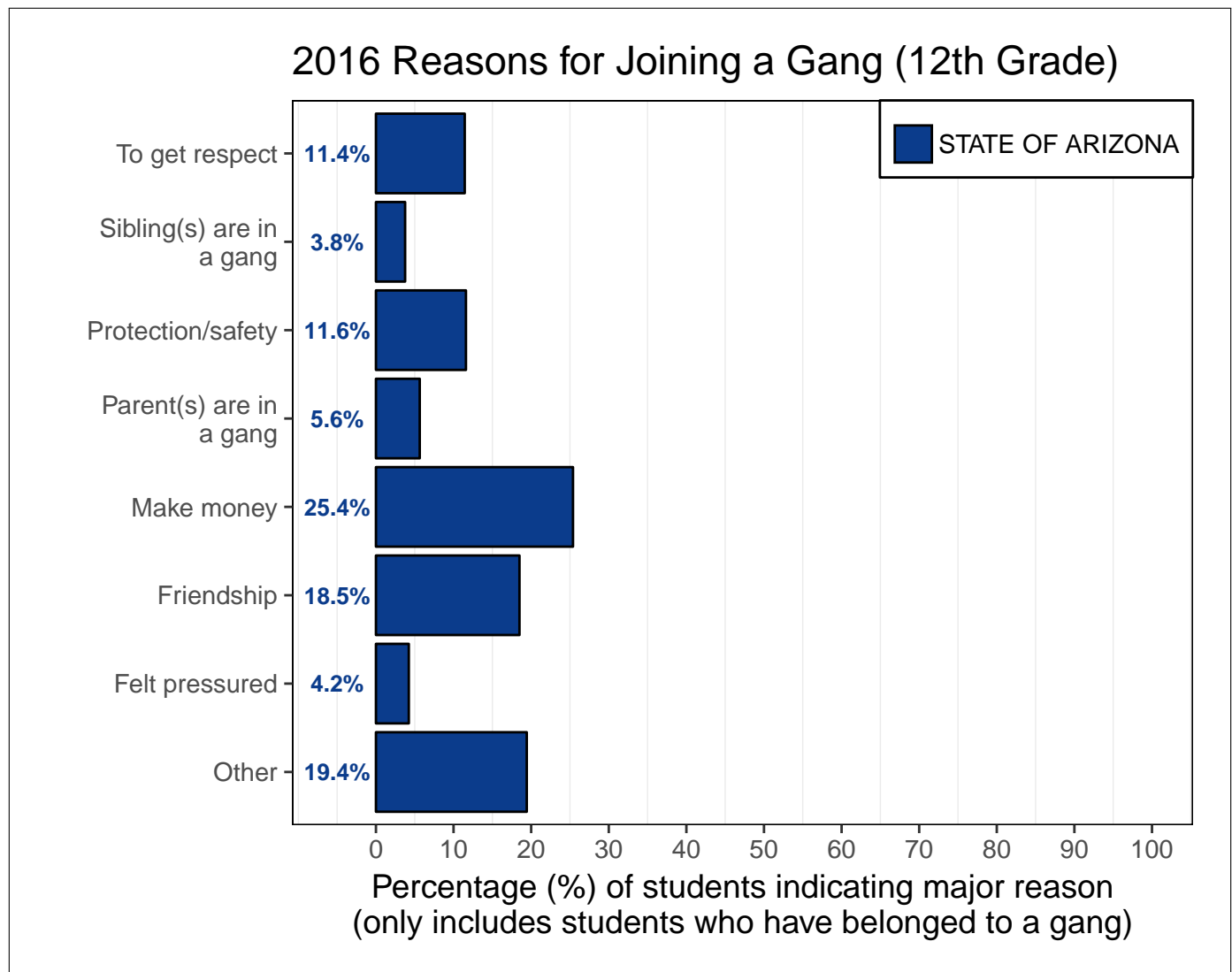
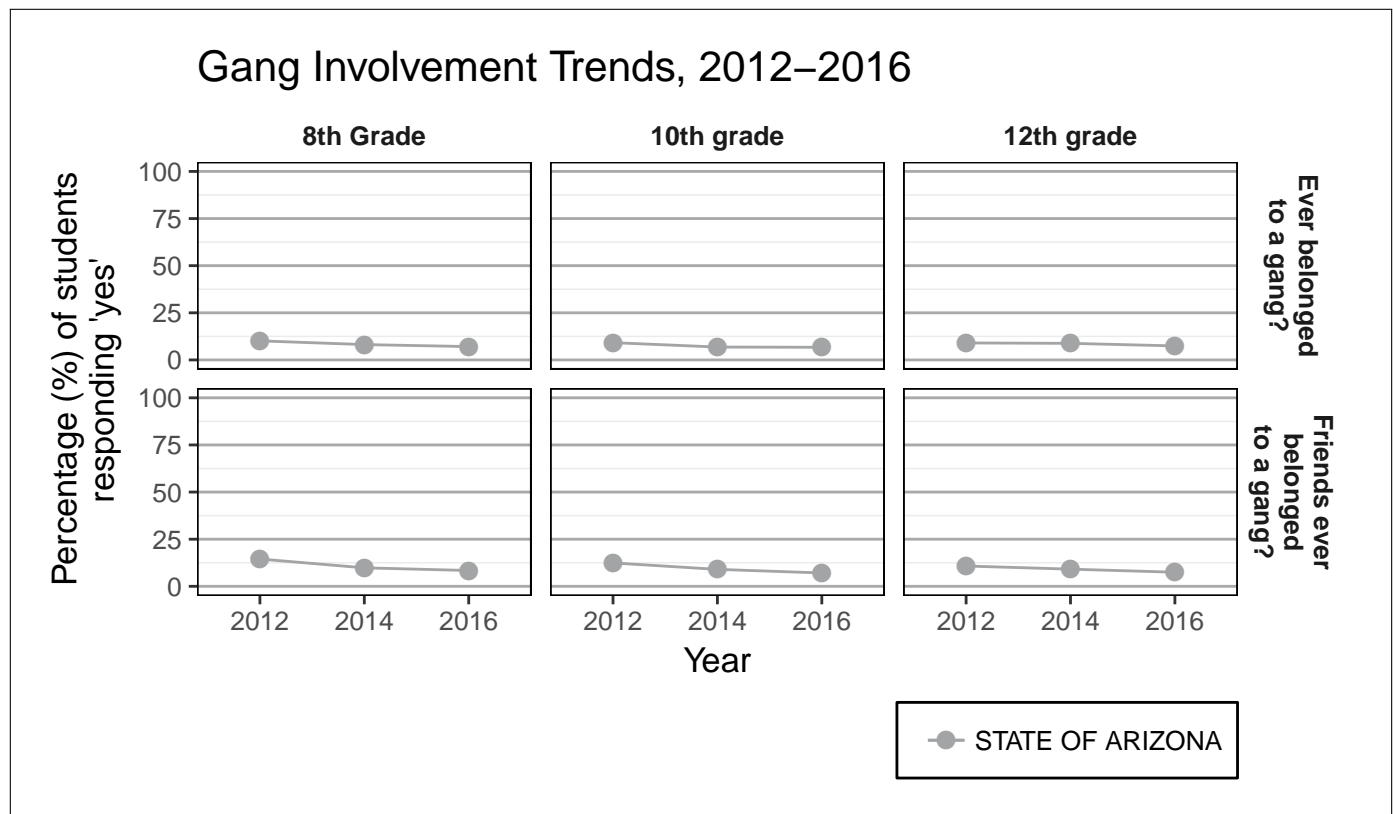


Figure 22: Reasons for Joining a Gang (12th Grade)



**Gang Involvement trends, from 2012 to 2016**

Figure 23: Gang Involvement Trends, 2012-2016



### 3.3 Bullying

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#### **Definitions**

*Bullying* is a form of aggression, often expressed through physical or psychological harassment, which can lead to feelings of being unsafe and to increased absences (Batsche and Knoff, 1994; Gastic, 2008; Kearney, 2008). It is measured by several questions including experiences with being bullied at school, being a target of cyber-bullying (harassed online or via a cell phone or electronic device), as well as any occurrences of bullying on the part of the respondent. Lastly, this section includes responses to a question concerning being a witness to bullying on school property and willingness to intervene (i.e. did nothing to stop it). Data represented in charts refer to the percentage of youth who engaged in or witnessed each activity on one or more occasions over the past 12 months.

## Figures

Figure 24: Bullying (8th Grade)

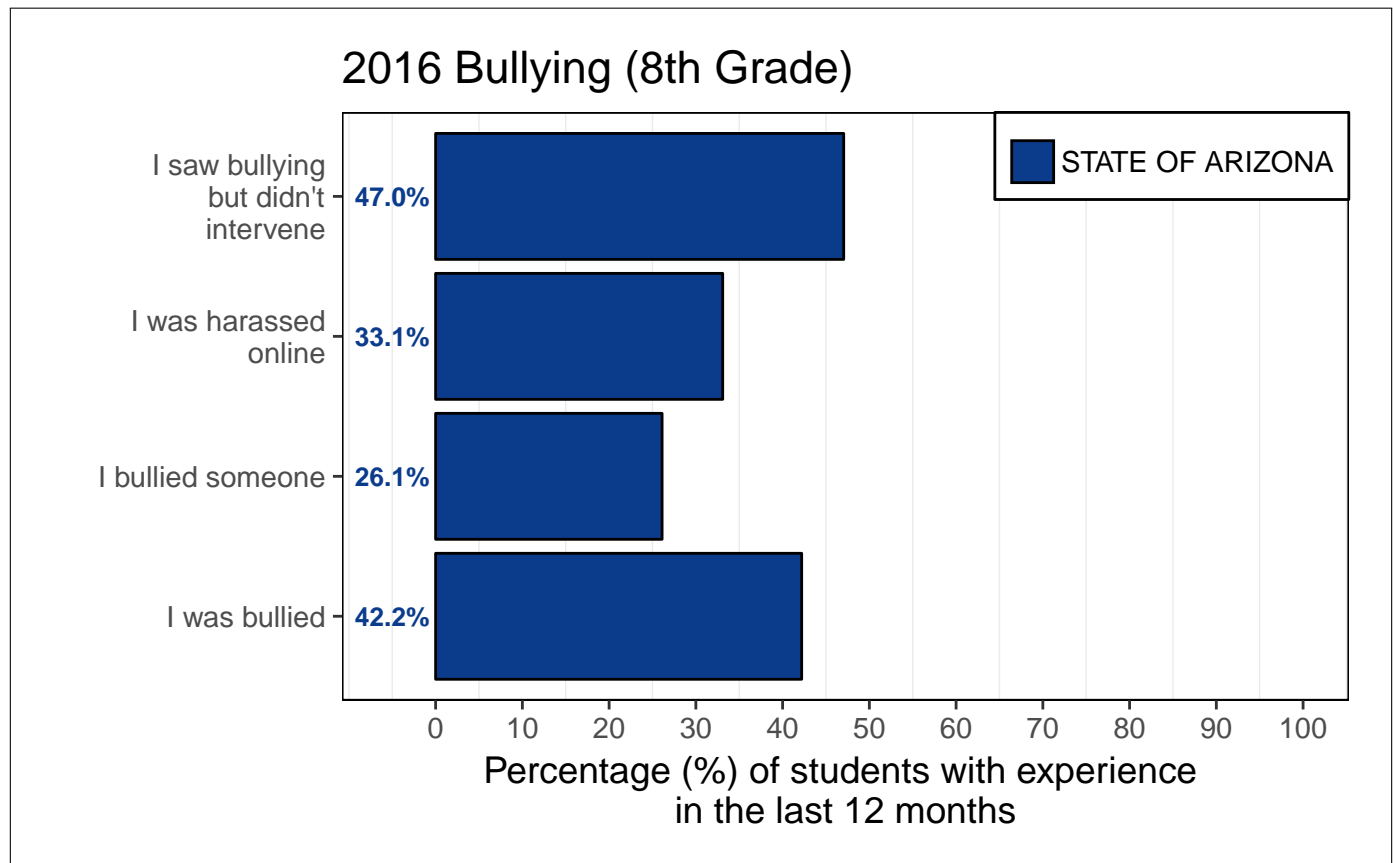


Figure 25: Bullying (10th Grade)

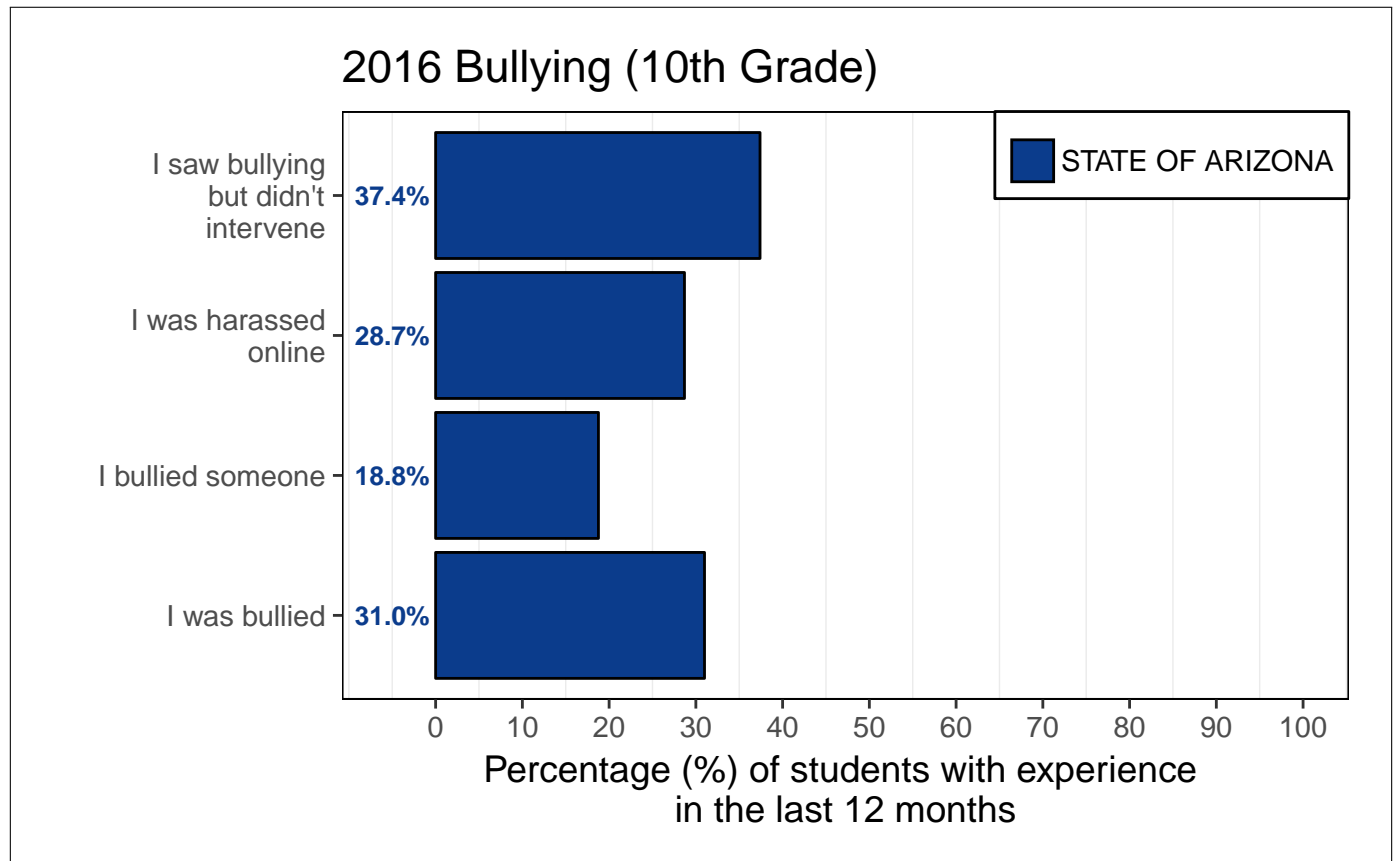
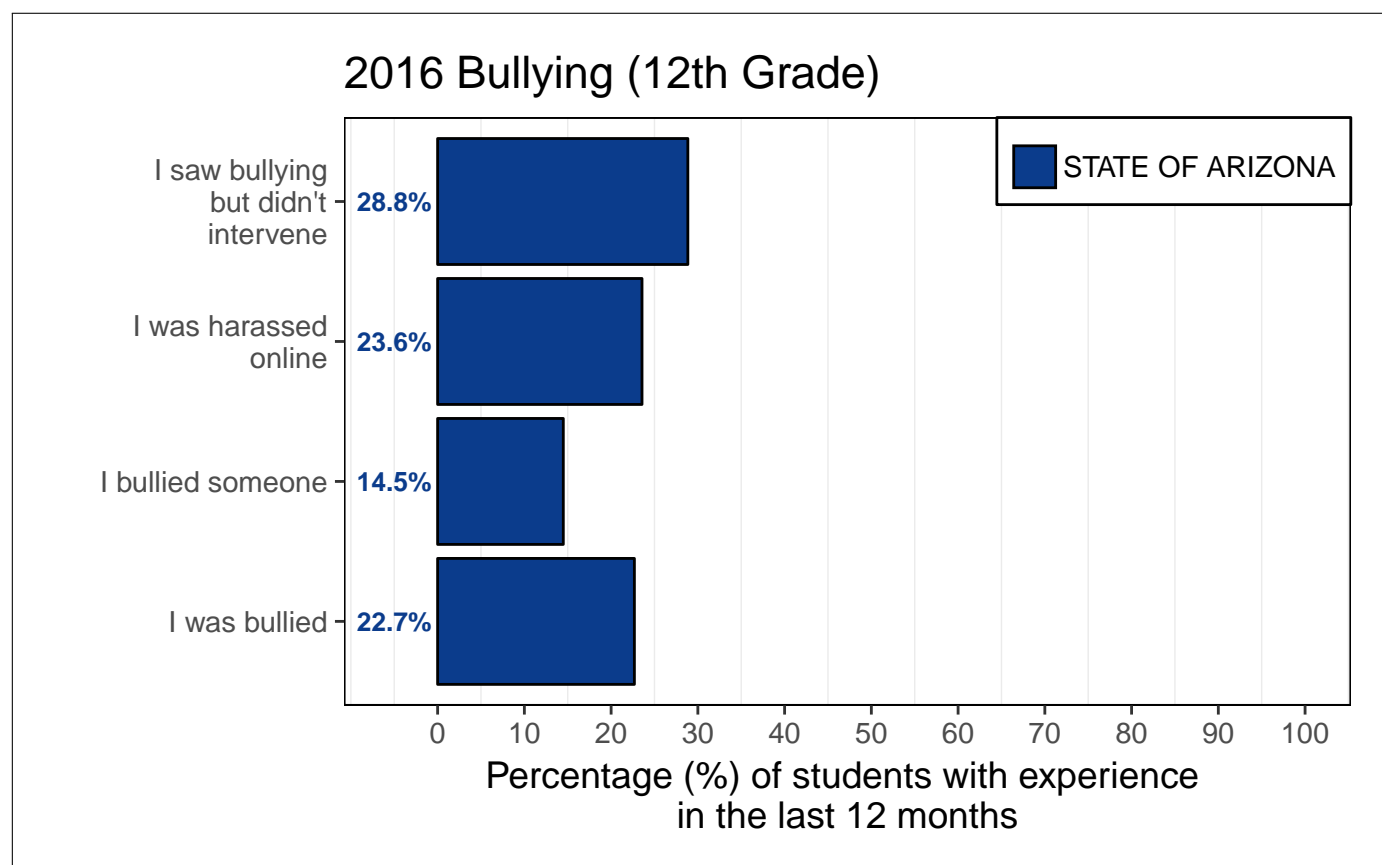


Figure 26: Bullying (12th Grade)





### 3.4 Adverse Childhood Experiences (ACEs)

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#### **Definitions**

The original Kaiser Permanente Adverse Childhood Experiences (ACE) Study, conducted from 1995 to 1997, established the link between early childhood experiences of abuse or neglect and the presence of health issues in adulthood (Felitti et al., 1998). Through this study, the prevention community was able to determine that, as the number of ACEs a child is exposed to increases, so does the risk level for negative health outcomes later in life.

Many researchers have now turned their focus to understanding the impact of adverse childhood experiences on behaviors during adolescence and beyond (Anda et al., 2006; Jonson-Reid et al., 2012). To assess youths' exposure to these situations, and the possible effects from experiencing ACEs, six ACEs-related questions similar to several of those asked of adults in the national study were examined in the 2016 AYS. Youth were asked questions regarding ever living with anyone who was a problem drinker/alcoholic, living with anyone who has used or abuse drugs and medications, living with anyone who had served time in prison or jail, having parents who are separated or divorced, and experiencing the presence of physical or emotional abuse in their homes. Percentages reported are for those youth who responded yes to each of the questions.

## Figures

Figure 27: Adverse Childhood Experiences (8th Grade)

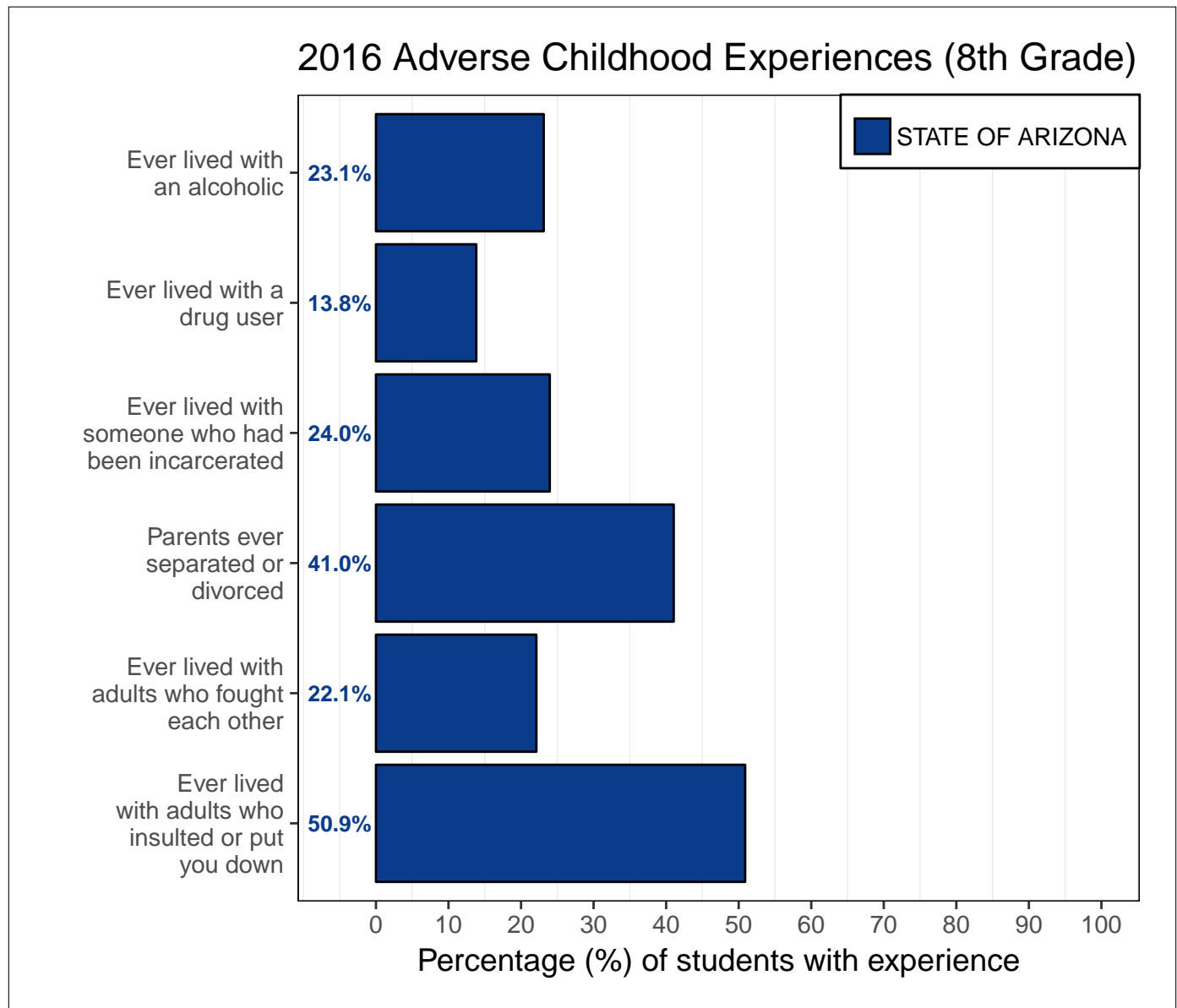


Figure 28: Adverse Childhood Experiences (10th Grade)

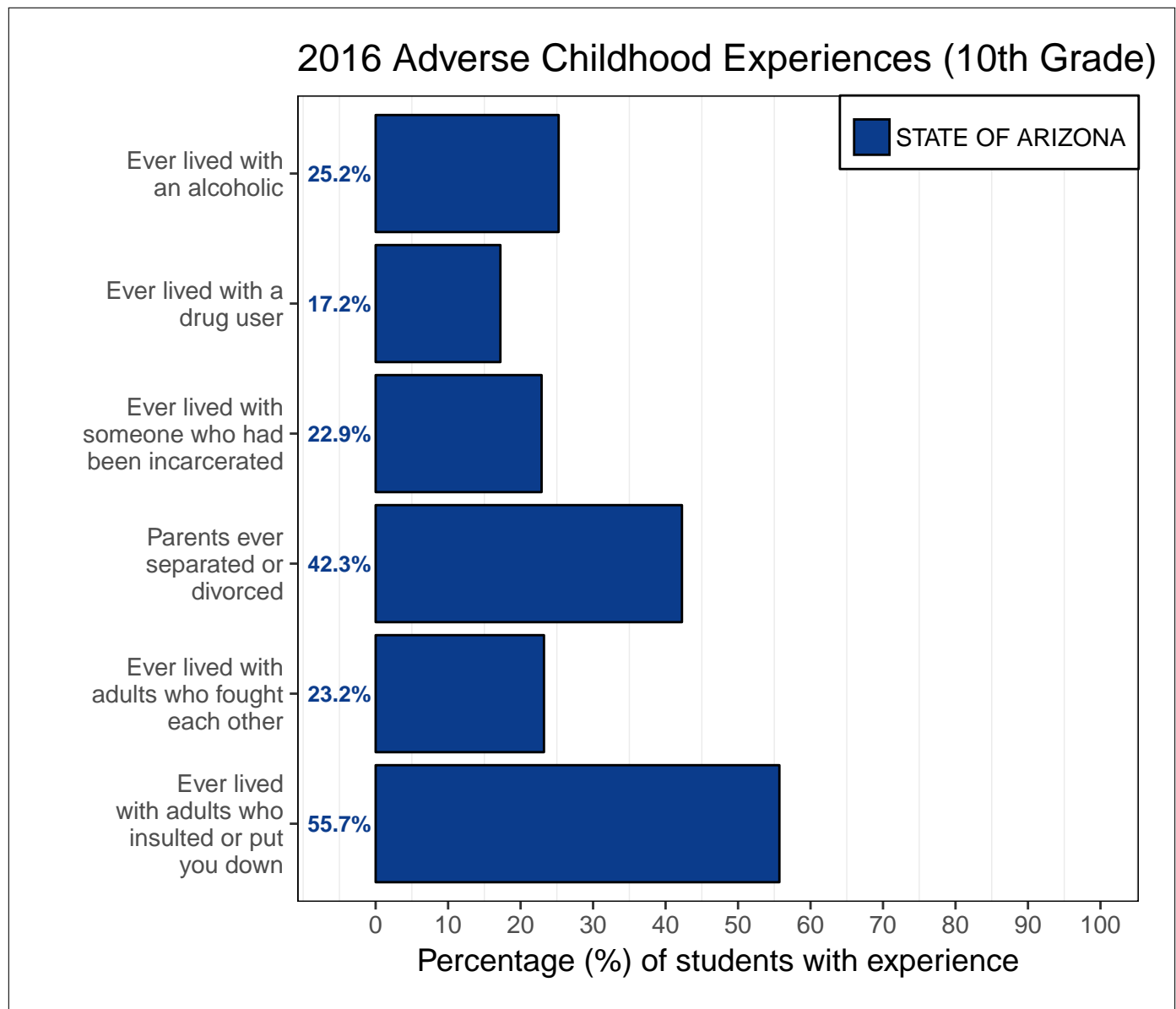
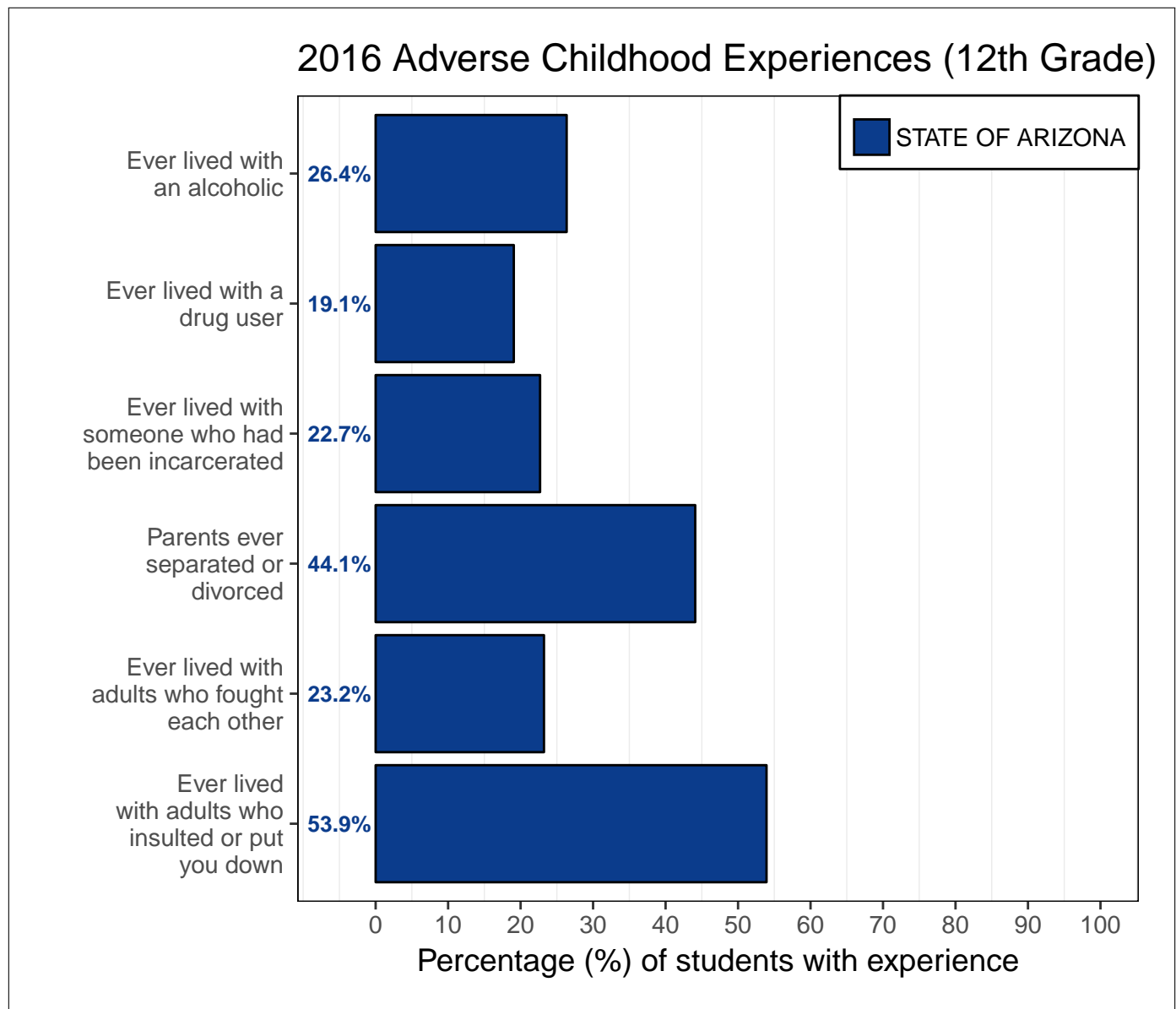


Figure 29: Adverse Childhood Experiences (12th Grade)



## Section 4: Consequences of Problem Behaviors

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### 4.1 Impaired Driving

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#### Definitions

*Impaired Driving* has often focused on alcohol use, but researchers have begun to explore the use of other drugs and driving, especially marijuana (Maxwell, 2012).

*Impaired Driving* is measured by asking youth to answer four questions about their driving or passenger behavior in the past 30 days. The percentage of youth who acknowledged that they engaged in each of these behaviors at least once is reported:

- rode with someone who had been drinking alcohol;
- drove a car/vehicle after drinking alcohol;
- drove a car/vehicle after taking prescription drugs for the experience; and
- drove a car/vehicle after using marijuana.

## Figures

Figure 30: Impaired Driving (8th Grade)

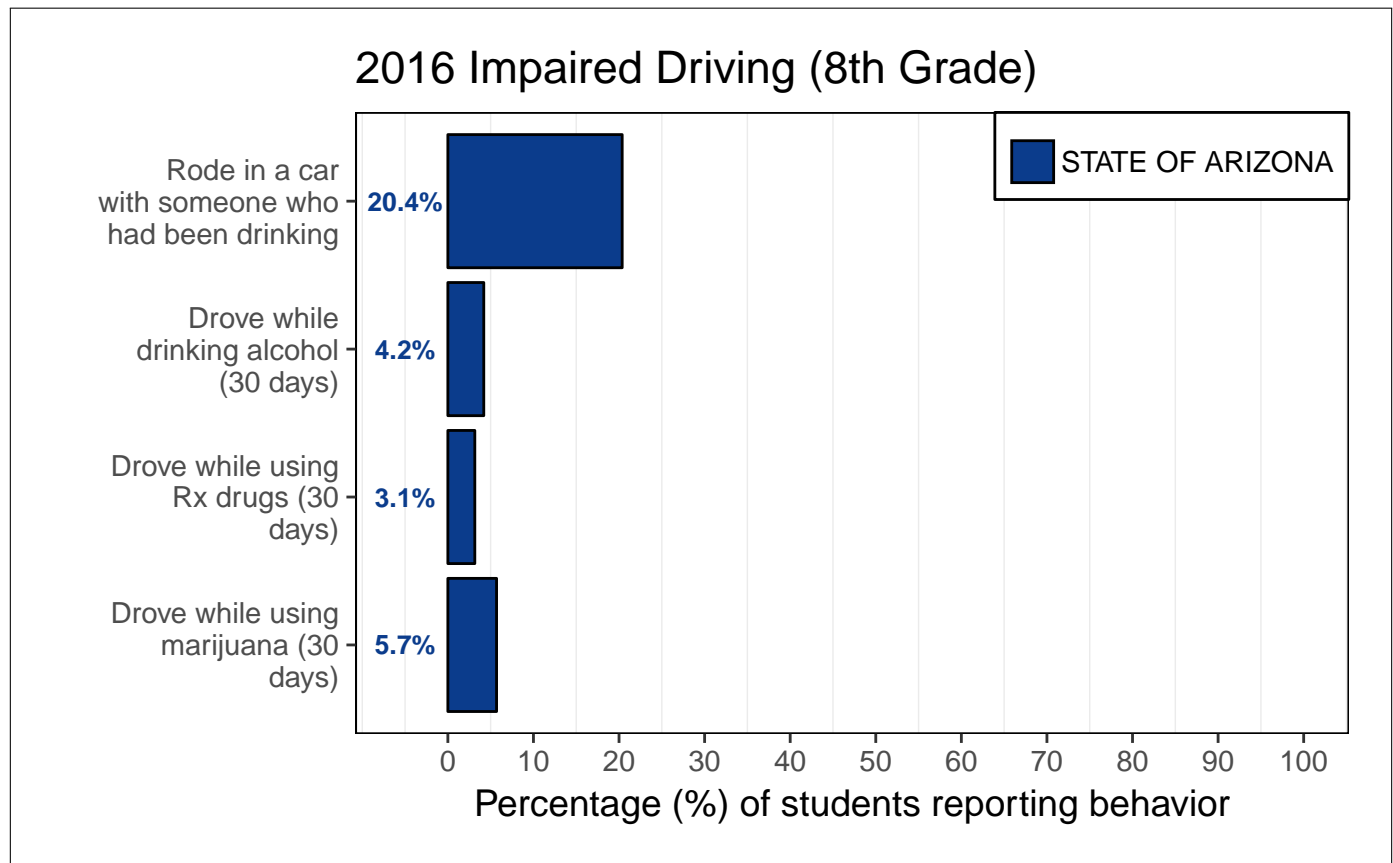


Figure 31: Impaired Driving (10th Grade)

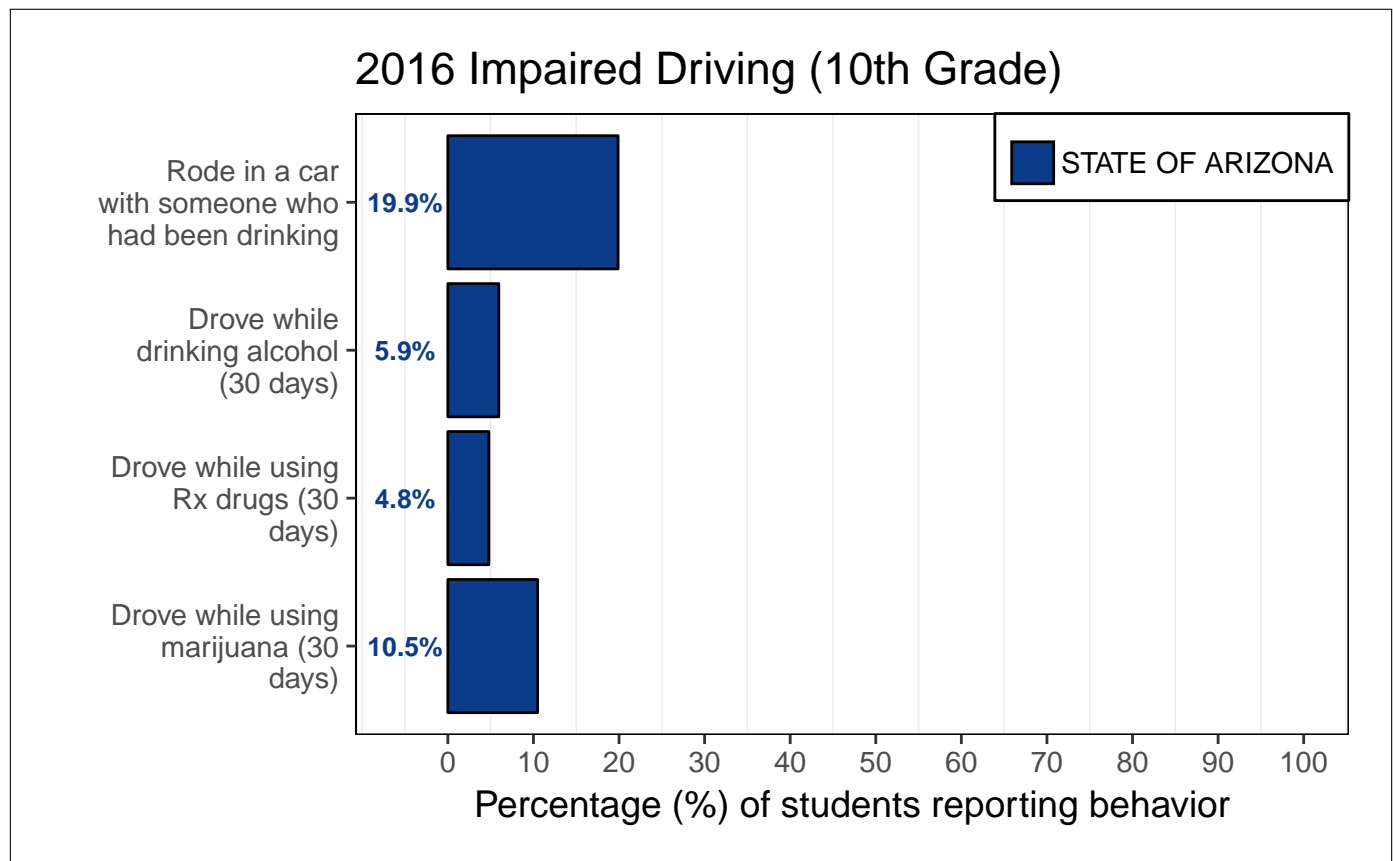
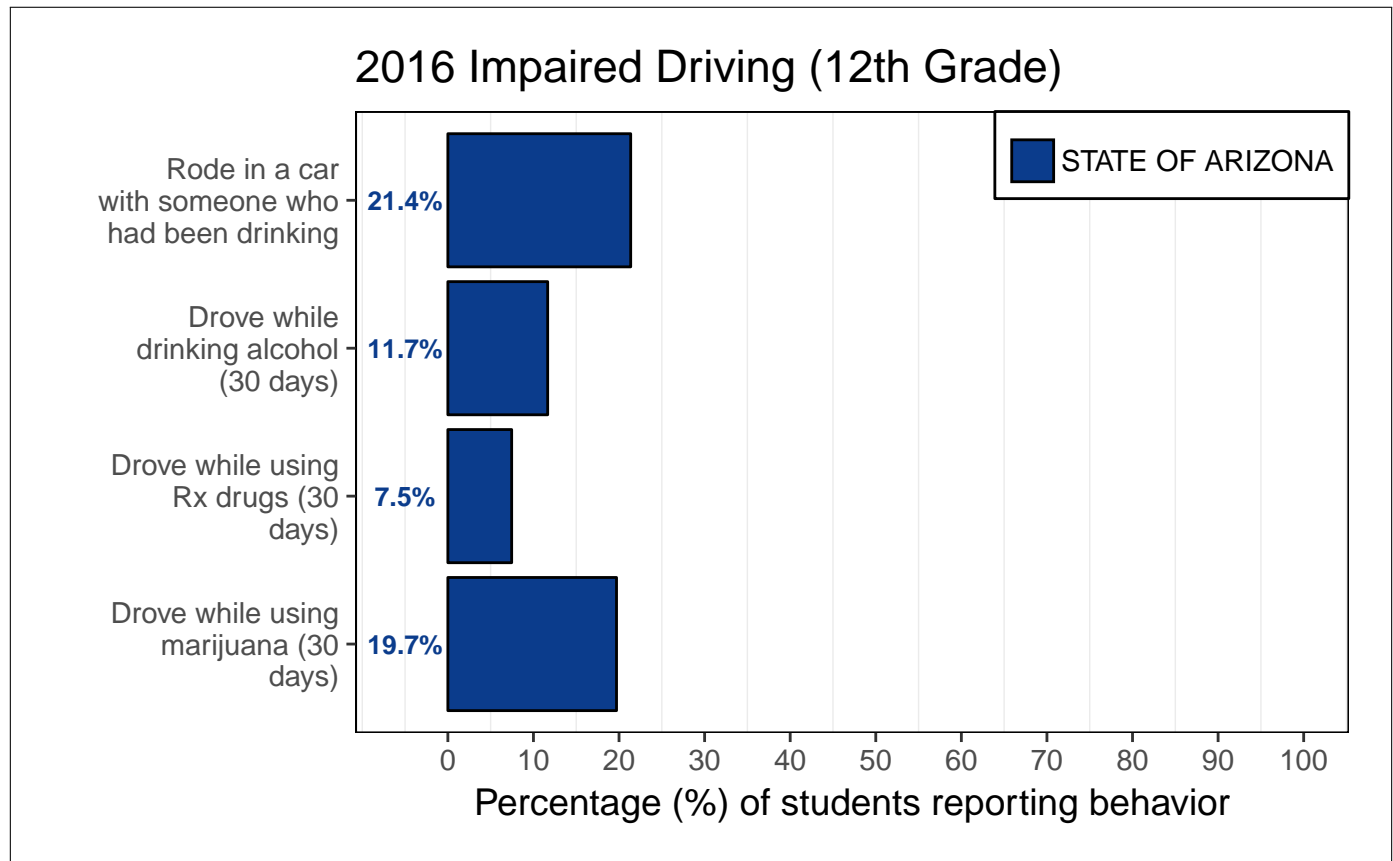


Figure 32: Impaired Driving (12th Grade)





## 4.2 School Safety

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### **Definitions**

*School Safety* is often viewed in terms of the absence of harmful incidents or crimes on school grounds, usually measured within a year, or measured relative to other schools or benchmarks (Langbein and Bess, 2002). School safety is measured by a series of questions that assess overall feelings of safety and its impact on certain behaviors. Youth were asked if they felt safe at school, as well as the number of days they did not attend due to feeling unsafe at, or on their way to campus in the last 30 days. Further, youth responded to questions about being threatened or injured with a weapon on school property, as well as the number of occasions they were in a physical fight on campus within the past year.

## Figures

Figure 33: School Safety (8th Grade)

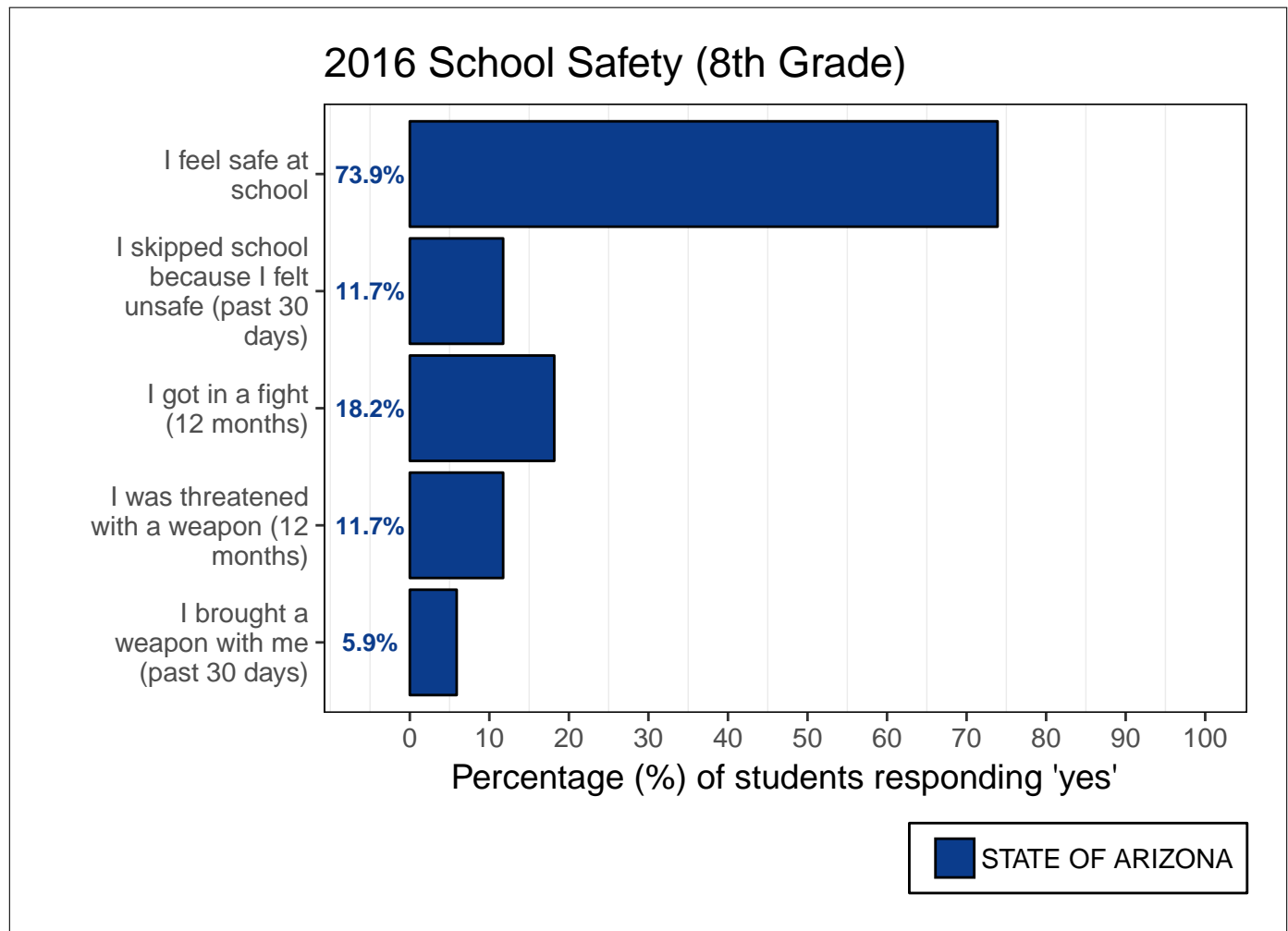


Figure 34: School Safety (10th Grade)

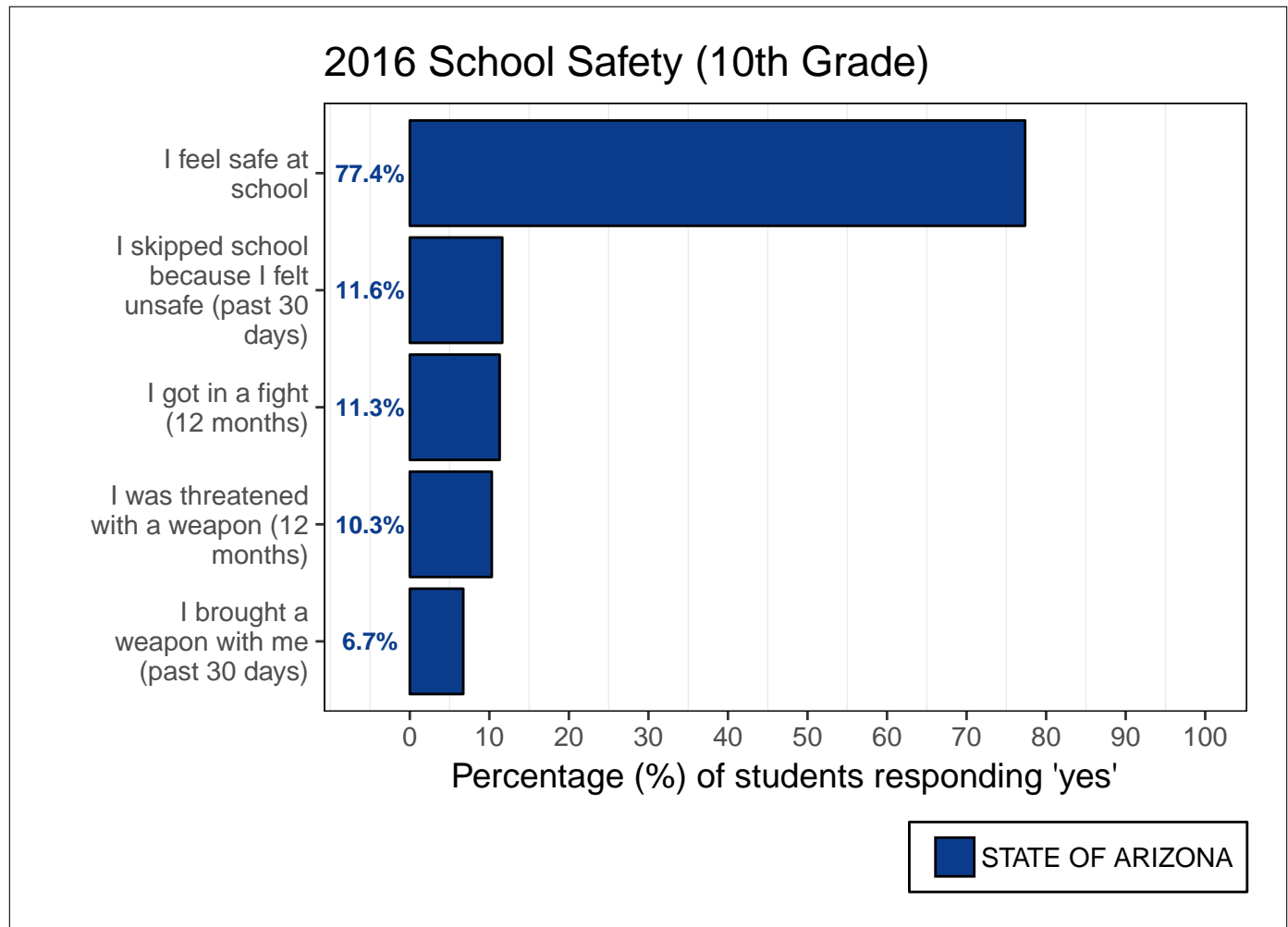
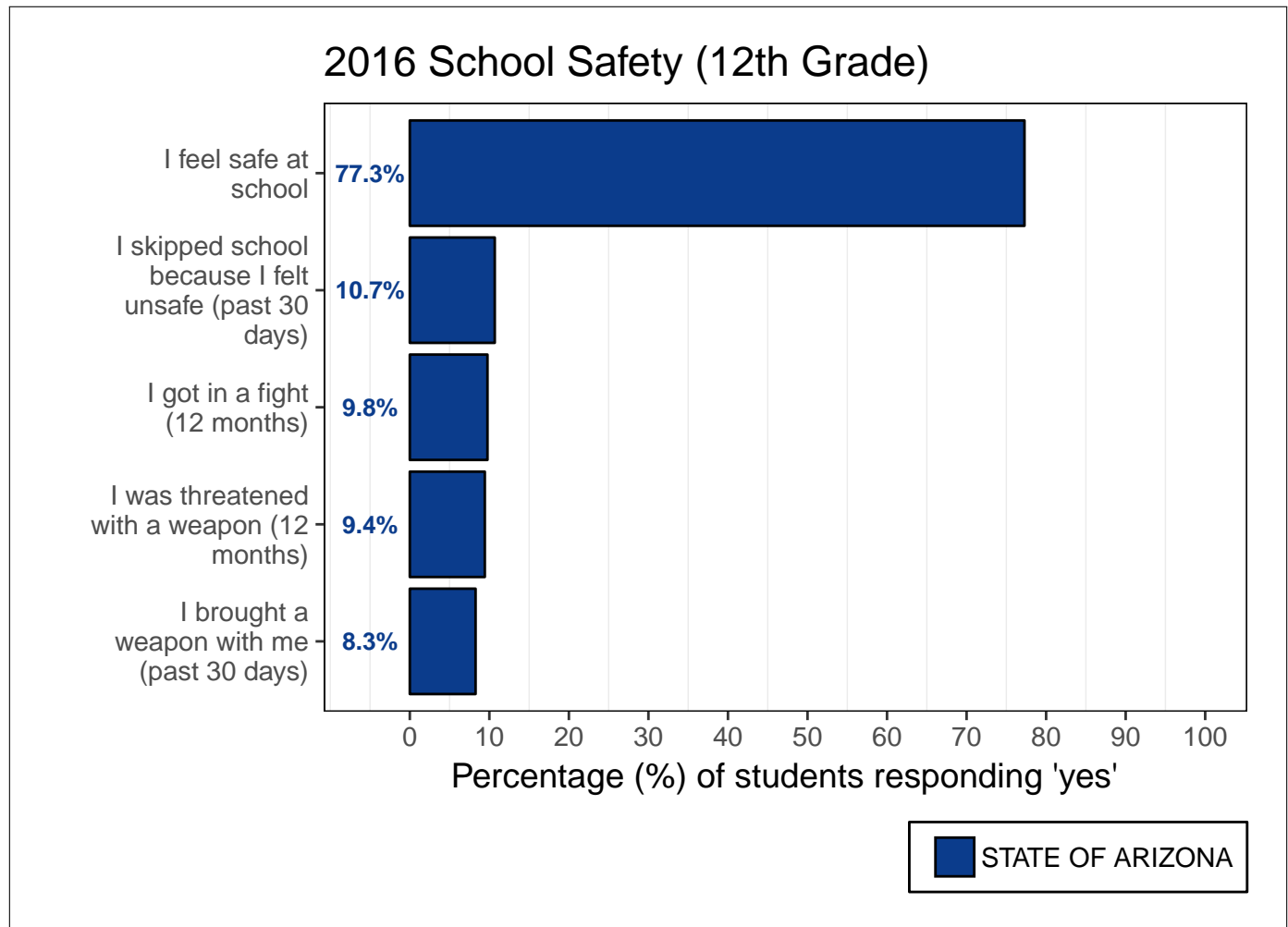


Figure 35: School Safety (12th Grade)



## Section 5: Contextual Factors

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### 5.1 Risk and Protective Factors

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#### Definitions

Risk and Protective Factors (RPF) are personal and environmental factors that may influence a person's likelihood of engaging in problem behaviors (Hawkins et al., 1992). Risk Factors increase the chances of a person participating in concerning behaviors, while Protective Factors decrease this likelihood. The Risk and Protective Factor scales included in the AYS measure specific aspects of a youth's life experience that are known to be associated with whether they will subsequently engage in problem behaviors. The scales are grouped into four domains: peer/individual, family, school, and community. The Risk and Protective Factor charts in Section 5.1 depict a composite 'risk score' or 'protective score' which represent the degree to which respondents are at risk or have protection against developing problem behaviors in a particular domain. Ideally, risk scores should be on the lower end of the scale (indicating a lower risk level among the sample), whereas protection scores should be higher (indicating a higher level of protection among the sample). The composite scores were calculated from groups of questionnaire items related to each particular domain.

Because many of the questions in the 2016 version of the AYS were carried over from earlier versions of the instrument, it was possible to reconstruct a number of equivalent comprehensive scales for the 2016 data. The construction of the scales involved taking means (average scores) of each of their components, which were mostly in the form of Likert scales (e.g. Strongly Disagree to Strongly Agree), with some requiring reverse coding for consistency. Other types of components included simple dichotomous Yes or No responses; or count variables (e.g. "How many of your best friends..."). Individuals with missing responses on more than one of the scales' component questions were excluded from the construction of the scales in order to minimize response bias.

For each of the charts, the scales are harmonized so that they each range to a maximum of 10. This is done because some scales have a natural range of 1-4, while other scales range from 1-5, which does not allow for accurate comparisons of factor levels. While the rescaling allows for the factors to be compared, the meaning of actual scores should not be taken in real units, but instead taken as a Likert scale range similar to the common phrase "on a scale of 0 to 10."

#### Peer-Individual Risk Factors

*Rewards for Antisocial Behavior:* Youth who receive rewards for their antisocial behavior are at higher risk for future engagement in problem behaviors. Rewards for antisocial behavior, in the peer-individual domain, include being seen as cool by peers for using substances or participating in problem behaviors (Fleming et al., 2008; Meghdadpour et al., 2012). Data represented in charts refer to youth who indicated that there would be a very good chance that they would be seen as cool if they used substances or participated in problem behaviors (e.g. carrying a handgun). Higher scores indicate a higher level of reward for antisocial behavior.

*Rebelliousness:* Youth who participate in behaviors considered against conventional laws and norms have a high tolerance for deviant behavior, low perceived risk, or a strong need for independence and

sensation seeking. These place youth at substantial risk for drug use (Cleveland et al., 2008). Youth were asked if they often ignore rules or do the opposite of what they're told to do just to get away with it. Data represented in charts refer to the extent to which youth demonstrate these behaviors. Higher scores indicate a higher level of rebelliousness.

*Perceived Risk of Harm:* Youth who do not perceive drug use to be risky (i.e. believing people cannot be harmed physically, mentally, or legally when using substances) are far more likely to engage in drug use themselves (Danseco et al., 1999; Perron and Howard, 2008). Youth were asked if they think people risk harming themselves when using alcohol, cigarettes, marijuana, or prescription drugs without a doctor telling the youth to take them. Data represented in charts refer to the extent to which youth perceive little to no risk in using substances. Higher scores indicate a low level of perceived risk.

*Interaction with Antisocial Peers:* Youth who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves (Jonkman et al., 2011; Stockwell et al., 2004). Participants were asked about how many of their friends have been suspended from school, dropped out of school, carried a handgun, sold drugs, stolen a car, or been arrested in the last 12 months. Data represented in charts refer to the quantity of friends who engaged in that behavior. Higher scores indicate more interaction with antisocial peers.

*Friends' Use of Drugs:* Youth who spend time with friends who engage in substance use are more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth (Beyers et al., 2004; Iannotti et al., 1996; Yamaguchi and Kandel, 1984). Participants were asked if any of their friends use alcohol, cigarettes, marijuana, other illicit drugs or prescription drugs without a doctor telling the youth to take them. Data represented in charts refer to friends' use or abuse of drugs. Higher values indicate more friends who use drugs.

*Attitudes Favorable toward Drug Use:* As youth grow older, they have a higher likelihood of being exposed to others who engage in drug use or have a greater acceptance of these behaviors. This exposure may influence a youth's attitude toward drug use and increase the likelihood of them engaging in a variety of problem behaviors (Arthur et al., 2002; Bahr et al., 2005; Bauman and Ennett, 1996; Beyers et al., 2004). This factor examines how wrong youth perceive it is to use four different substance groups: alcohol, cigarettes, marijuana, and LSD/cocaine/amphetamines/illegal drugs. Data represented in charts refer to youth attitudes towards using drugs. Higher values indicate more favorable attitudes toward drug use.

*Attitudes Favorable toward Antisocial Behavior:* As previously stated, youths' attitudes may change as they are exposed to different social circles (Gassman et al., 2012; Maguire, 2013). This factor aims to understand youth perceptions of how wrong it would be to stay away from school, take a handgun to school, pick a fight, seriously attack someone, and steal anything worth more than \$5. Data represented in charts refer to youth attitudes about these behaviors. Higher scores indicate more favorable attitudes towards antisocial behavior.

*Gang Involvement:* Youth who belong to gangs and associate with gang-involved peers are more at risk for antisocial behavior and drug use (Curry and Spergel, 1992; Herrenkohl et al., 2000). Conditioned on ever being in a gang, this scale includes questions about age of first involvement and the membership status of best friends. The Gang Involvement Risk Factor measures the participant's own gang involvement. Data shown in charts refer to the degree to which youth are involved in gangs. Higher values indicate more gang involvement.

*Early Initiation of Drug Use:* Early onset of drug use has been linked to increased drug use and abuse through adolescence and beyond, with later age of onset more likely to lead to reduced drug involvement and a greater likelihood of discontinuation of use (Kandel, 1975; Miller et al., 2006). To assess the scope of onset among the sample, this factor looks at the age at which youth first tried cigarettes, marijuana, or alcohol, and when youth first began drinking regularly. Data reported reflect participants who stated they began using substances at an early age. Higher values indicate earlier use of substances.

#### Peer-Individual Protective Factors

*Rewards for Prosocial Involvement:* Youth who are rewarded for working hard in school and the community are less likely to engage in problem behaviors. Rewards for prosocial involvement include being seen as cool for trying your best at school, defending someone who is being bullied, or regularly volunteering in the community (Catalano et al., 1996; Cleveland et al., 2008). Data contained in charts represent the extent to which youth think that they would be seen as cool if they participated in prosocial activities. Higher scores indicate more rewards for prosocial involvement.

*Prosocial Involvement:* Youth who participate in positive school and community activities are less likely to participate in problem behaviors (Arthur et al., 2002; Beyers et al., 2004; Catalano et al., 1996). Data contained in charts represent the degree to which youth participated in school clubs and organizations or volunteered in the community. Higher scores indicate more prosocial involvement.

*Interaction with Prosocial Peers:* Youth who associate with peers who engage in prosocial behavior are more likely to participate in prosocial behavior as well. Data represented in charts refer to the quantity of friends with whom youth have participated in prosocial activities in the past 12 months. Higher scores indicate higher interaction with prosocial peers.

*Belief in the Moral Order:* Youth who have a belief in what is “right” or “wrong” are less likely to use drugs (Beyers et al., 2004; Catalano et al., 1996). Participants were asked about how wrong they believe it would be for someone their age to steal anything worth more than \$5, cheat in school, or start a fight. Data in these charts refer to youth attitudes towards these behaviors. Youth were also asked about how important they think it is to be honest with their parents; data represent the extent to which youth agreed that it is important for them to be honest with their parents. Higher scores indicate higher belief in moral order.

#### Family Domain Risk Factors

*Poor Family Management:* Parents’ use of inconsistent and/or unusually harsh punishment with their children places their children at a higher risk for participation in substance use and other problem behaviors. This higher risk is also seen in youth whose parents do not provide clear explanations for expected behaviors and do not monitor their children’s activities (Arthur et al., 2002; Dishion et al., 2004). Youth were asked if their parents usually know who they are spending time with, if there are clear rules in their household, and if their parents would be aware of the youth’s participation in problem behaviors. Data in charts display the extent to which youth indicated that their families had poor management practices. Higher score indicate poor family management.

*Parental Attitudes Favorable toward Drug Use:* In families where parents use illegal drugs, are heavy

users of alcohol, or are tolerant of children's use, youth are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug use, such as asking their child to light a cigarette or get a beer from the refrigerator (Beyers et al., 2004; Herrenkohl et al., 2000). To capture data on this concept, participants were asked if their parents think it is wrong for them to use cigarettes, alcohol or marijuana. Data represented in charts refer to the extent to which youth believe their parents would accept their child using substances. Higher scores indicate more favorable parental attitudes towards drug use.

*Parental Attitudes Favorable toward Antisocial Behavior.* Youth often follow the example of those around them. Parental attitudes that are positive to antisocial or rebellious behaviors can be seen as an approval of the youth's participation in those behaviors. Examples of parental attitudes being favorable toward antisocial behavior include parents believing it is not wrong for someone to steal items, pick a fight, or damage someone else's property (Gassman et al., 2012; Maguire, 2013). Participants of the survey were asked if their parents thought it would be wrong for them to participate in these antisocial behaviors. The data in this chart represent the extent to which youth believe their parents would think it is acceptable to participate in these behaviors. Higher scores indicate more favorable parental attitudes towards antisocial behavior.

*Family History of Antisocial Behavior.* When youth are raised in a family with a history of problem behaviors (e.g. violence, alcohol, or other drug use), they are more likely to engage in these behaviors themselves (Corrigan et al., 2007). Participants were asked about the presence of alcohol or drug problems in their family, and the general use of alcohol and other drugs by family members. Data in the chart represent the extent to which youth indicated that they have family members who engage in these problem behaviors or have engaged in these behaviors in the past. Higher values indicate more antisocial behavior among family members.

*Family Conflict.* Youth raised in families who experience high levels of conflict, whether or not the child is directly involved in these conflicts, are more likely to engage in delinquent behaviors and drug use (Szapocznik and Williams, 2000). Youth were asked questions regarding the presence of conflict in their home (e.g. household members having serious arguments or yelling at and insulting each other often). Data contained in charts represent the extent to which youth state that their family experiences these heightened levels of conflict. Higher scores indicate more family conflict.

### Family Domain Protective Factors

*Rewards for Prosocial Involvement.* When parents, siblings, and other family members praise or encourage activities done well by a child, youth are less likely to engage in substance use and other problem behaviors (Catalano et al., 1996; Cleveland et al., 2008). Participants were asked if their parents often communicate feeling proud of them or notice them doing a good job. Youth were also asked questions regarding spending time with their mother or father. Data in the charts refer to the extent to which youth stated that spending time with their mother and/or father is enjoyable, and that their parents communicate being proud of them and notice when they do a good job. Higher scores indicate more rewards for prosocial involvement.

*Opportunities for Prosocial Involvement.* Youth who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and



other problem behaviors. Opportunities for prosocial involvement, at the family domain level, include youth being able to do fun activities with their family members, being a part of family decision-making, and being able to rely on family members for help when needed (Arthur et al., 2002; Beyers et al., 2004; Catalano et al., 1992). Data in the charts represent youth who stated that they have opportunities for prosocial involvement. Higher scores indicate more opportunities for prosocial involvement.

*Family Attachment:* Youth who feel that they are close to or are a valued part of their family are less likely to engage in substance use and other problem behaviors (Arthur et al., 2002; Catalano et al., 1992). Youth were asked questions regarding if they feel close to their family members and if they share thoughts and feelings with their mother and father. Data in these charts refer to the extent to which youth feel close with their family members, and believe it is important to share thoughts or feelings with their parents. Higher scores indicate more family attachment.

### School Domain Risk Factors

*Low Commitment to School:* Youth who do not feel connected to or have low commitment to school are more likely to use drugs and participate in other problem behaviors. Low school commitment is measured through items such as disliking school, spending little time on homework, and perceiving course work as irrelevant to one's future (Brown et al., 2005; Catalano et al., 2002). The data in the charts reflect the extent to which youth stated that they dislike school or believe school is not important. Higher scores indicate lower commitment to school.

*Academic Failure:* Youth who experience academic failure are at a higher risk of participating in drug abuse and other problem behaviors throughout adolescence (Bryant et al., 2003; Catalano et al., 2002; Hawkins et al., 1999). Participants were asked about the grades they received during the past year, and scores indicate the extent to which youth received lower grades such as D's and F's. Higher scores indicate more academic failure.

### School Domain Protective Factors

*Rewards for Prosocial Involvement:* When youth are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors (Catalano et al., 1996; Cleveland et al., 2008). Participants were asked if their teachers notice when they are doing a good job, praise them for hard work, and tell their parents about how well they are doing in school. Data represent the extent to which youth stated they receive rewards for participating in prosocial activities. Higher scores indicate more rewards for prosocial involvement.

*Opportunities for Prosocial Involvement:* When youth are given opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors (Arthur et al., 2002; Beyers et al., 2004; Catalano et al., 1992). Youth were asked about having the chance to participate in school activities, being asked to work on special projects in the classroom, and being able to speak with their teacher one-on-one. Data in each chart represent the extent to which youth stated that they have opportunities to participate in prosocial activities in school. Higher scores indicate more opportunities for prosocial involvement.

### Community Domain Risk Factors

*Perceived Availability of Handguns:* The perception that handguns are easily obtainable in the community may influence the presence of violent behaviors in youth (Beyers et al., 2004; Herrenkohl et al., 2007). Participants were asked if they believe it would be easy for them to obtain a handgun. Data shown in charts represent the extent to which youth believe that it would be easy to obtain a handgun in their community. Higher scores indicate greater perceived availability of handguns.

*Perceived Availability of Drugs:* If youth believe it is easy to obtain drugs they are more likely to use these substances (Beyers et al., 2004; Johnston et al., 2009). Youth were asked if they believe it would be easy for them to acquire substances such as cigarettes, alcohol, marijuana, or other illicit drugs. The data presented in each chart represent the extent to which youth believe it would be easy to obtain substances. Higher scores indicate greater perceived availability of drugs.

*Low Neighborhood Attachment:* Youth who do not feel connected to the neighborhoods in which they live are more likely to become involved in problem behaviors (Beyers et al., 2004; Herrenkohl et al., 2000). Participants were asked if they liked living in the neighborhood or desired to move out of their neighborhood. The data shown in each chart refer to the extent to which youth indicated that they did not like their neighborhood or wished to move out of their neighborhood. Higher scores indicate lower neighborhood attachment

*Laws and Norms Favorable toward Drug Use:* Legal restrictions on substance use, such as raising the legal drinking age or restricting smoking in public places, may influence the degree to which youth consume these substances. Moreover, youth who live in communities that view substance use as “normal activity” have a higher chance of using substances themselves (Arthur et al., 2002; Cleveland et al., 2008; Hawkins et al., 2002). Participants were asked if adults in their neighborhood would think it is wrong for them to use substances, or if they were likely to be caught by law enforcement when using substances. Data in the chart refer to those youth who stated that they believe that people would not be caught by law enforcement when using drugs, or stated that adults in their neighborhood believe using drugs is acceptable. Higher scores indicate more favorable laws and norms towards drug use.

### Community Domain Protective Factors

*Rewards for Prosocial Involvement:* Rewards for positive participation in activities helps youth bond to their communities, and lowers their risk of participating in problem behaviors. Youth were asked if their neighbors encourage them to try their best in various activities, talk with them regarding something important, and if community members ever inform the youth that they are proud of them for doing something well (Catalano et al., 1996; Cleveland et al., 2008). Data in the charts represent the extent to which youth agree with positive statements about their neighbors. Higher scores indicate more rewards for prosocial involvement.

## Figures

### Peer-Individual RPFs, 2016

Figure 36: Peer-Individual Risk Factors (8th Grade)

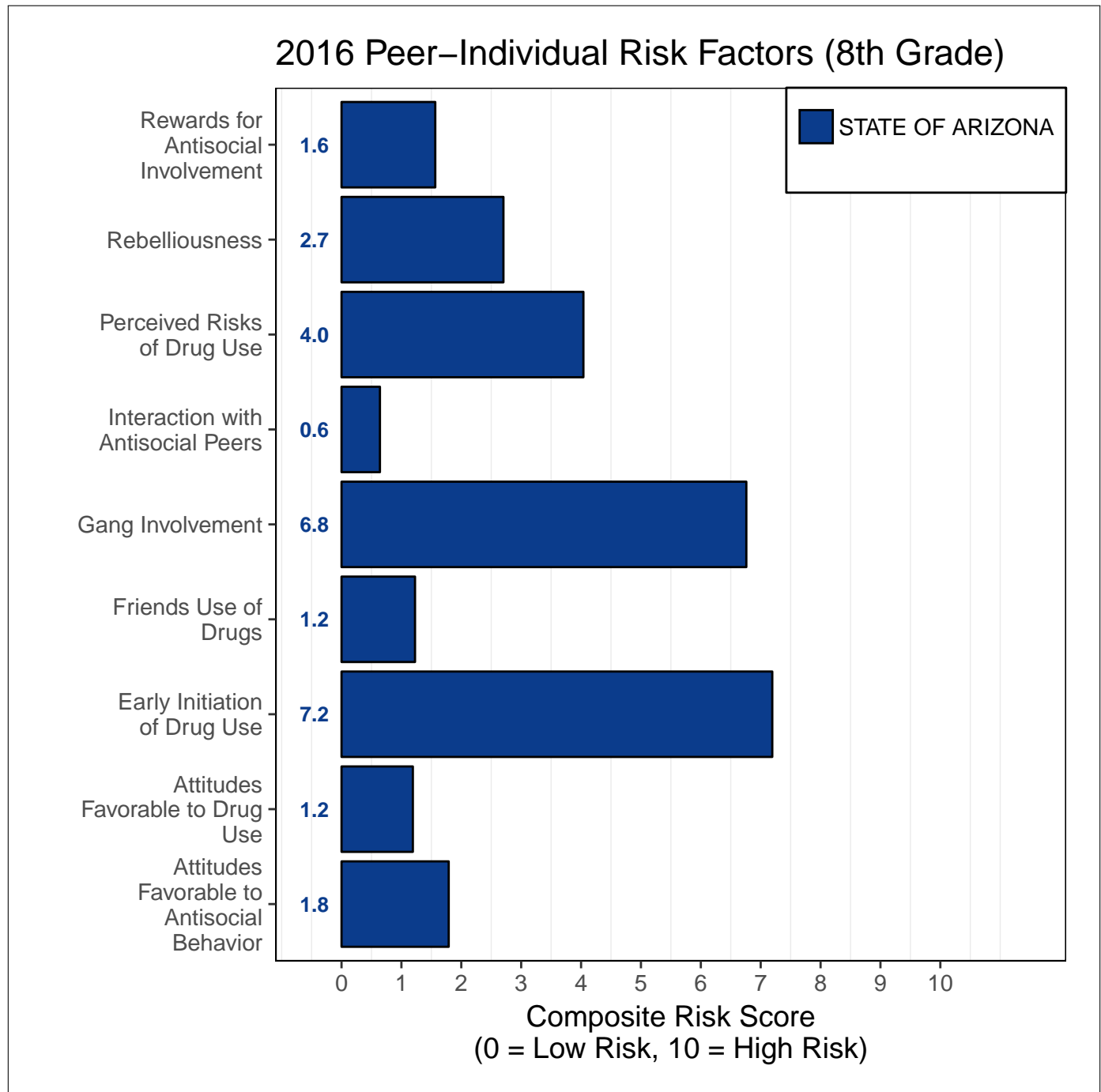


Figure 37: Peer-Individual Risk Factors (10th Grade)

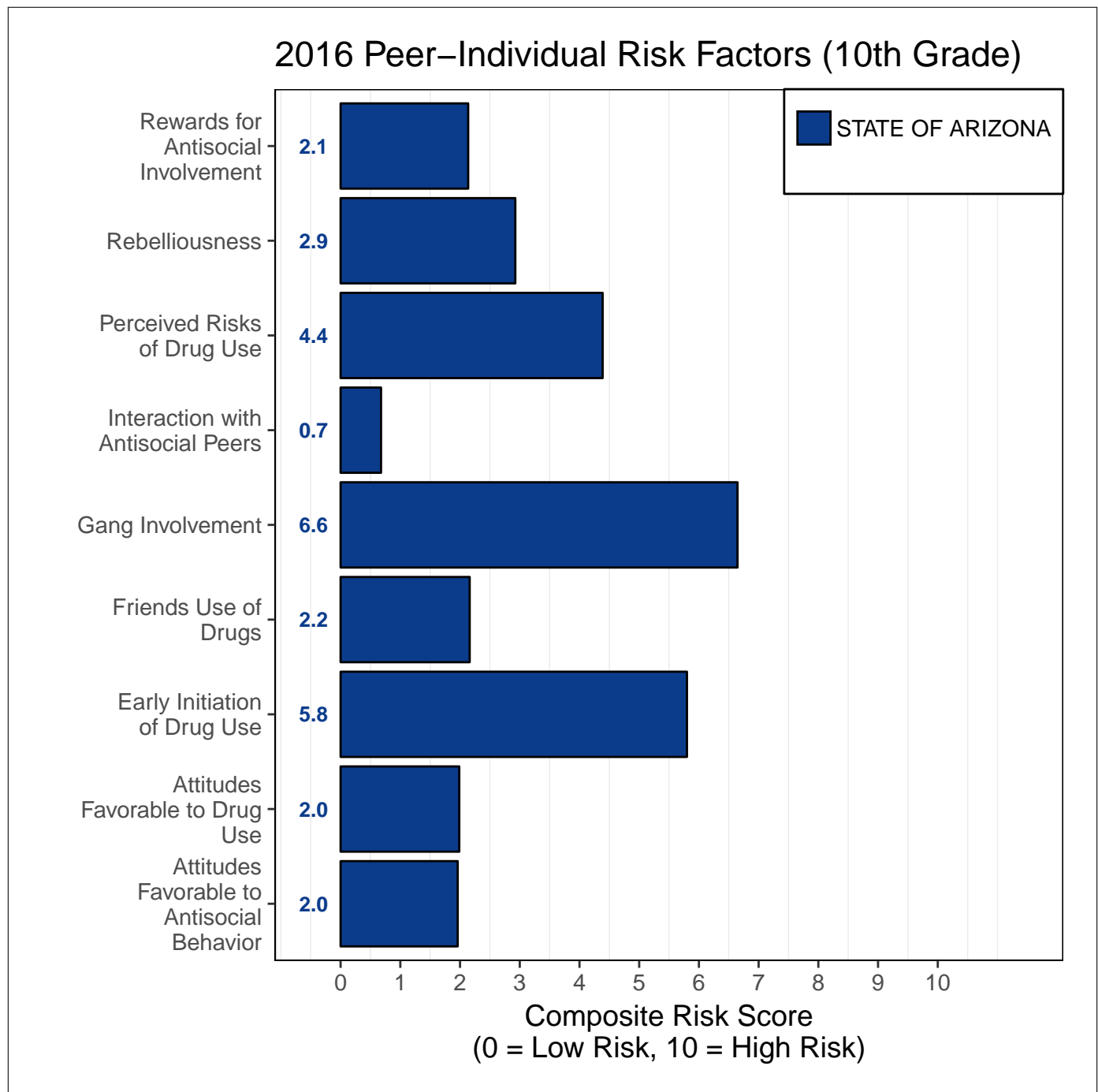


Figure 38: Peer-Individual Risk Factors (12th Grade)

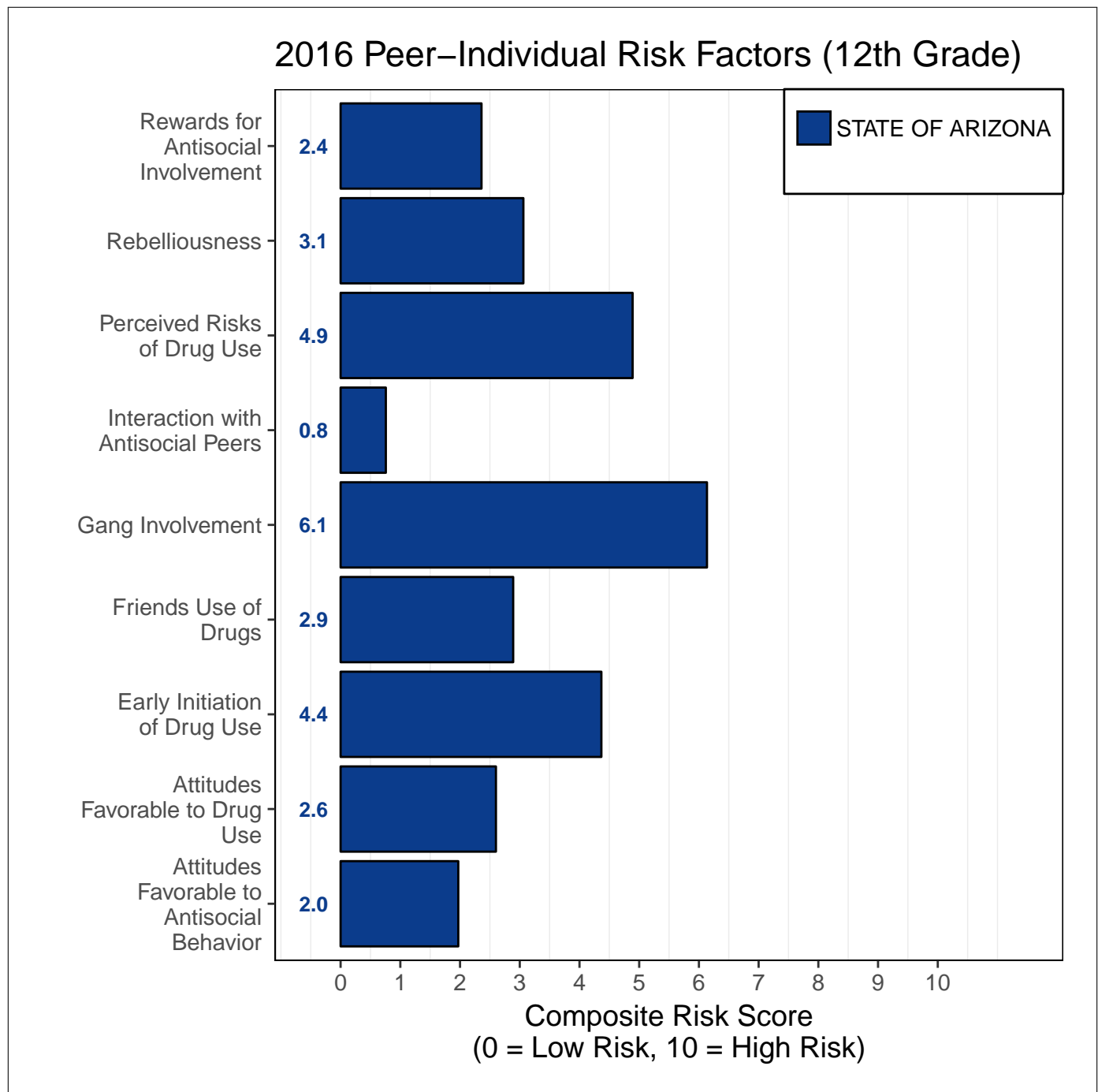


Figure 39: Peer-Individual Protective Factors (8th Grade)

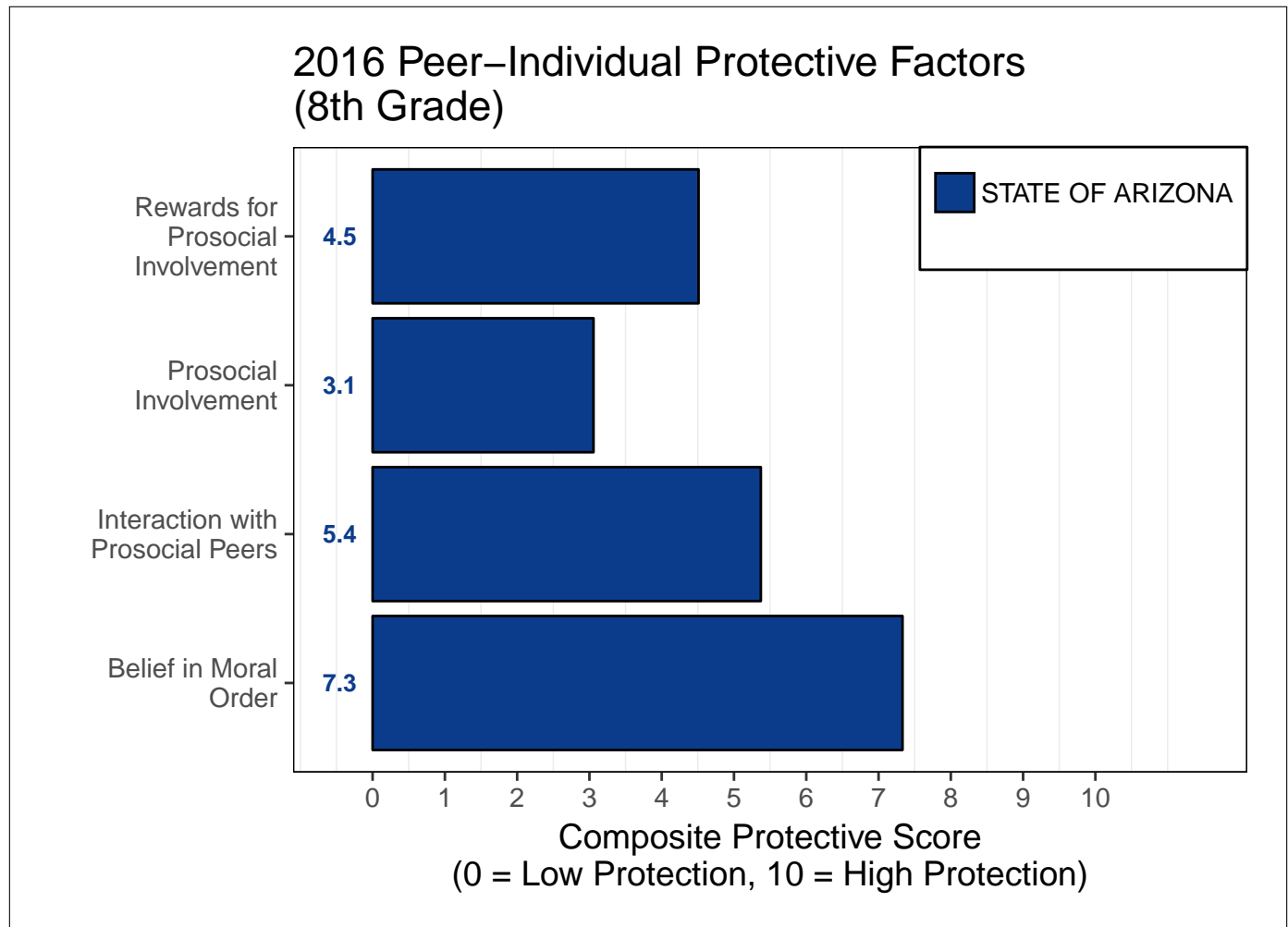


Figure 40: Peer-Individual Protective Factors (10th Grade)

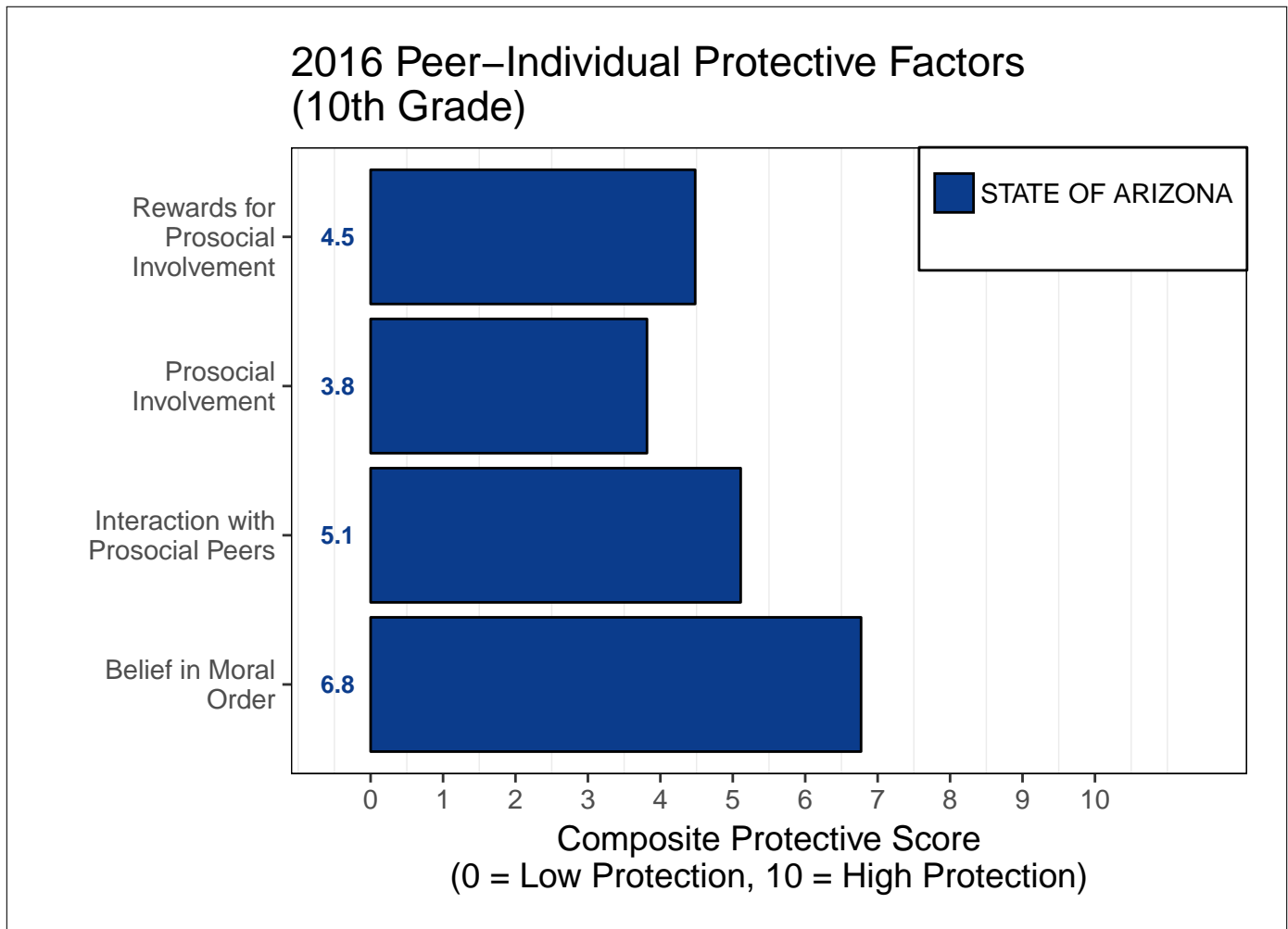
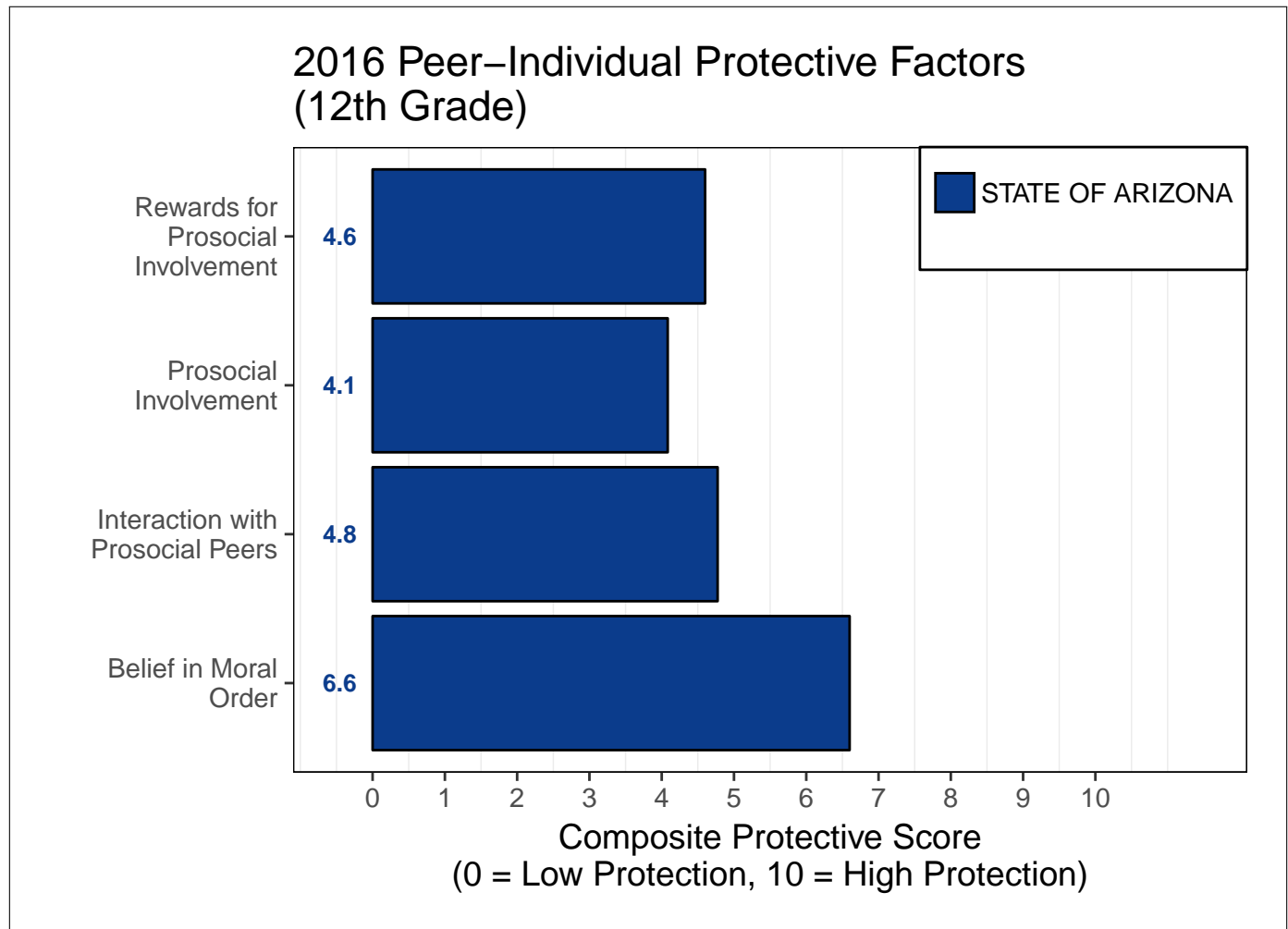


Figure 41: Peer-Individual Protective Factors (12th Grade)





**Family Domain RPFs, 2016**

Figure 42: Family Risk Factors (8th Grade)

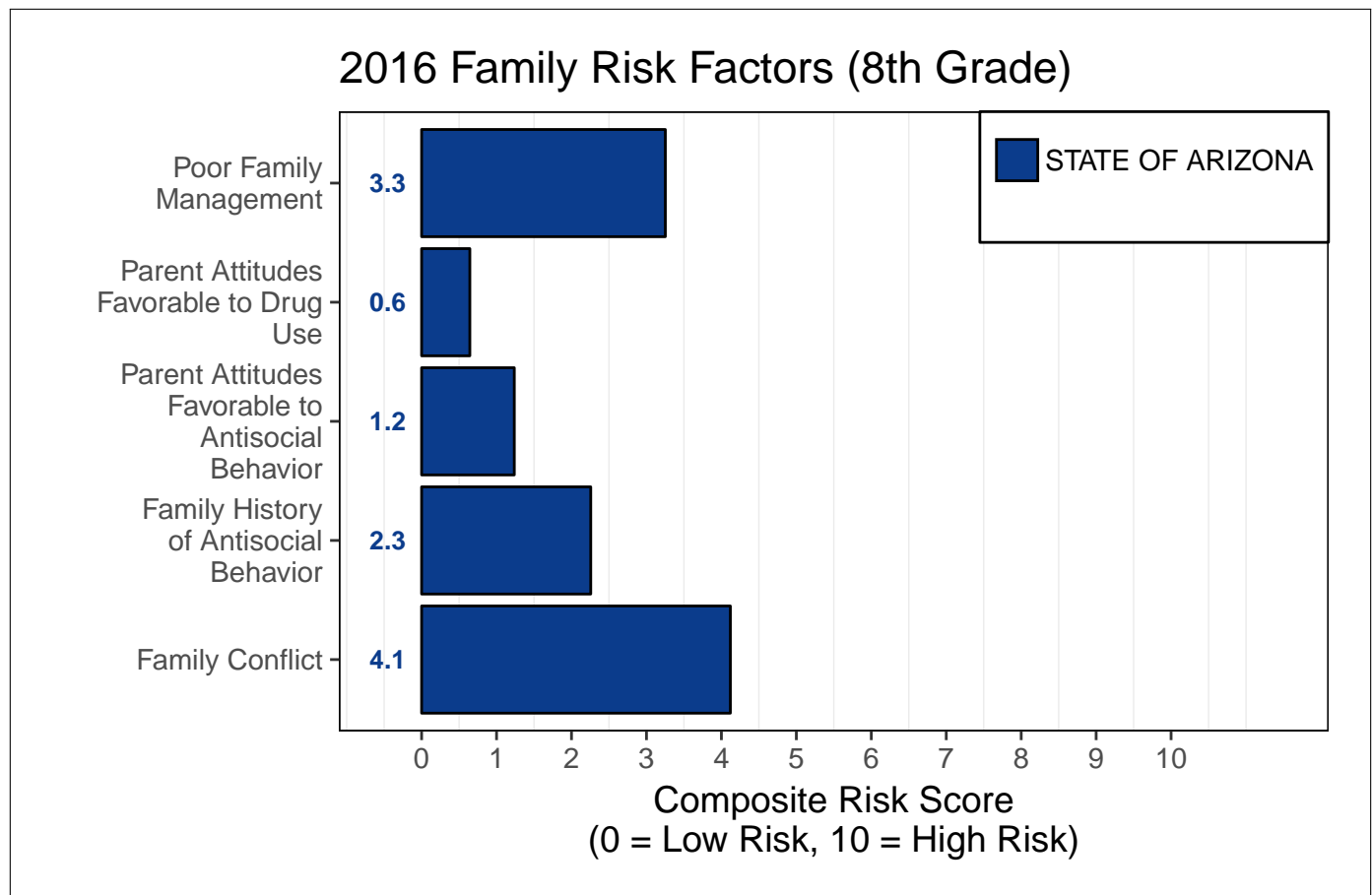


Figure 43: Family Risk Factors (10th Grade)

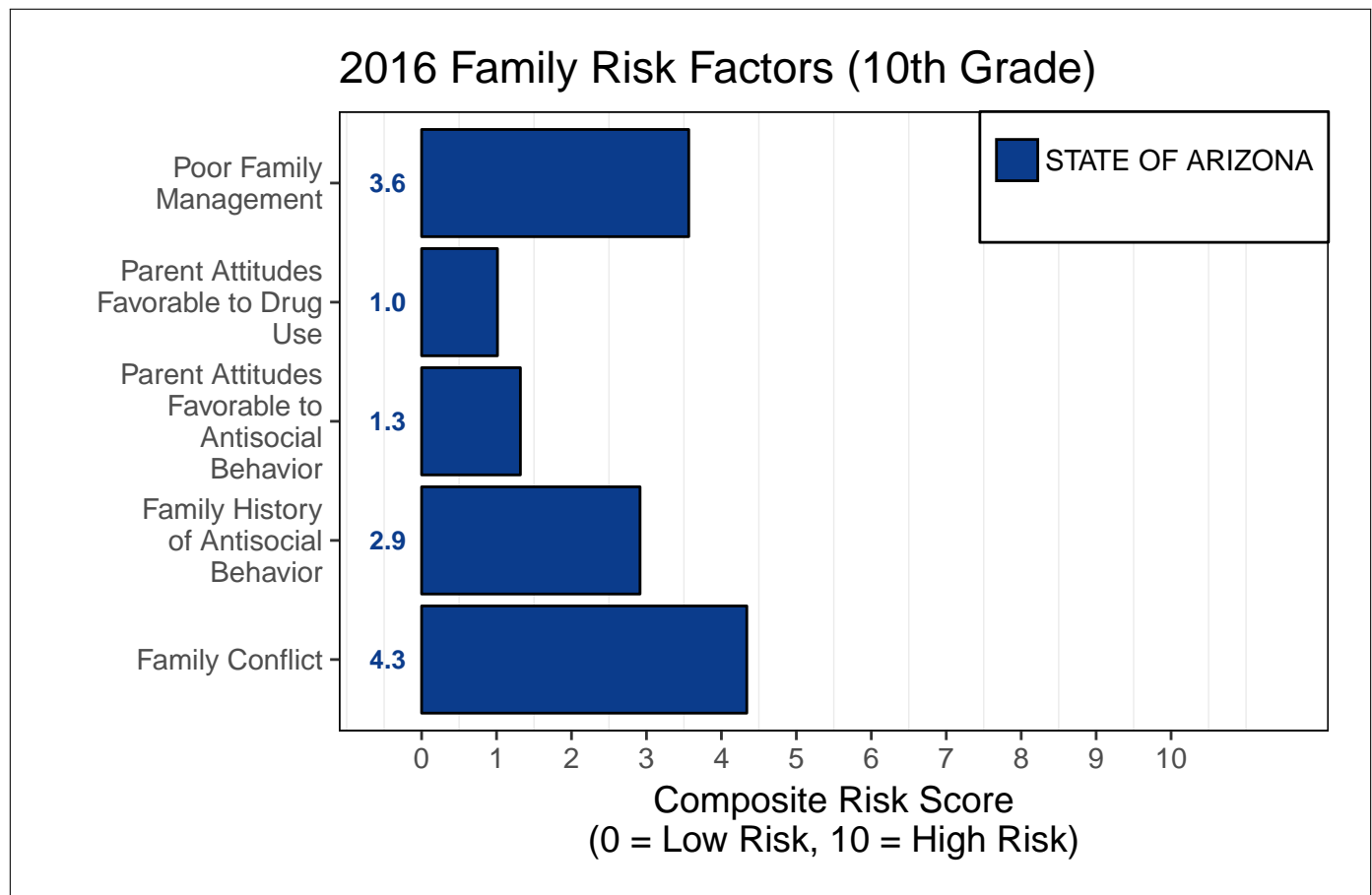


Figure 44: Family Risk Factors (12th Grade)

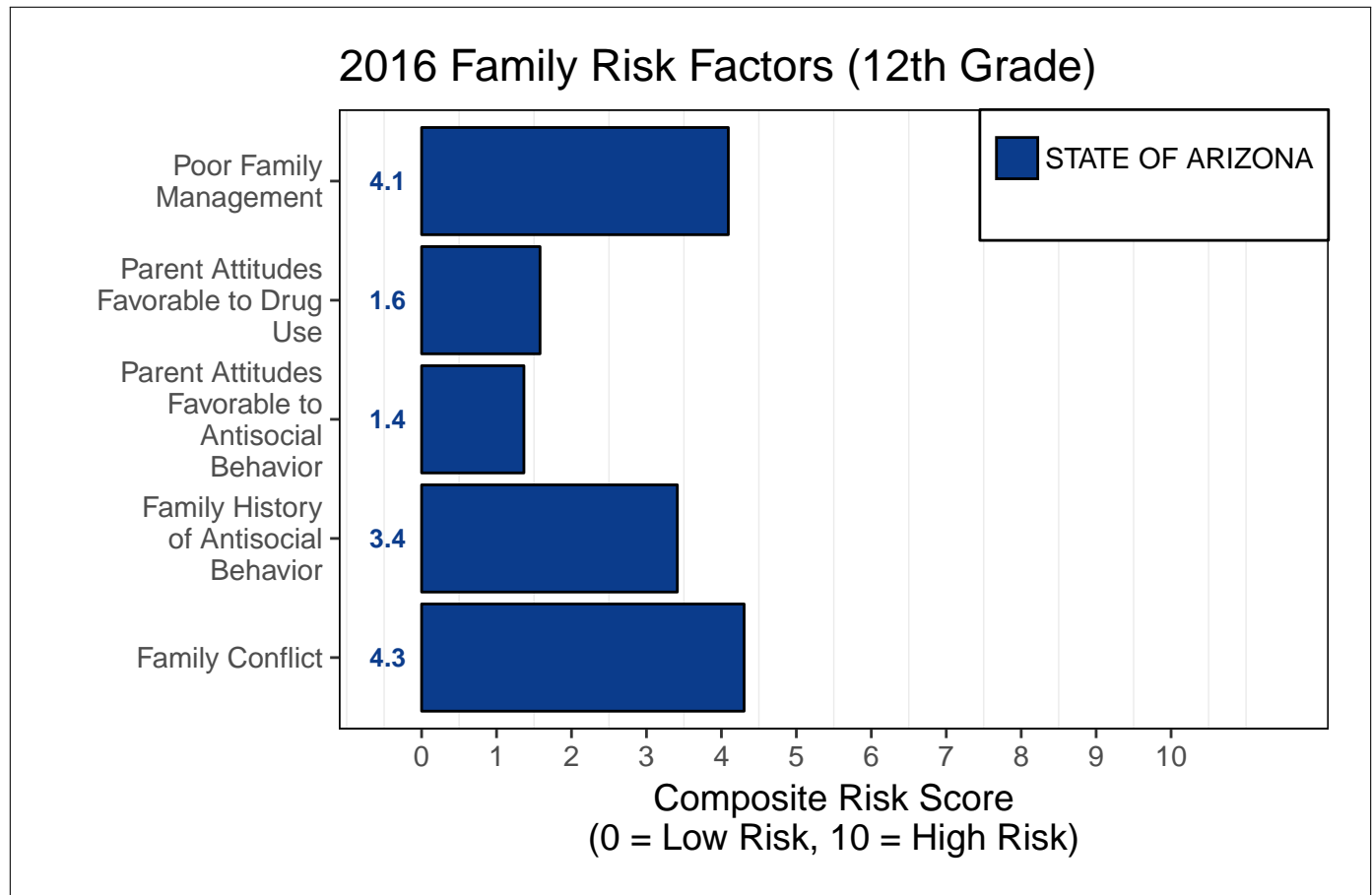


Figure 45: Family Protective Factors (8th Grade)

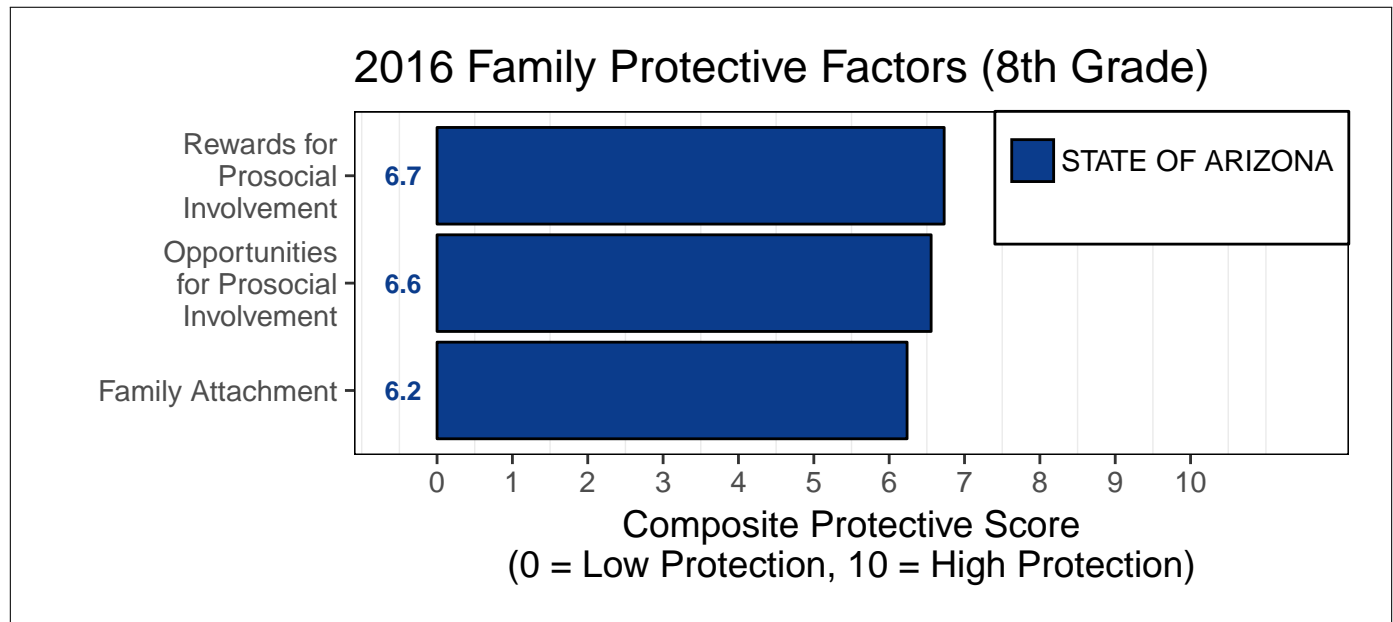


Figure 46: Family Protective Factors (10th Grade)

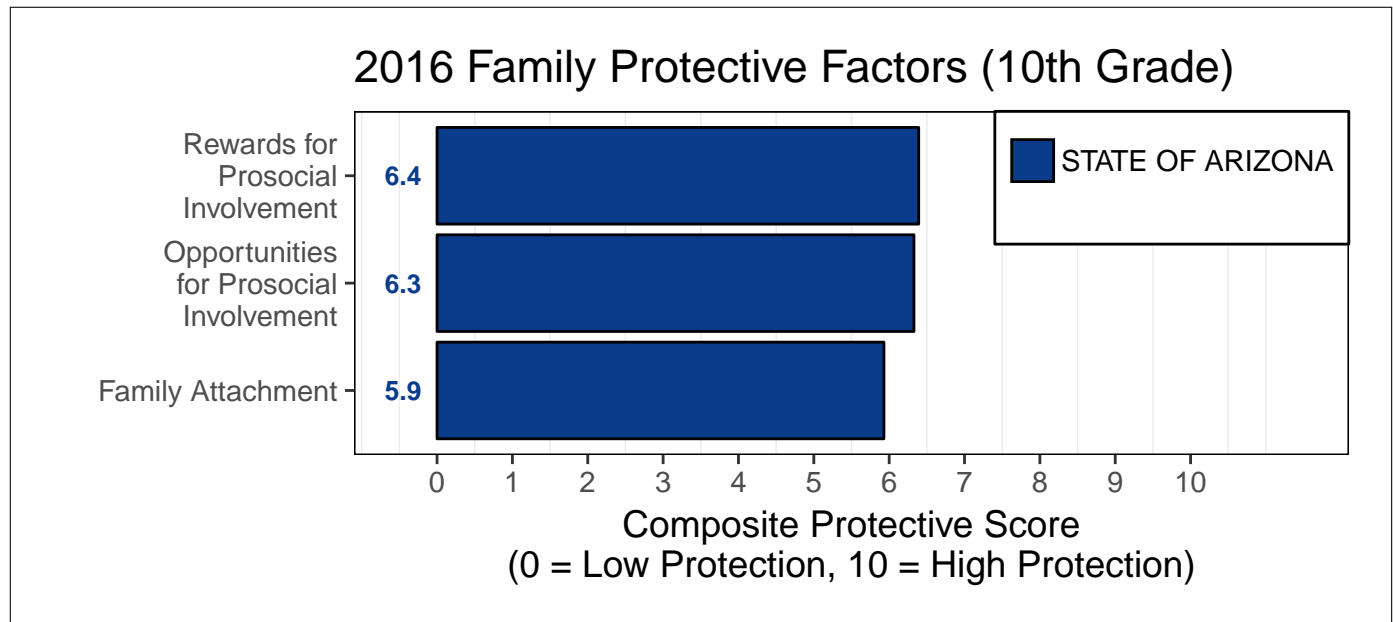
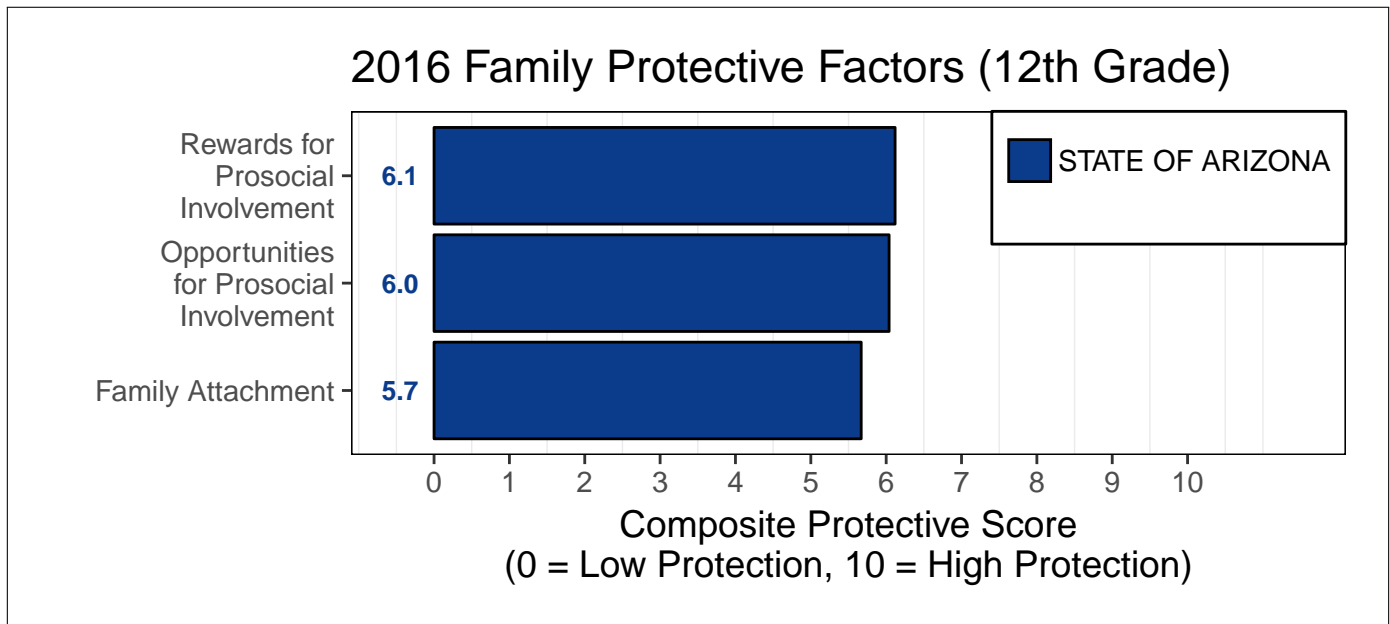


Figure 47: Family Protective Factors (12th Grade)



**School Domain RPFs, 2016**

Figure 48: School Risk Factors (8th Grade)

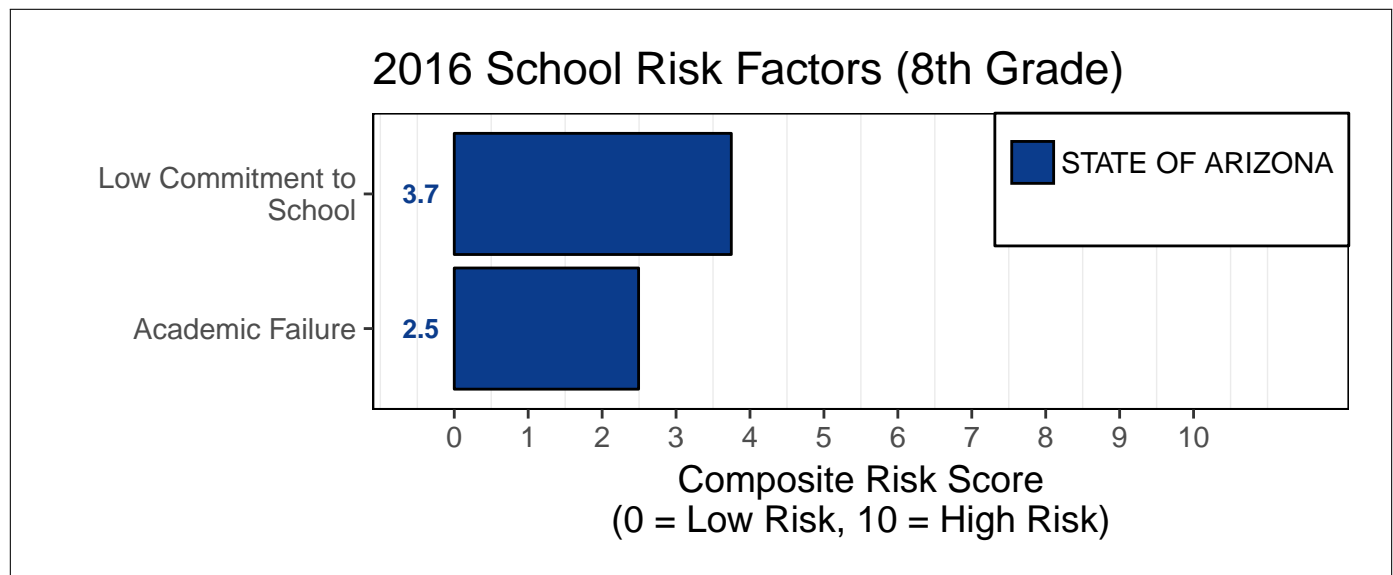


Figure 49: School Risk Factors (10th Grade)

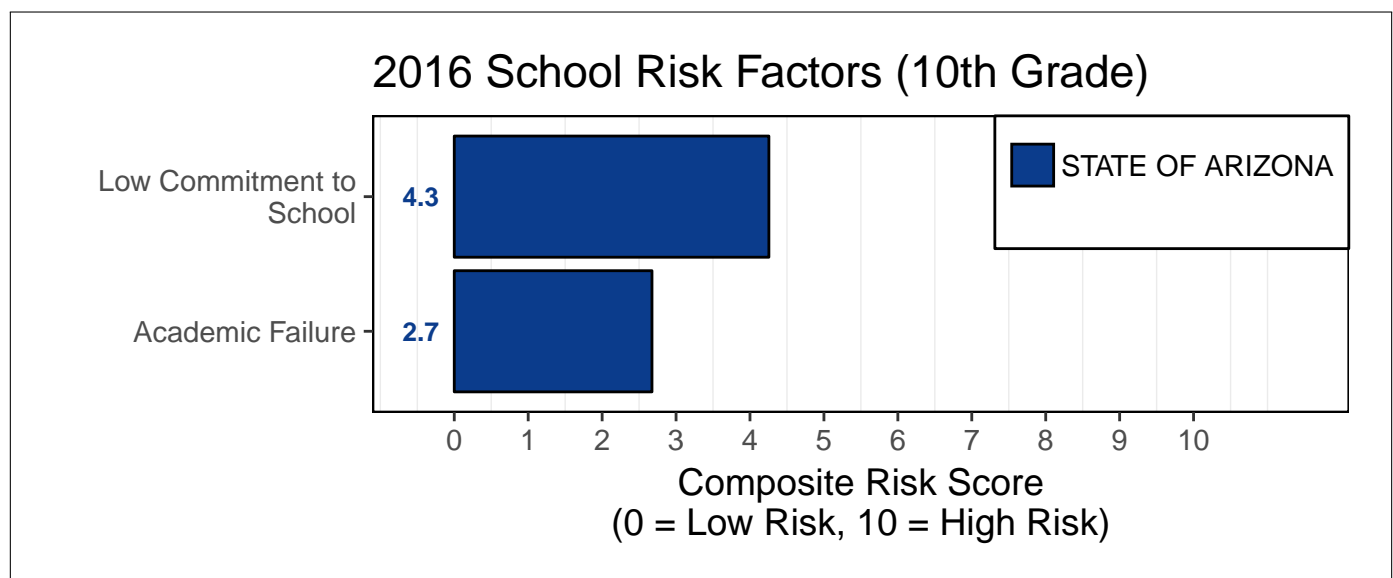


Figure 50: School Risk Factors (12th Grade)

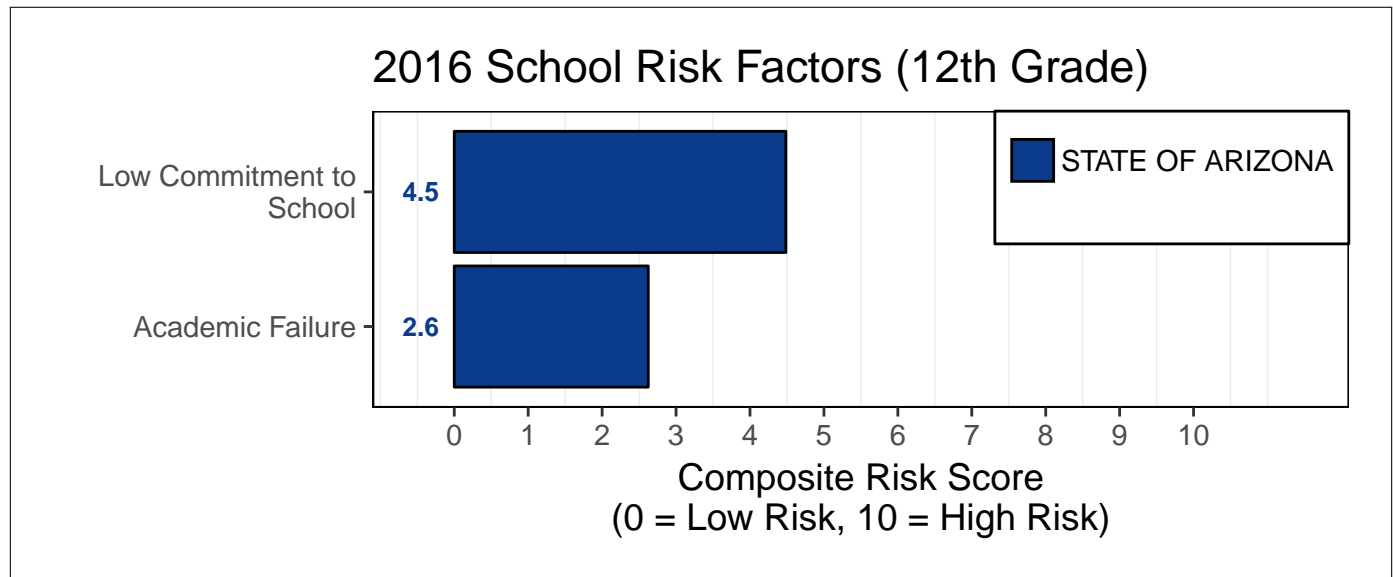




Figure 51: School Protective Factors (8th Grade)

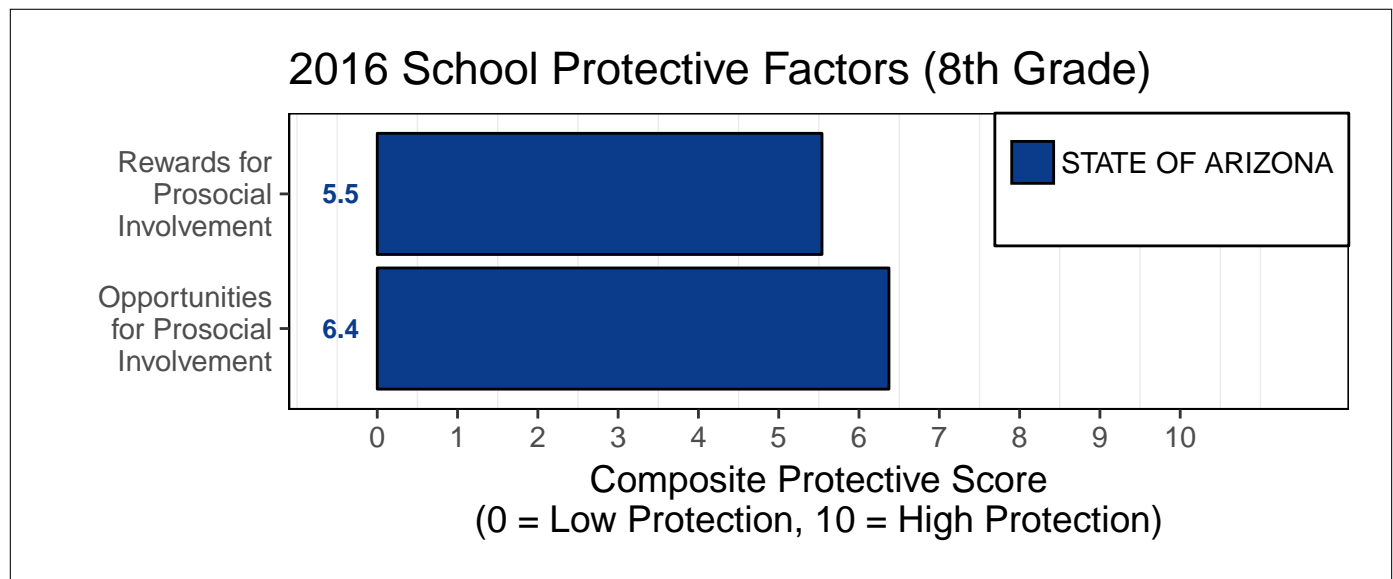


Figure 52: School Protective Factors (10th Grade)

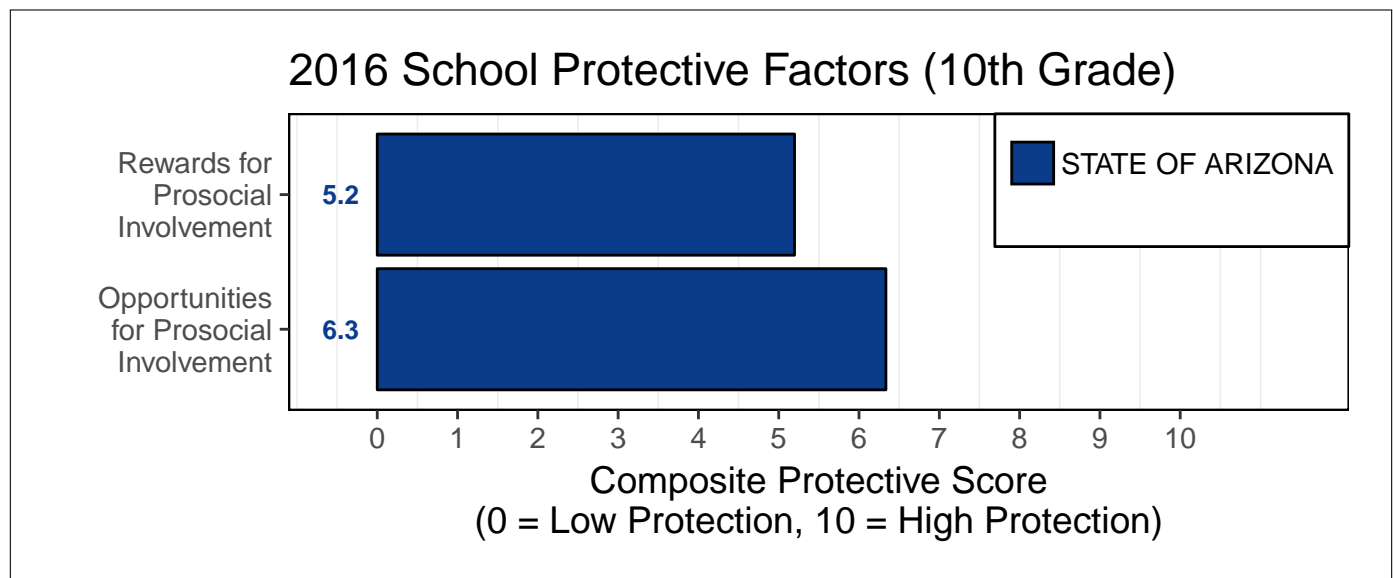
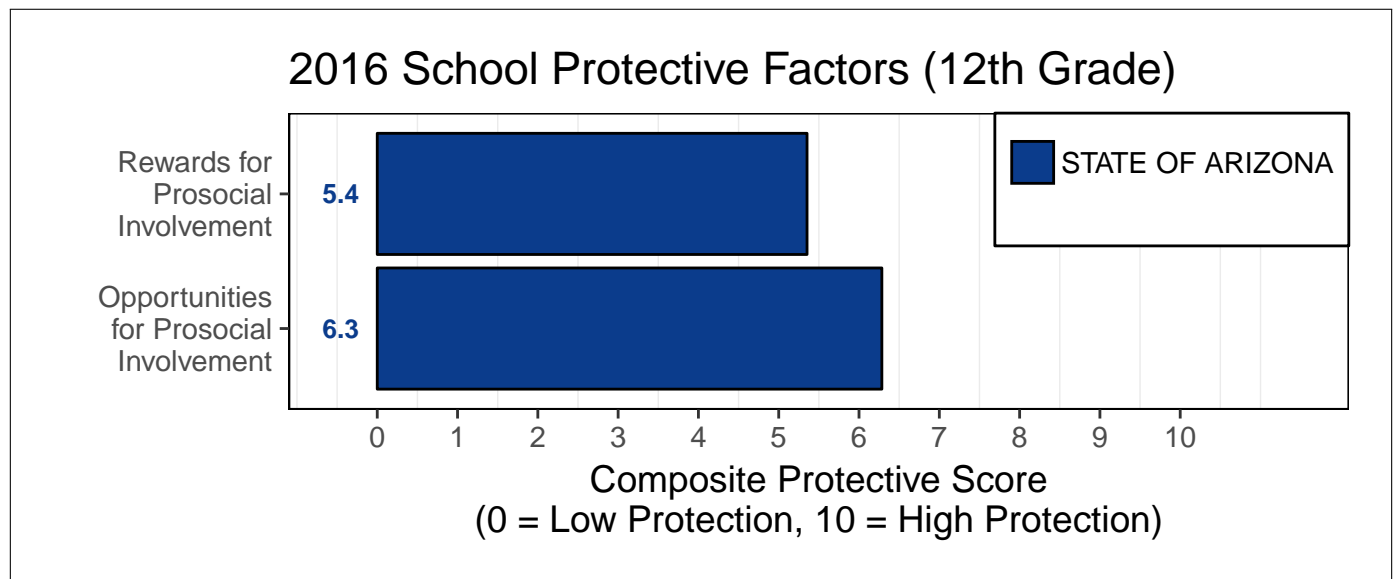


Figure 53: School Protective Factors (12th Grade)



**Community Domain RPFs, 2016**

Figure 54: Community Risk Factors (8th Grade)

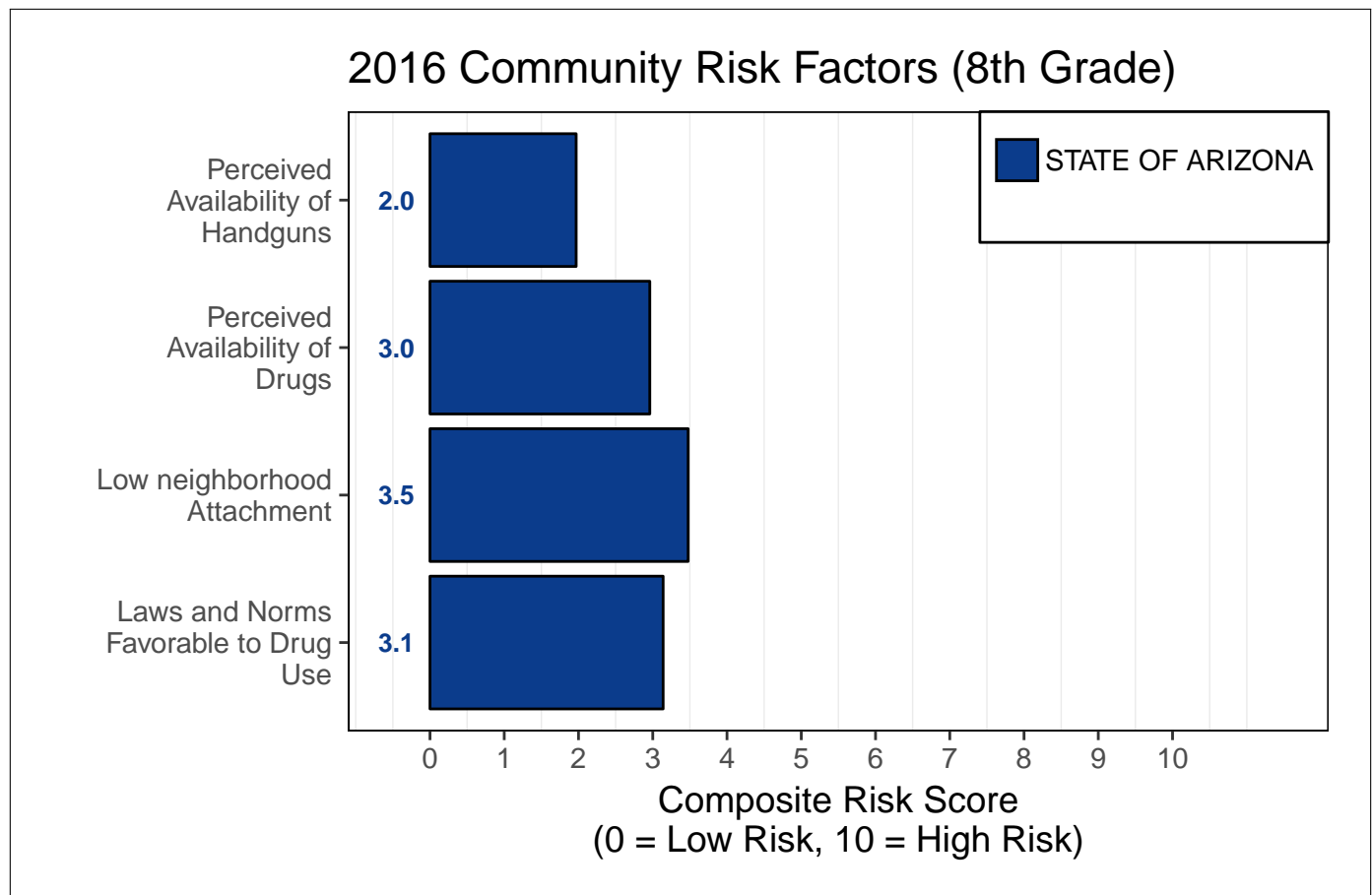


Figure 55: Community Risk Factors (10th Grade)

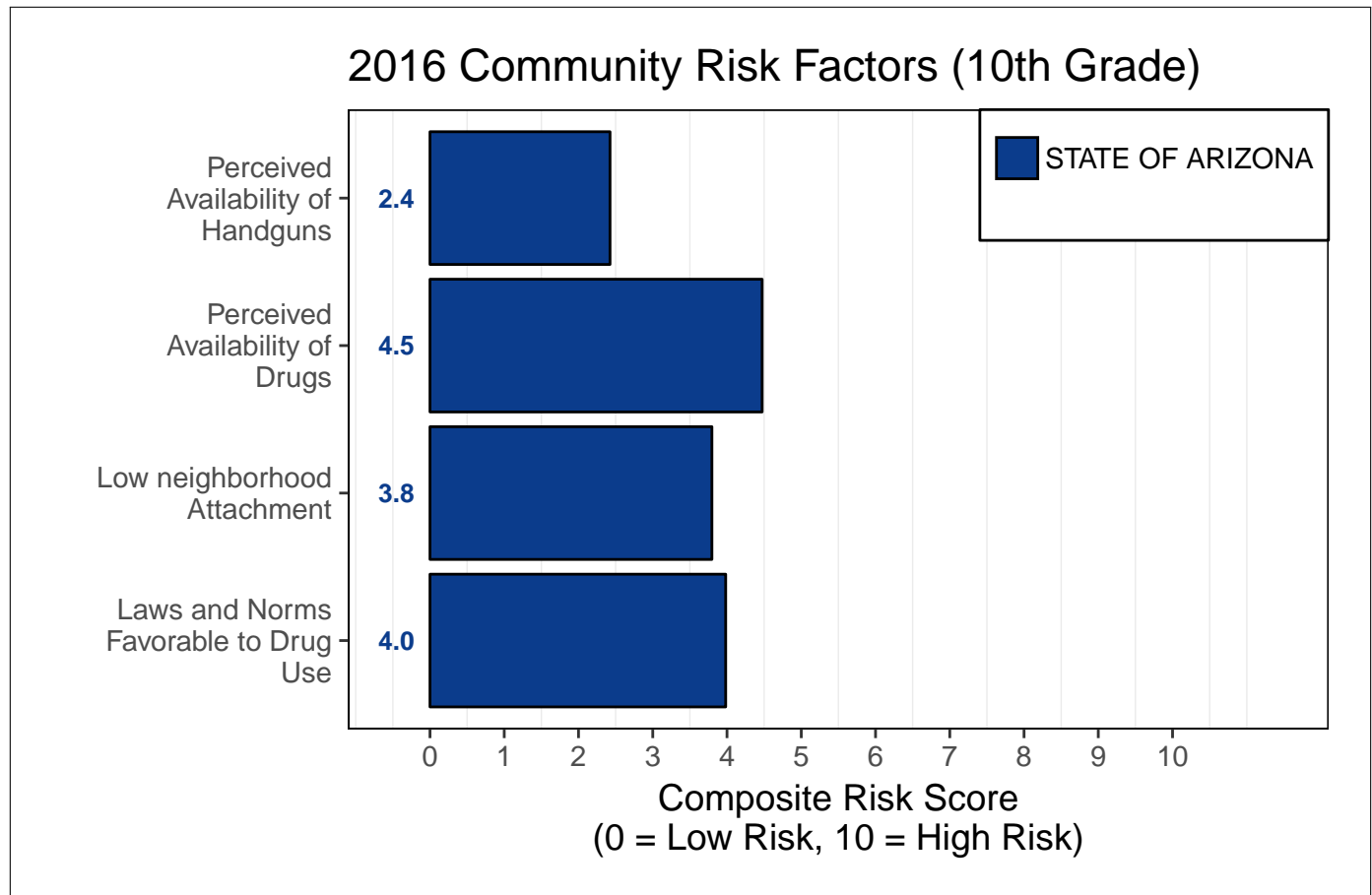


Figure 56: Community Risk Factors (12th Grade)

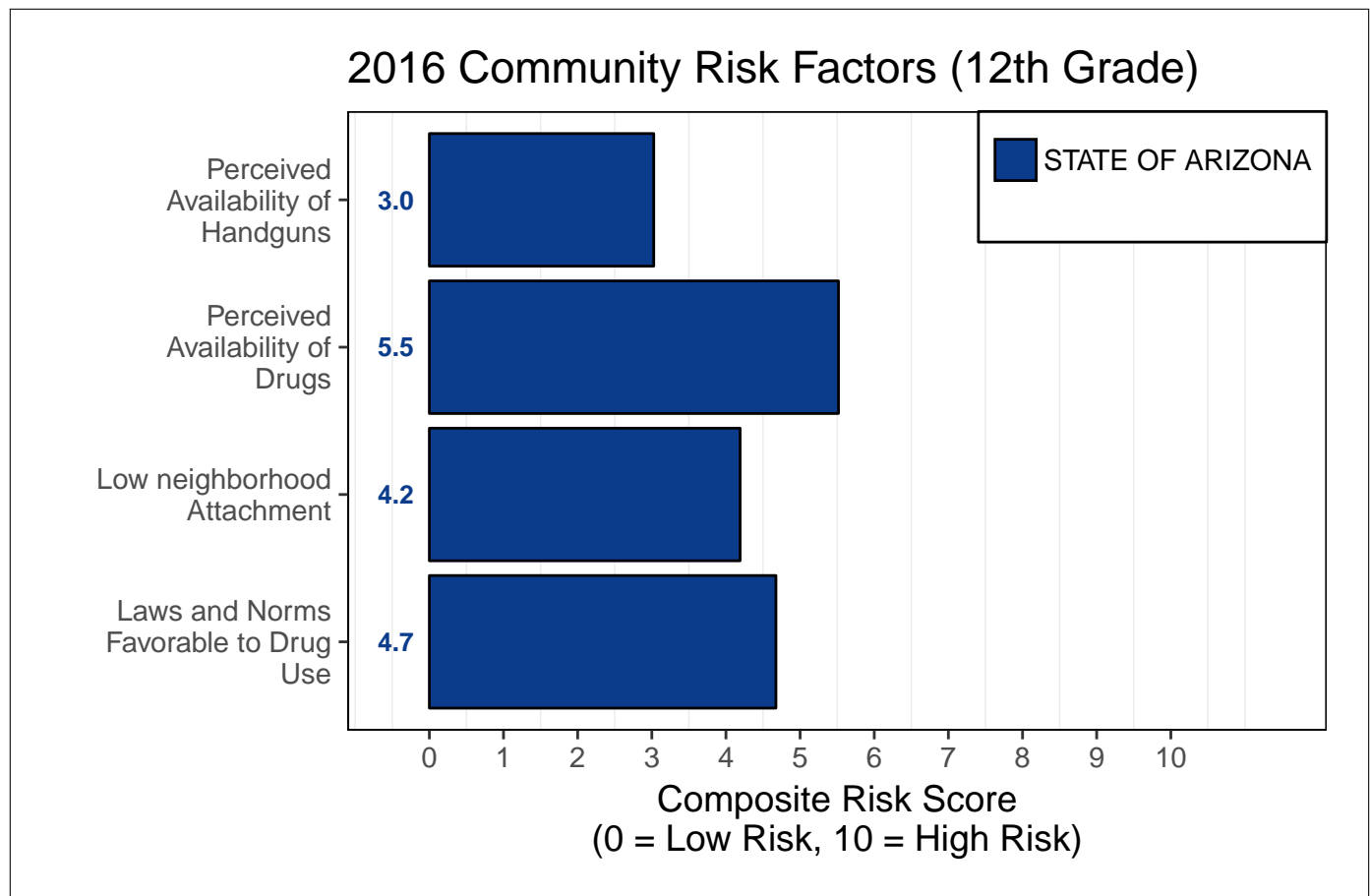


Figure 57: Community Protective Factors (8th Grade)

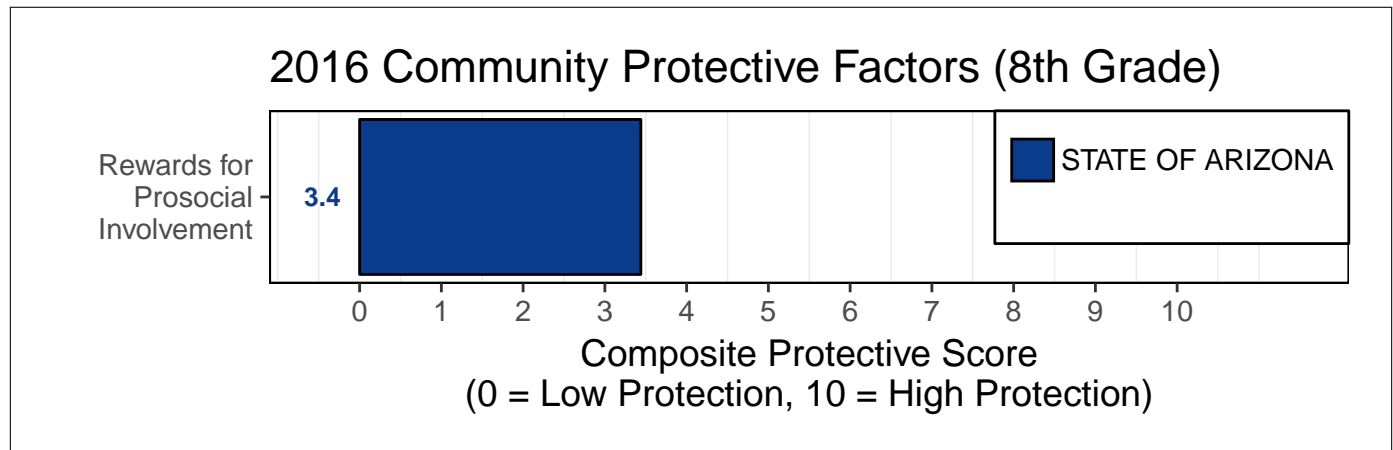


Figure 58: Community Protective Factors (10th Grade)

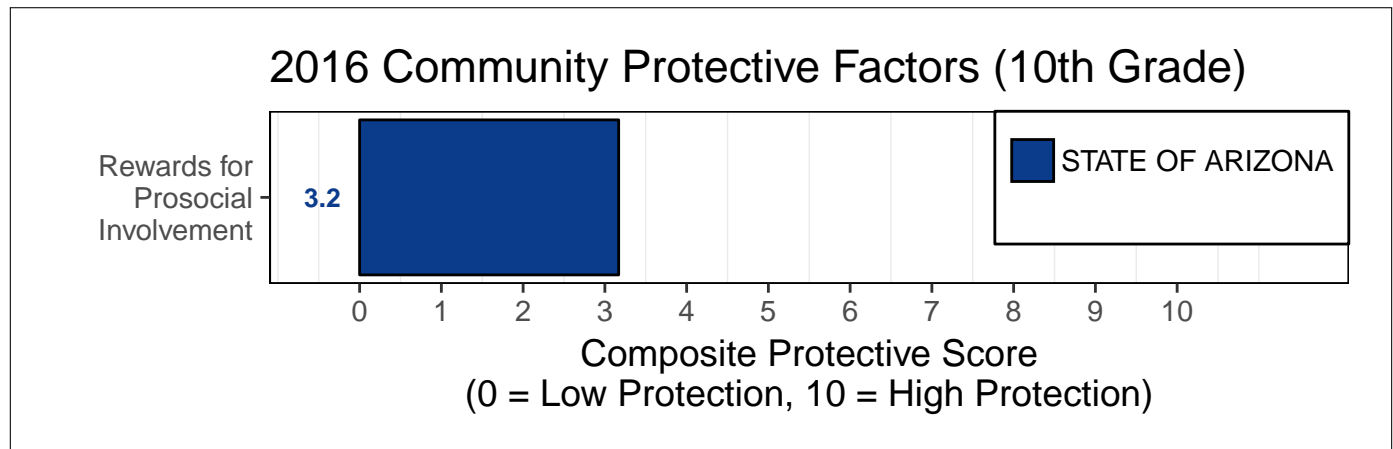
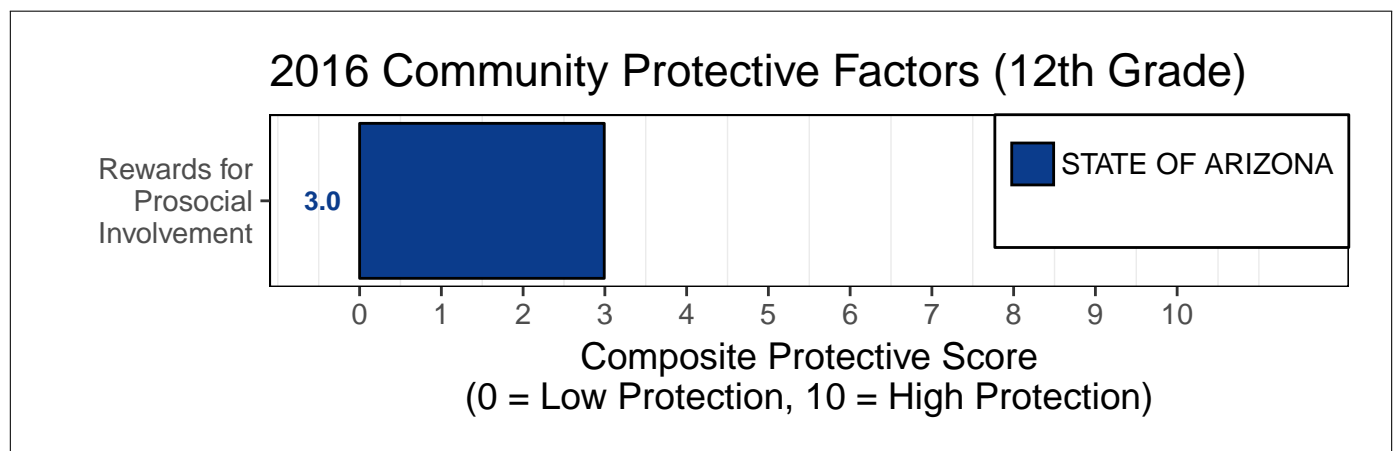


Figure 59: Community Protective Factors (12th Grade)



## 5.2 Other Contextual Factors

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### Definitions

Aside from the established Risk and Protective Factors, there are other contextual factors that may influence the prevalence of drug use and other problem behaviors in youth. Data relating to a number of these key indicators are provided by the Arizona Youth Survey, including: (1) sources of drugs and alcohol; (2) substance offers and resistance strategies; (3) ease of access; (4) age of initiation; (5) parent-youth communication; and (6) reasons for use and non-use.

#### Sources of Drugs and Alcohol

Several questions asked the participants who used alcohol, marijuana or prescription drugs during the past 30 days how they obtained each substance (e.g. from home, parties, friends, or adults). The answer categories for these questions are not mutually exclusive, and youth were able to select more than one response option. The data shown in each table refer to the percentage of youth who reported having obtained each substance via the categories shown in the figures. Importantly, the percentages refer to the total percentage of students who selected each response, and do *not* reflect whether that particular student also reported ever having used the relevant substance.

#### Substance Offers and Resistance Strategies

Youth may be offered substances without communicating an interest in using those substances (Pettigrew et al., 2012). Participants were asked if they were offered drugs in the past 30 days, if they avoided areas where drug consumption was known to happen, and if they have had conversations with their parents about how to respond to drug offers. The data presented in charts reflect those youth who answered that they had experienced at least one drug offer in the last 30 days, had avoided places where drug consumption occurs at least once in the last 30 days, and if they have spoken to their parents at least once in the past 12 months about resisting drug offers.

Youth were also asked how they responded to drug offers in the past 30 days. Data represented in charts refer to those students who stated that they were offered substances and used a specific method in order to resist these offers.

#### Ease of Access to Substances and Handguns

These charts examine youths' perceptions about how easy they believe it would be to obtain specific drugs or handguns. Percentages represented refer to those youth who believe it is very easy or sort of easy to obtain alcohol, cigarettes, marijuana, other drugs, or handguns in their community.

#### Age of Initiation

The earlier youth participate in risky problem behaviors, the more likely they are to continue those behaviors later in their lifespan (Harachi et al., 2001; Hawkins et al., 1997). Participants were asked how old they were when, if ever, they first used substances, attacked someone with the idea of seriously hurting

them, belonged to a gang, or gambled. Data were calculated to produce the average age of initiation and the median age of initiation for each problem behavior. Average age, also known as the mean, is calculated by adding all the ages of the respondents and then dividing that number (the sum) by the number of scores initially added together. Median age shows the middle value of the ages of initiation for each activity. The median age is found by listing all the ages in numerical order and identifying the number in which one-half of the values are larger than this middle number and one-half of the values are smaller than this number. The average age and median age are important to note in order to obtain a better understanding of when youth may begin participating in each of these behaviors.

#### Parent/Youth Communication

Youth who do not speak with their parents about the dangers of substance use are more likely to participate in drug use and other problem behaviors (Yu et al., 2006). Participants were asked questions regarding having discussions with their parents about the dangers and risks of each drug. The Parent/Youth Communication charts represent the percentage of youth who report having talked with at least one of their parents in the past 12 months about the dangers of various drugs. Percentages relating to the response category “did not talk to parents about these topics” refer to those youth who have not talked to a parent about the dangers of substances during the past 12 months.

#### Reasons for Substance Use and Non-Use

There are multiple motivating factors that can influence someone’s decision to use or not use substances (Boys et al., 2001). Participants were asked why they did and/or did not use drugs in the past 30 days, and were able to select all the reasons that influenced their decisions. Percentages listed in charts are categorized by substance users and non-users. Charts relating to reasons for use only include those youth who stated they used a substance in the last 30 days. Charts relating to reasons youth did not use substances only include participants that stated they did not use any substances in the last 30 days.



## Figures

### Sources of Drugs and Alcohol, 2016

Figure 60: Sources of Alcohol, last 30 days (8th Grade)

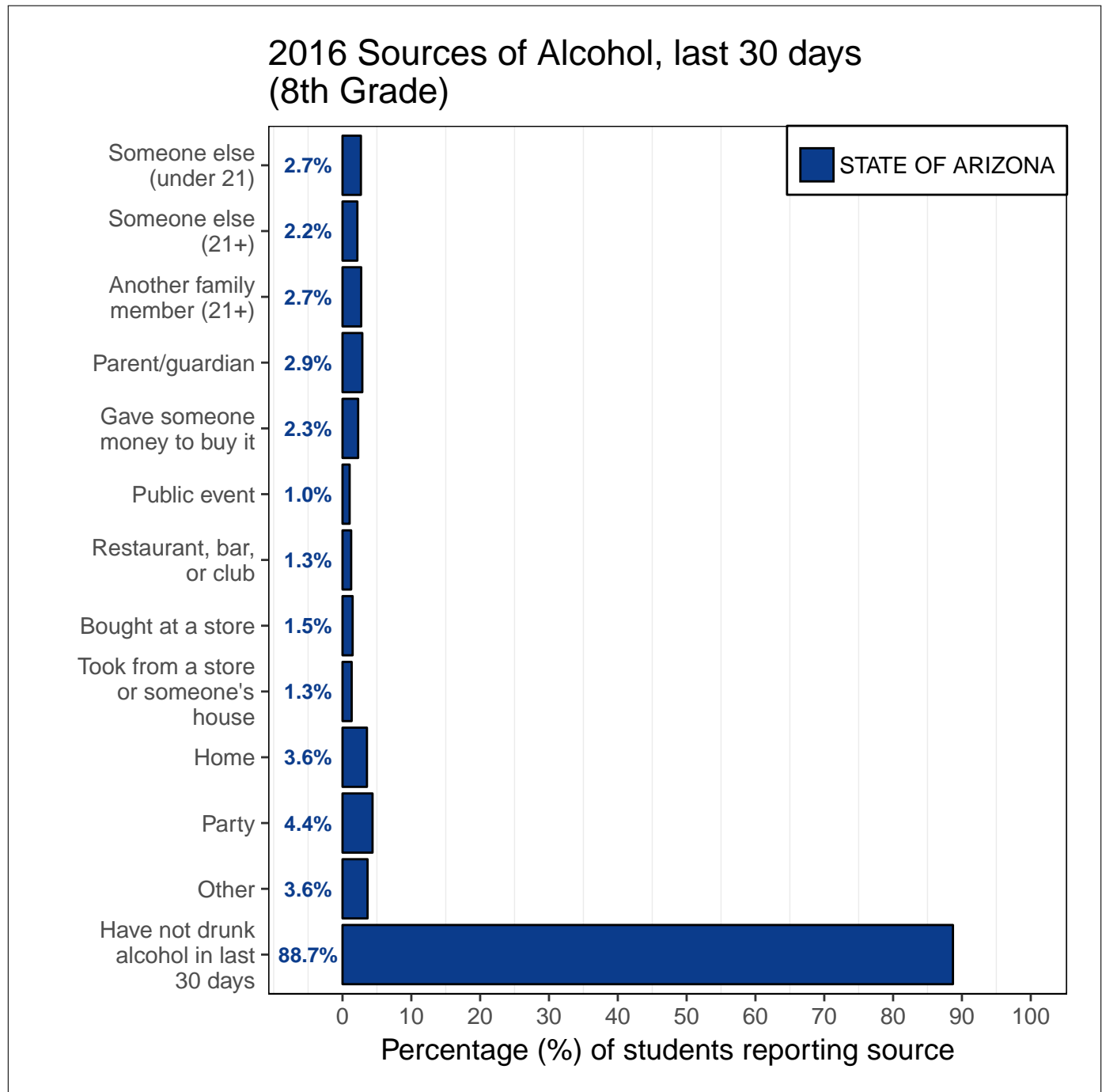


Figure 61: Sources of Alcohol, last 30 days (10th Grade)

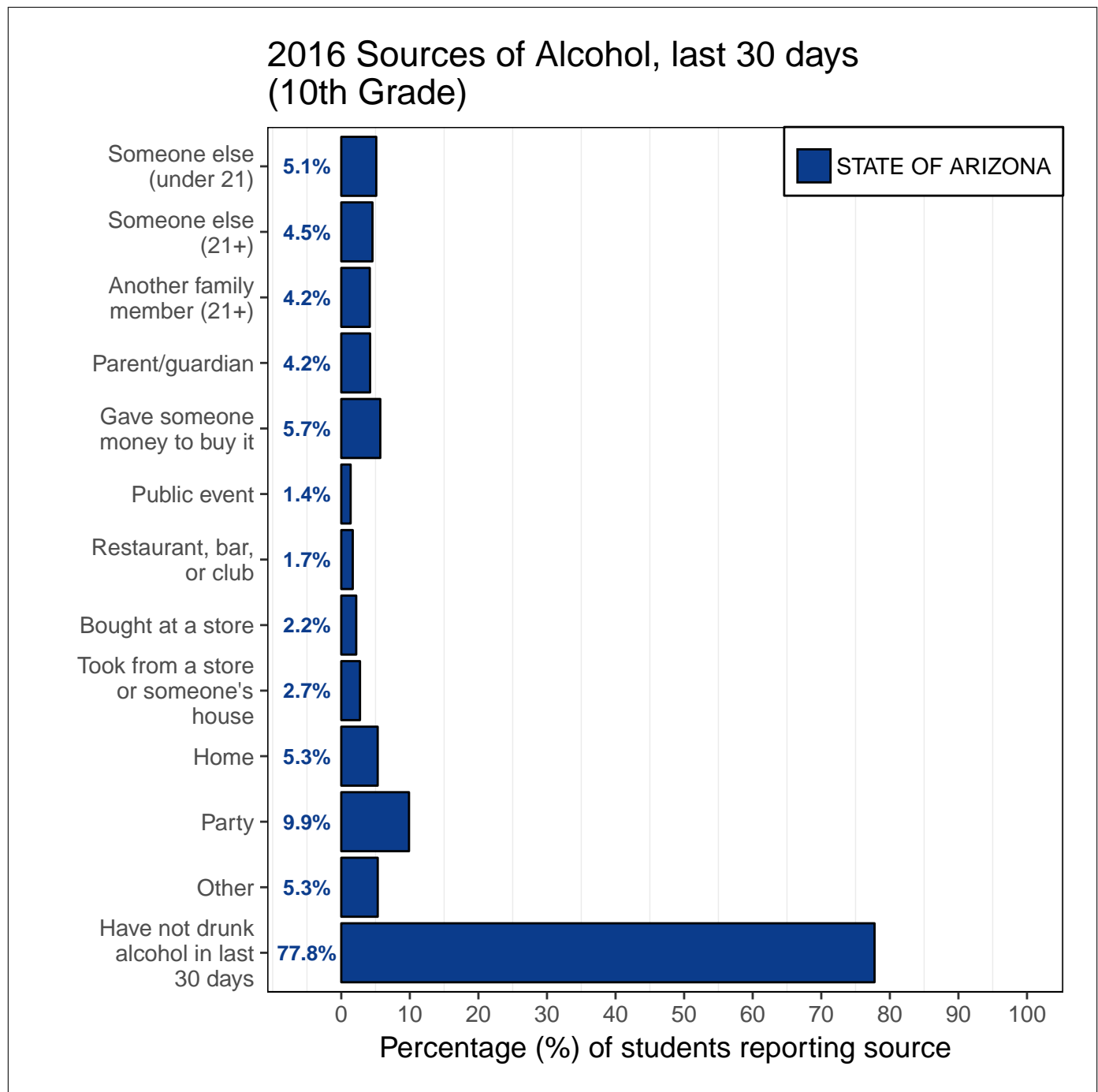


Figure 62: Sources of Alcohol, last 30 days (12th Grade)

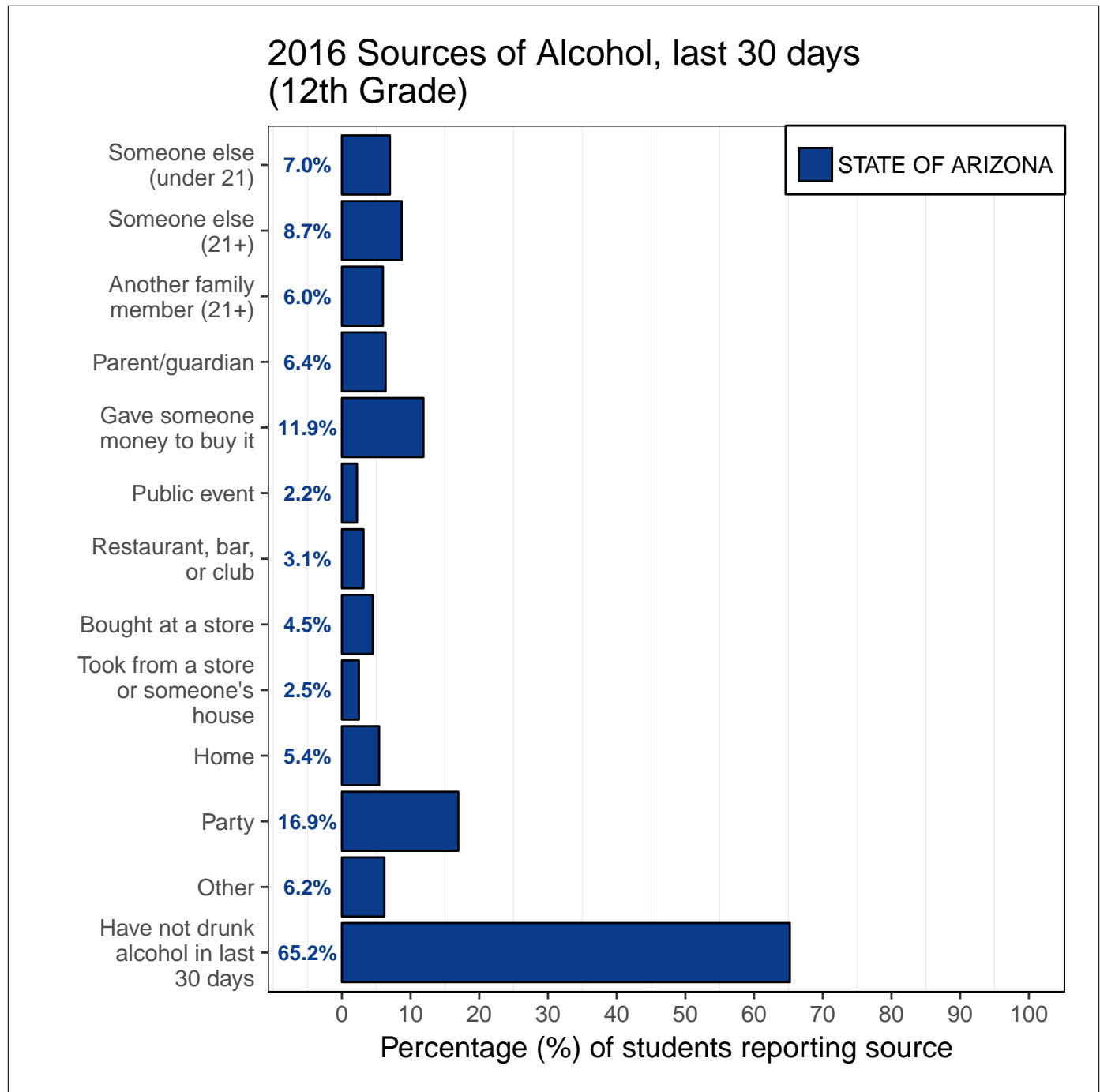


Figure 63: Sources of Marijuana, last 30 days (8th Grade)

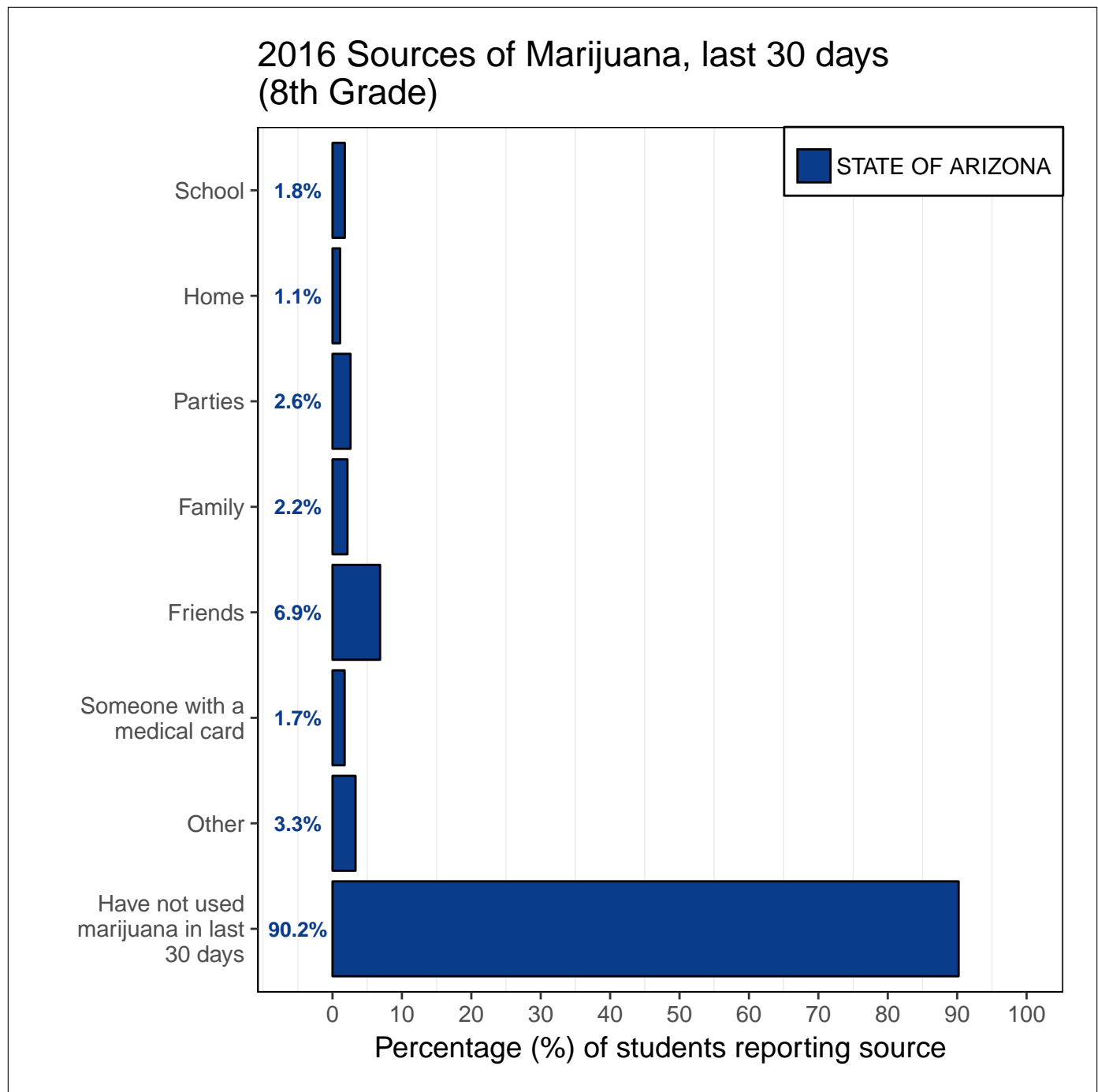


Figure 64: Sources of Marijuana, last 30 days (10th Grade)

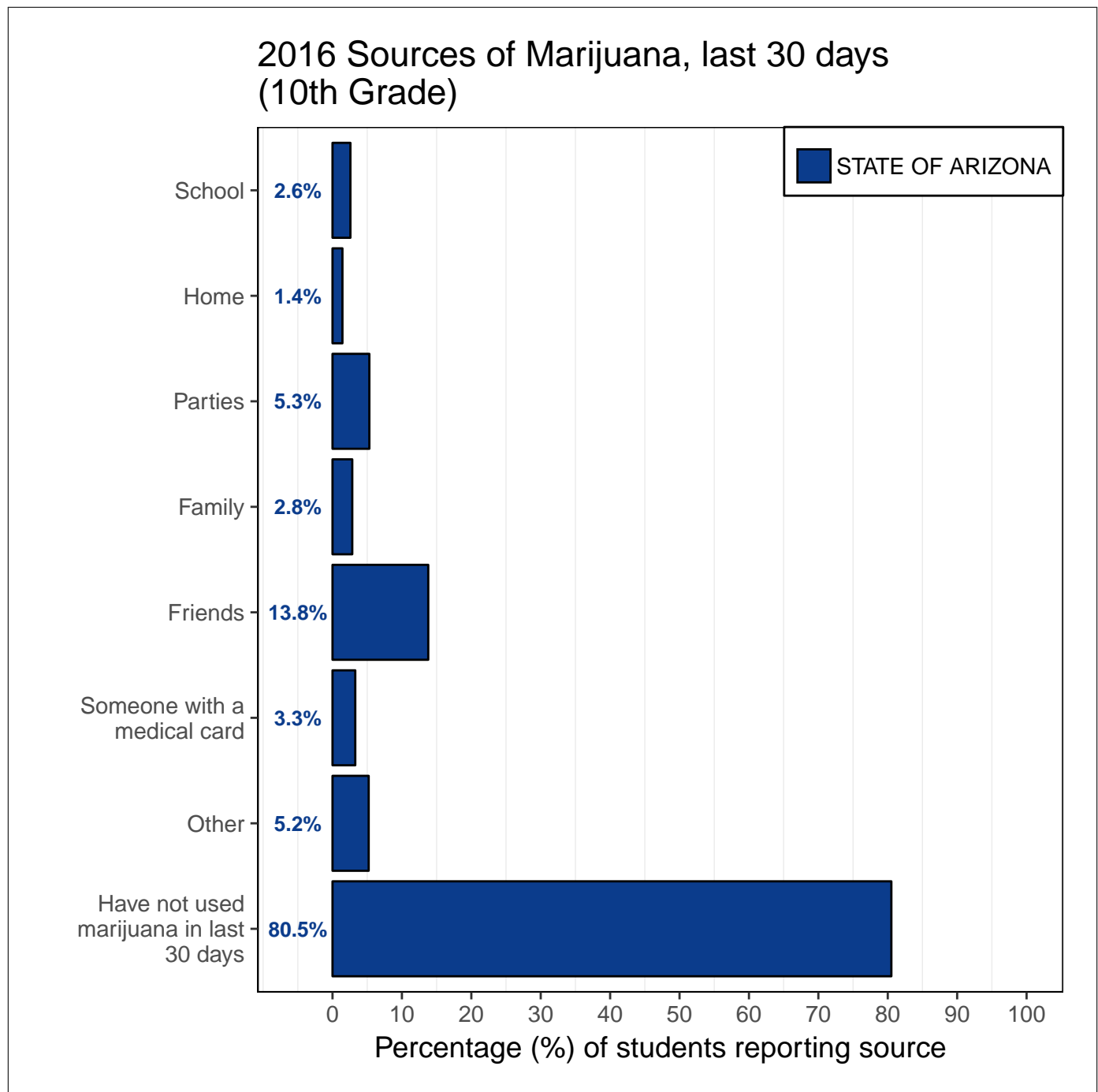


Figure 65: Sources of Marijuana, last 30 days (12th Grade)

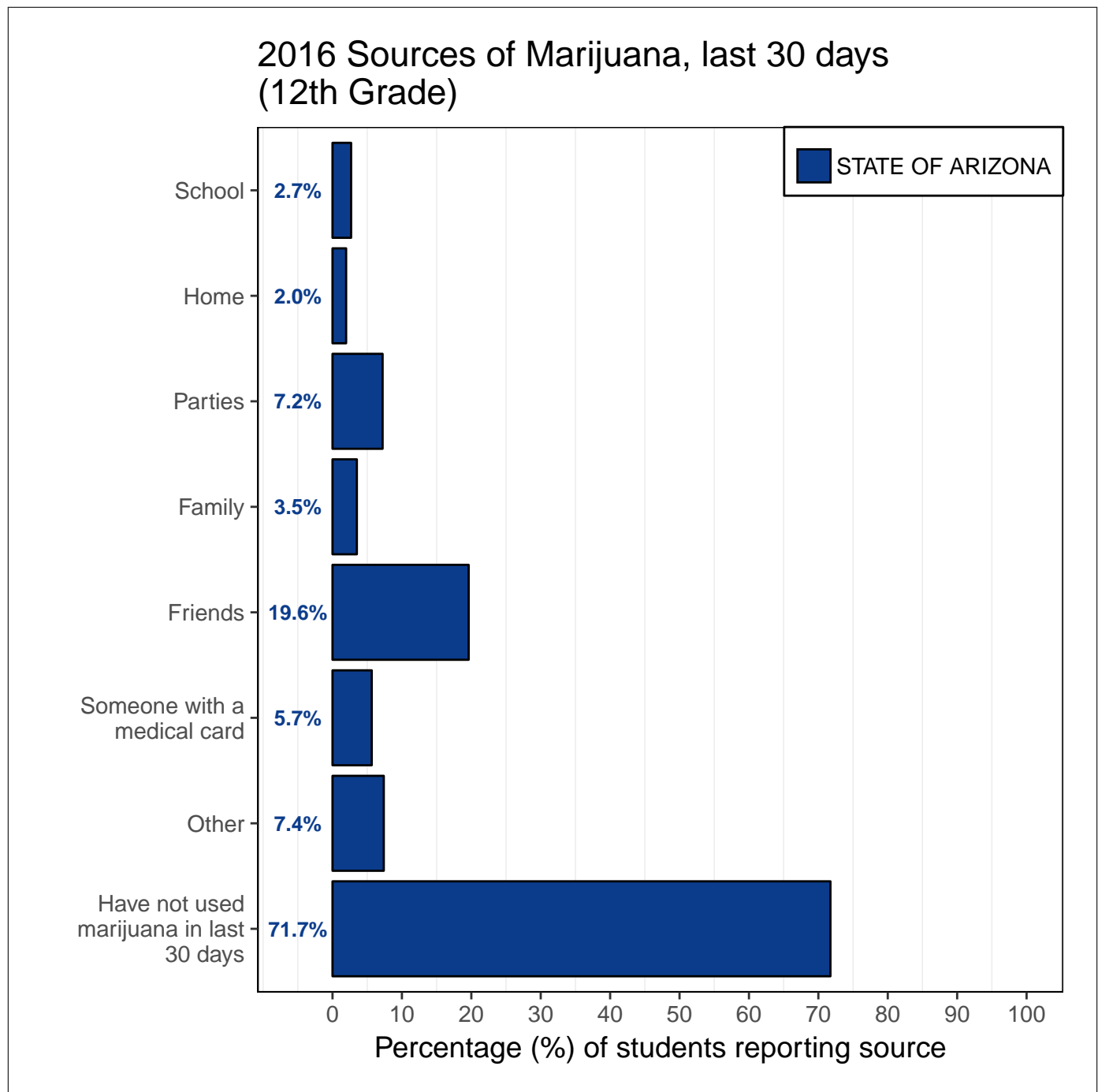


Figure 66: Sources of Rx Drugs, last 30 days (8th Grade)

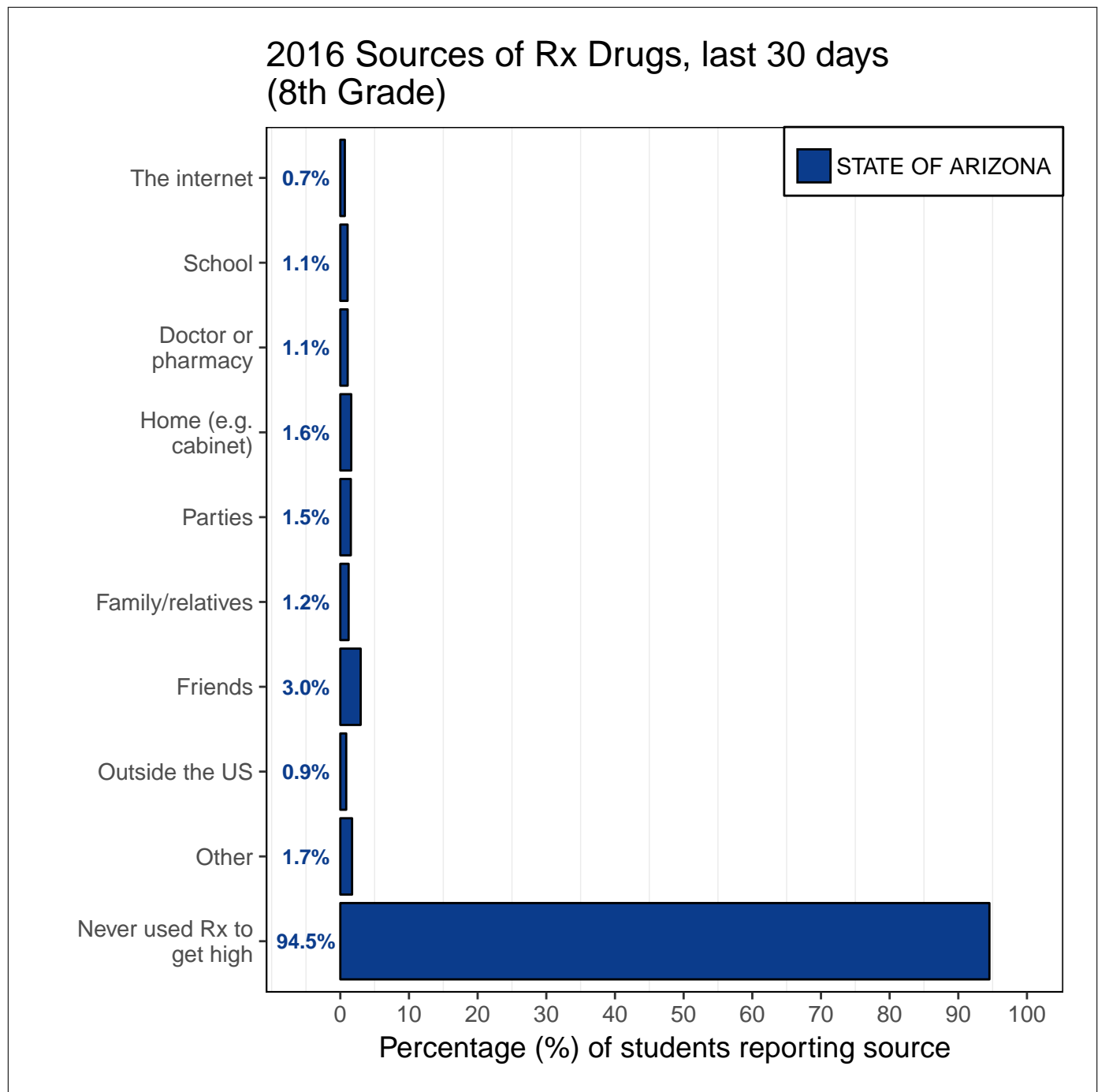


Figure 67: Sources of Rx Drugs, last 30 days (10th Grade)

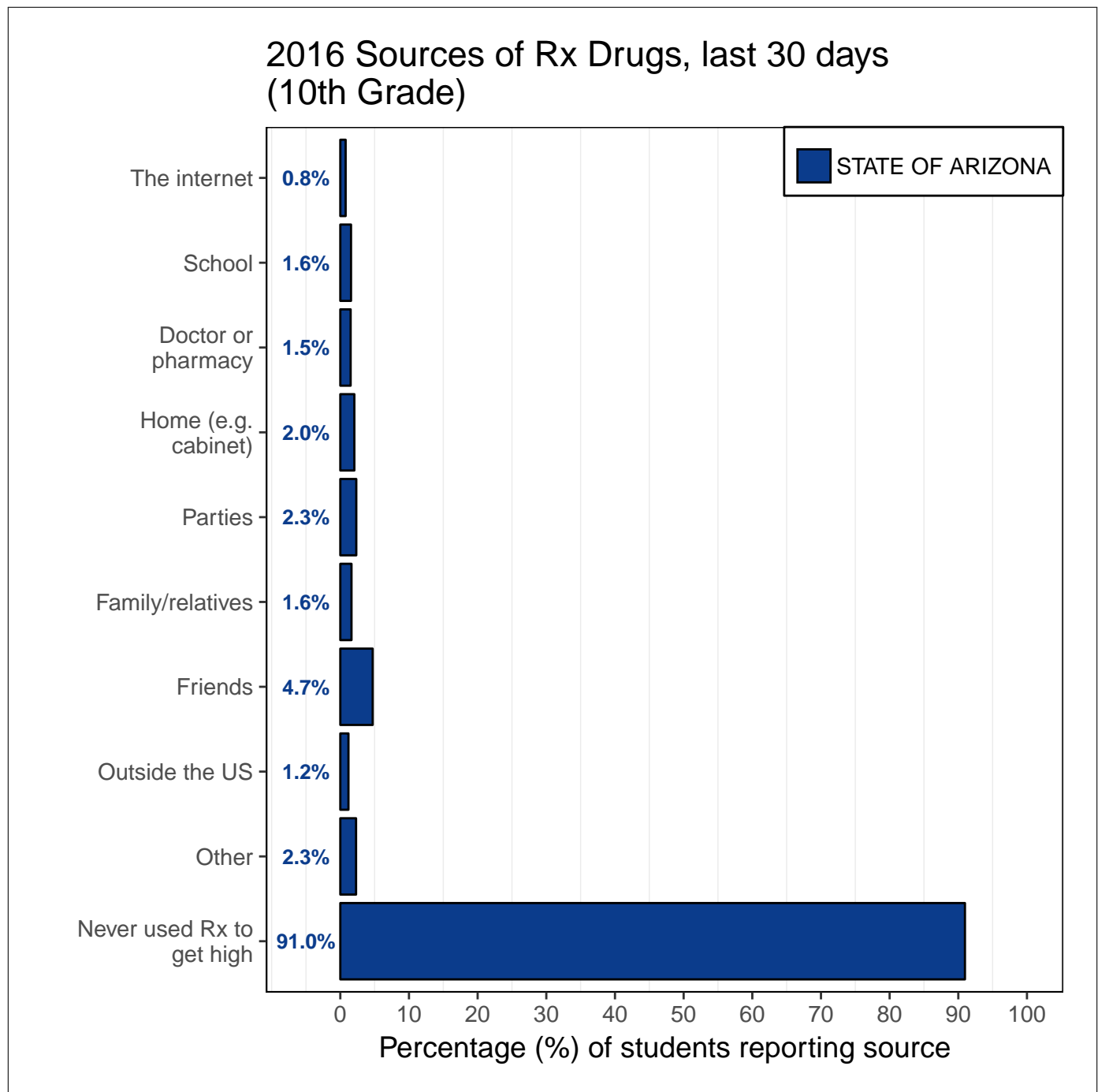
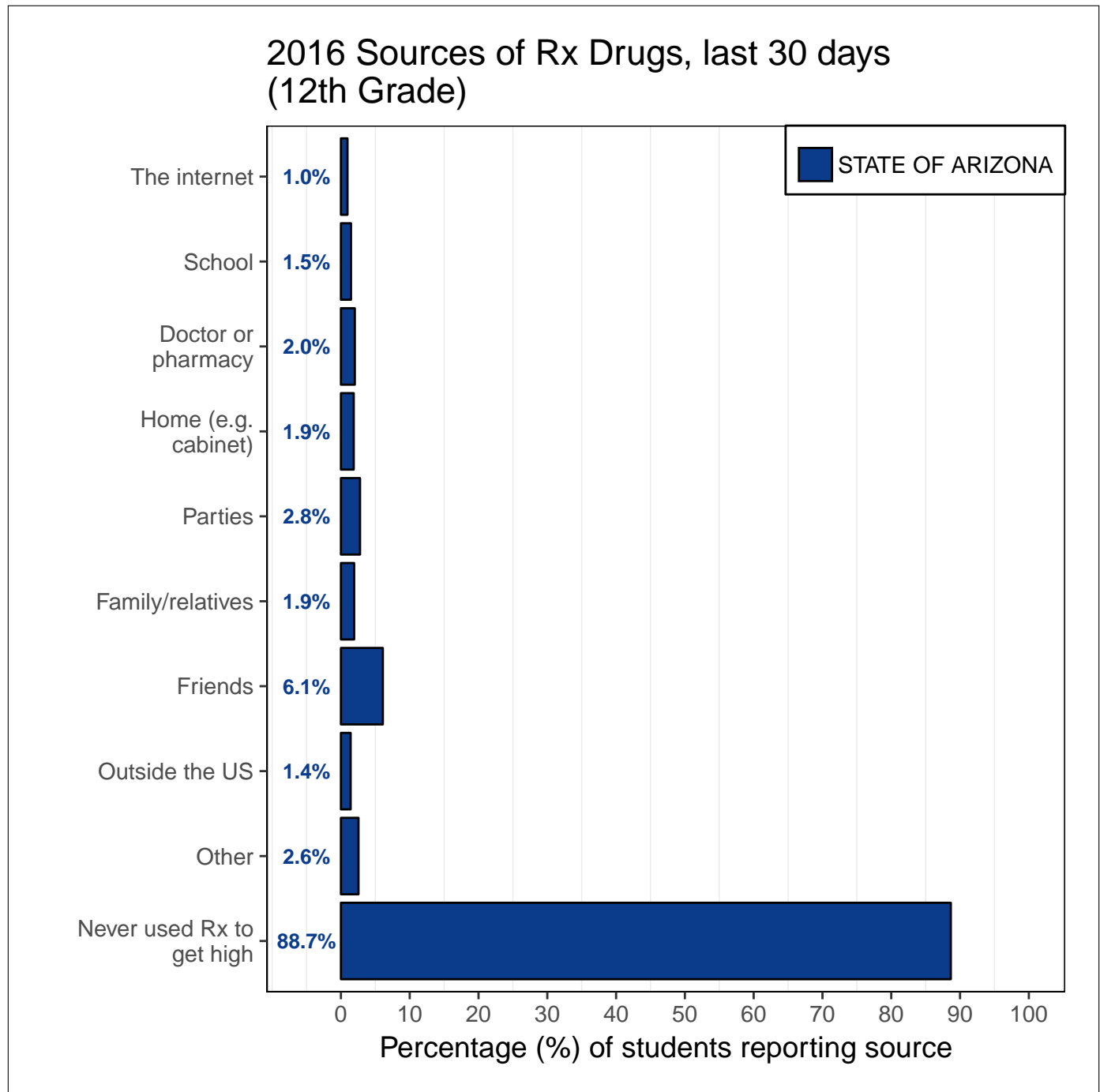




Figure 68: Sources of Rx Drugs, last 30 days (12th Grade)



**Substance Offers, 2016**

Figure 69: Substance Offers (8th Grade)

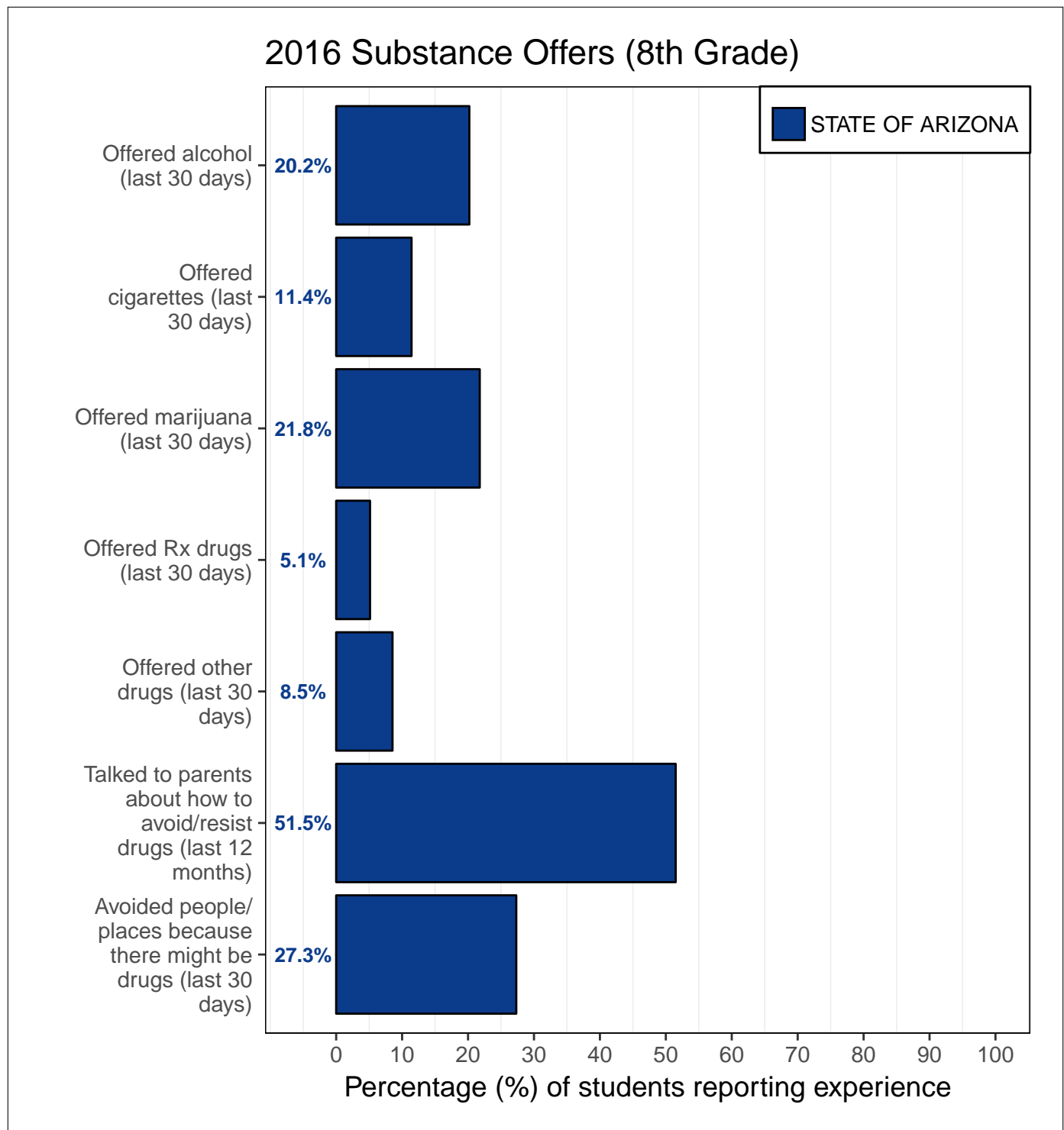


Figure 70: Substance Offers (10th Grade)

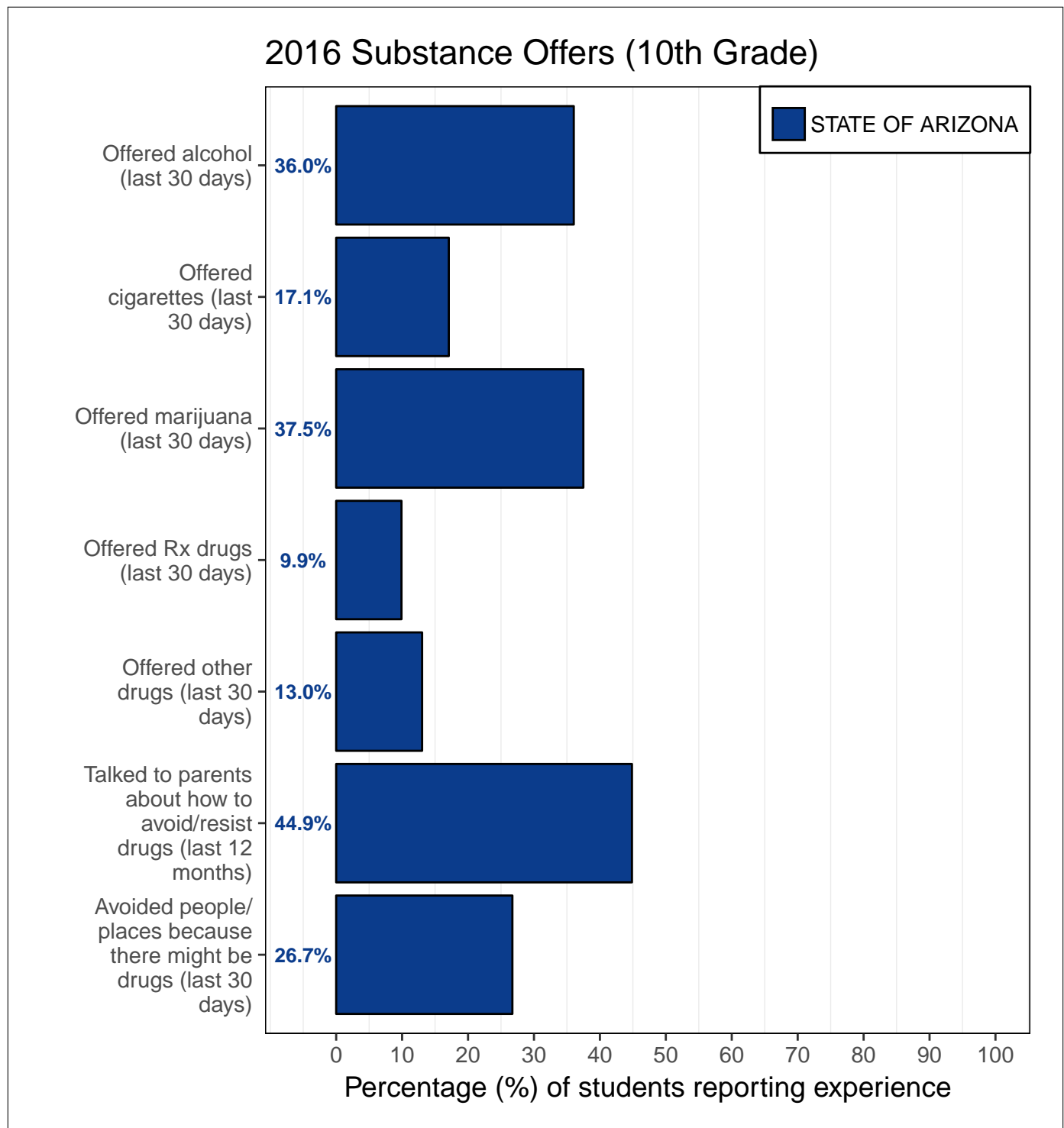
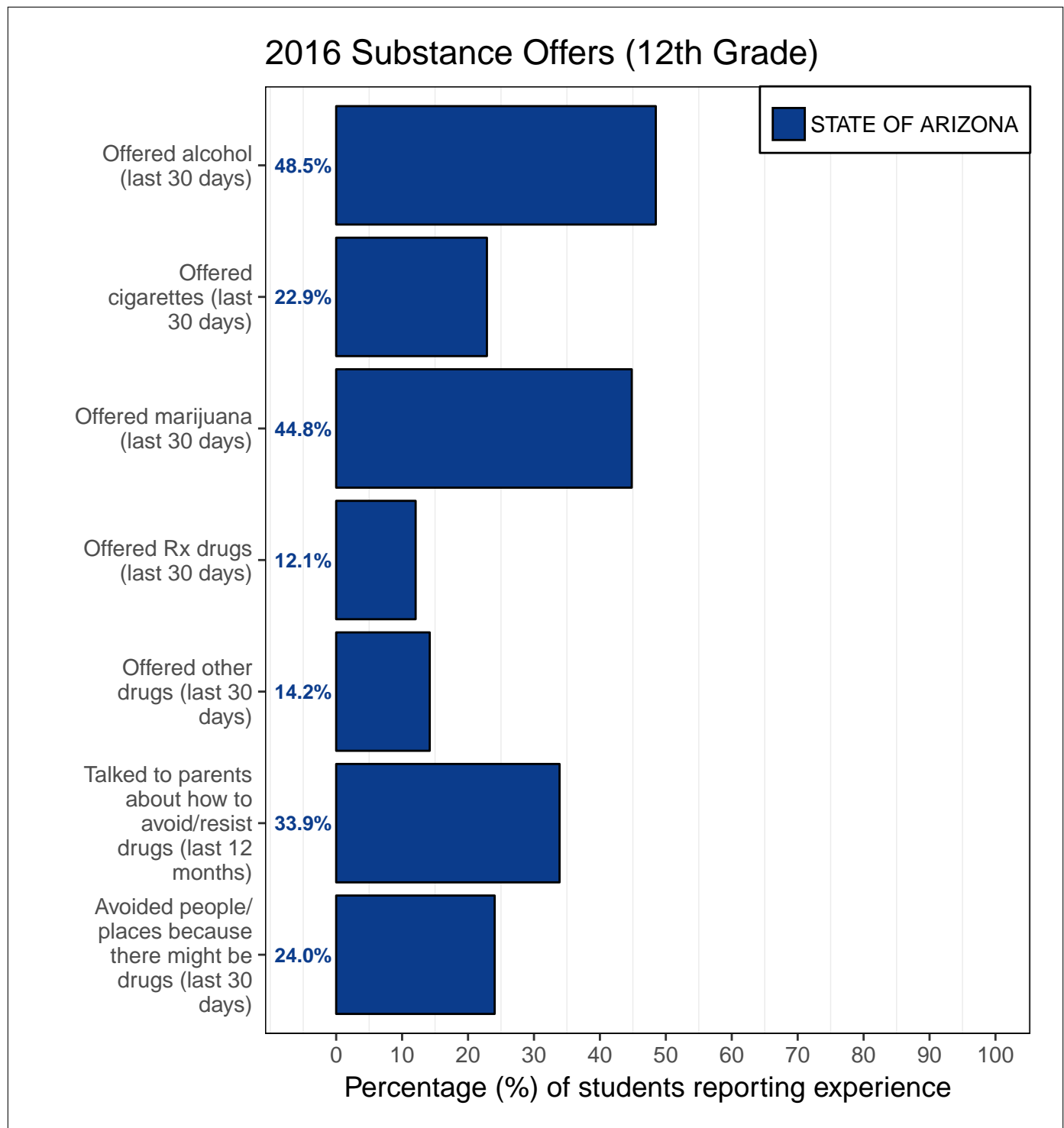


Figure 71: Substance Offers (12th Grade)



### Resistance Strategies, 2016

Note that the Resistance Strategies charts below are split into two groups: respondents who *had* used alcohol, tobacco, or other drugs (ATOD) in the last month (**left**); and respondents who *had not* used ATOD in the last month (**right**).

Figure 72: Resistance Strategies, last 30 days (8th Grade)

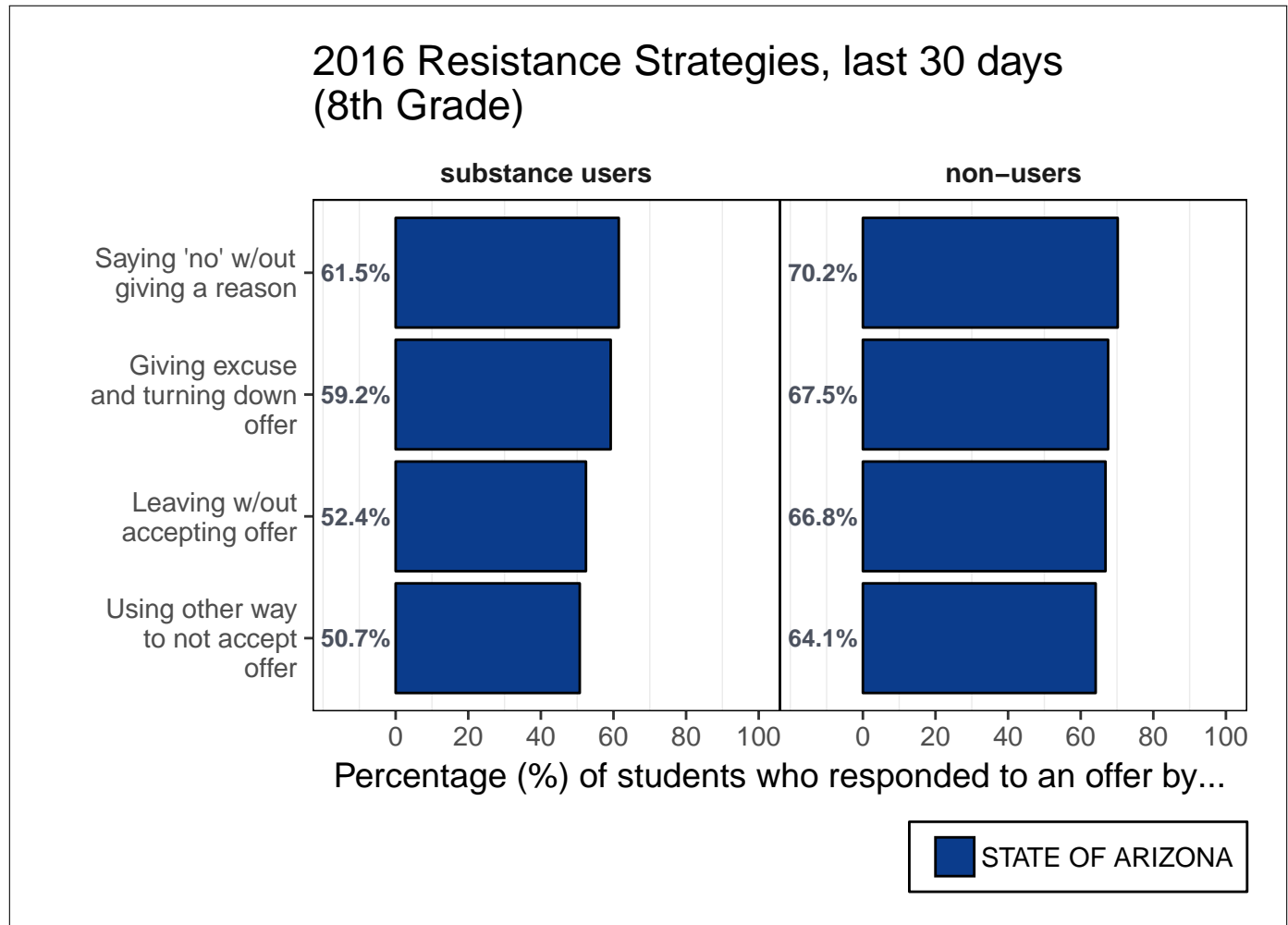


Figure 73: Resistance Strategies, last 30 days (10th Grade)

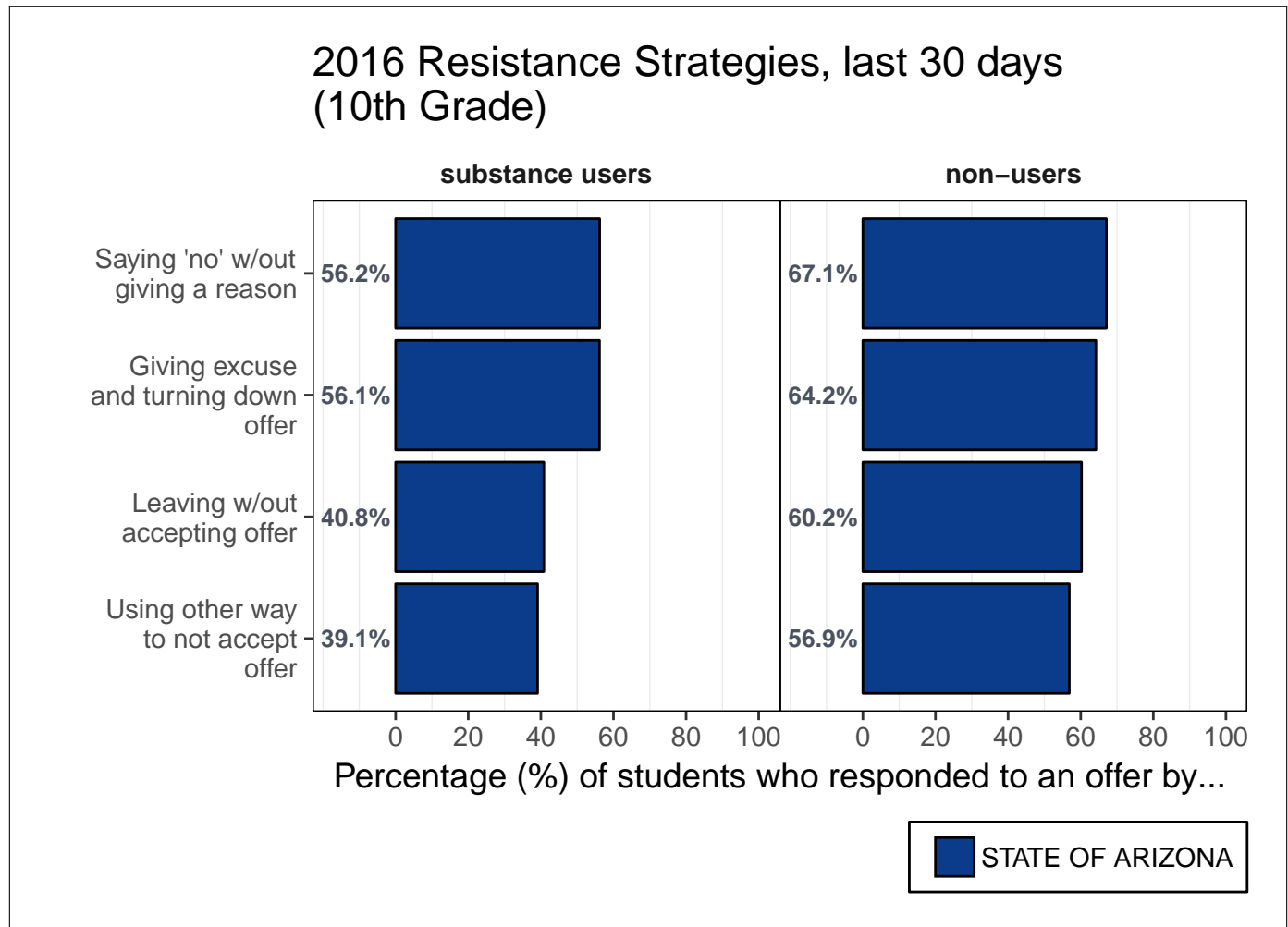
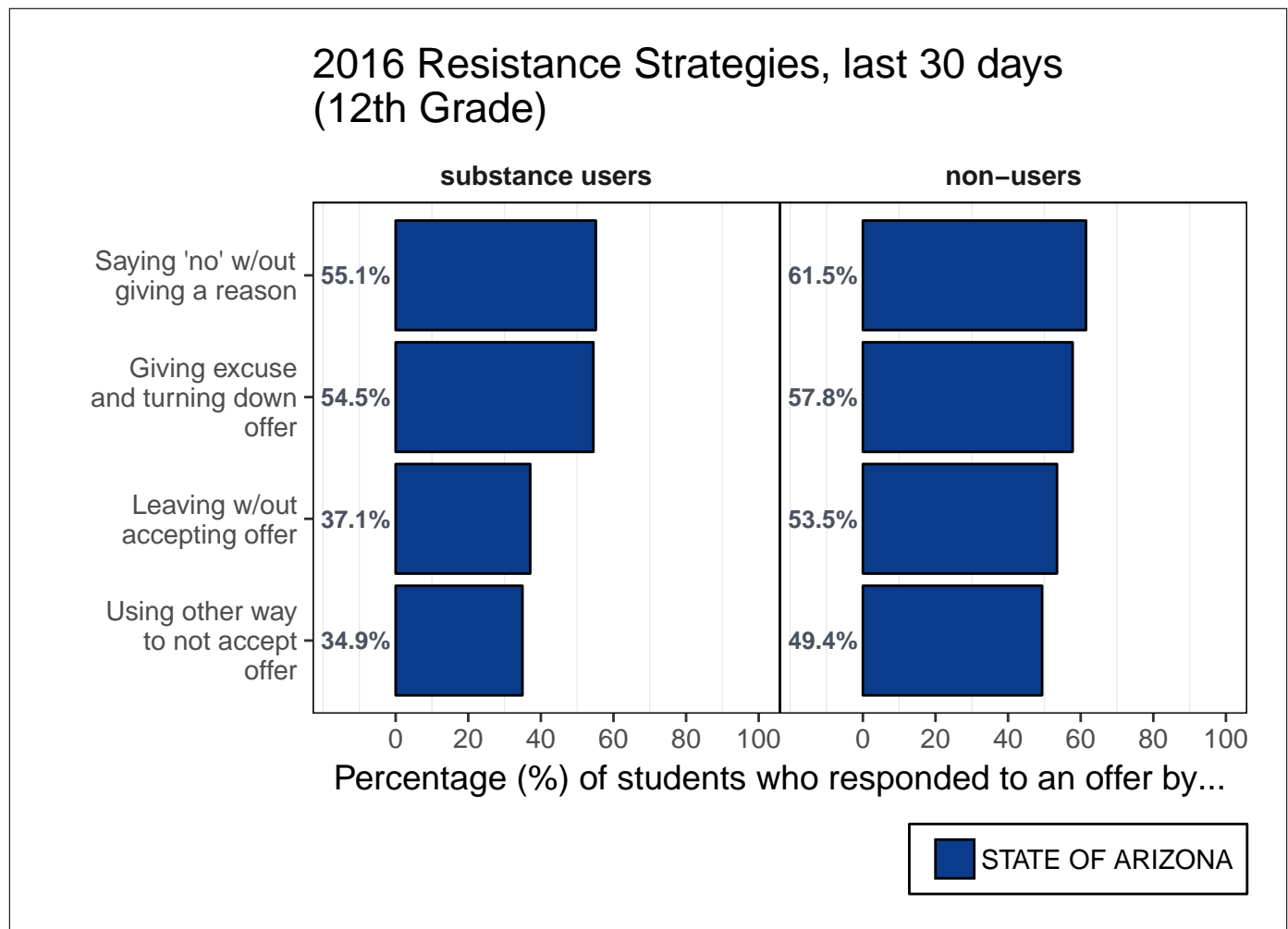


Figure 74: Resistance Strategies, last 30 days (12th Grade)



**Ease of Access to Substances and Handguns, 2016**

Figure 75: Ease of Access to Substances/Guns (8th Grade)

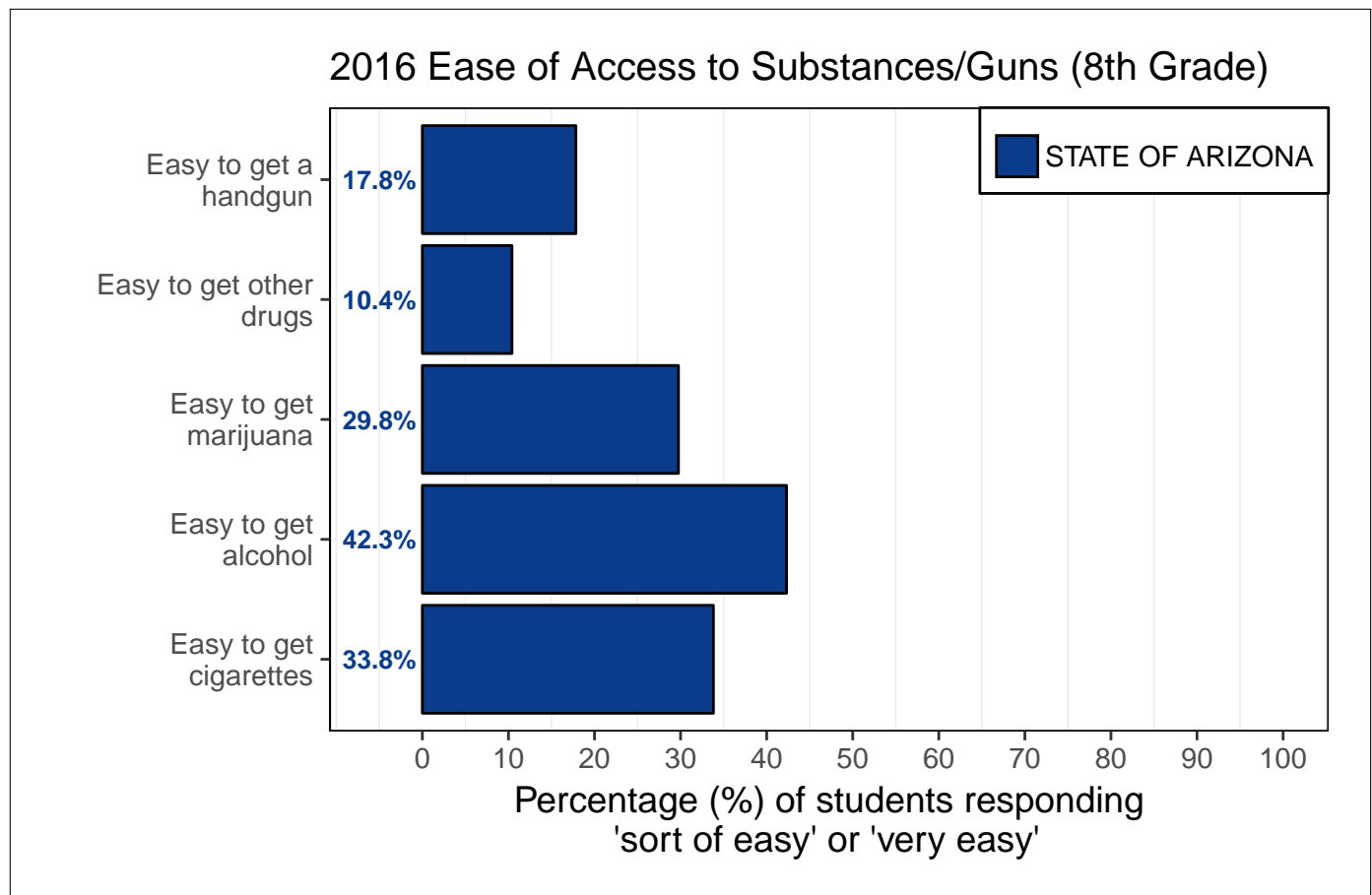




Figure 76: Ease of Access to Substances/Guns (10th Grade)

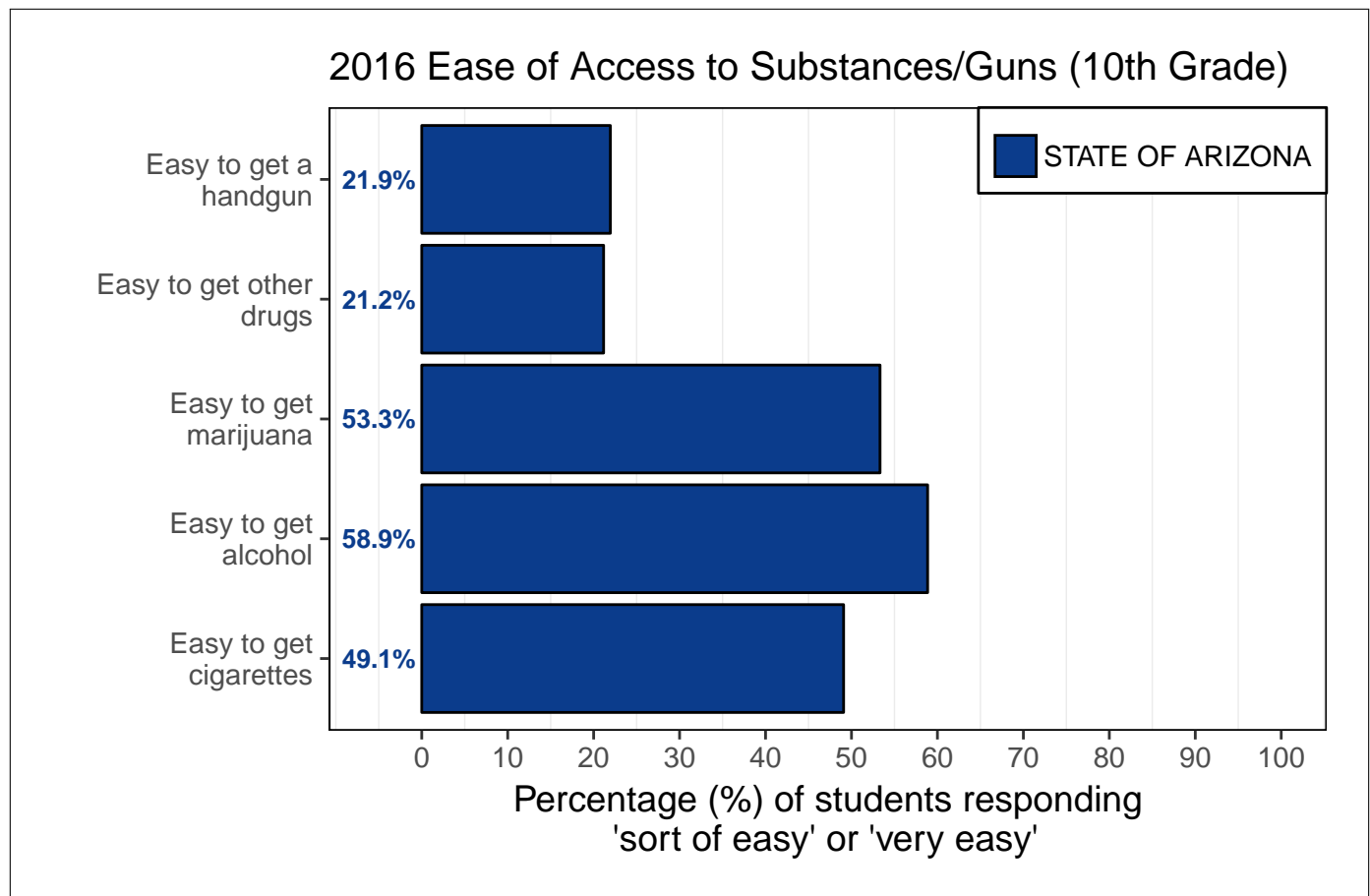
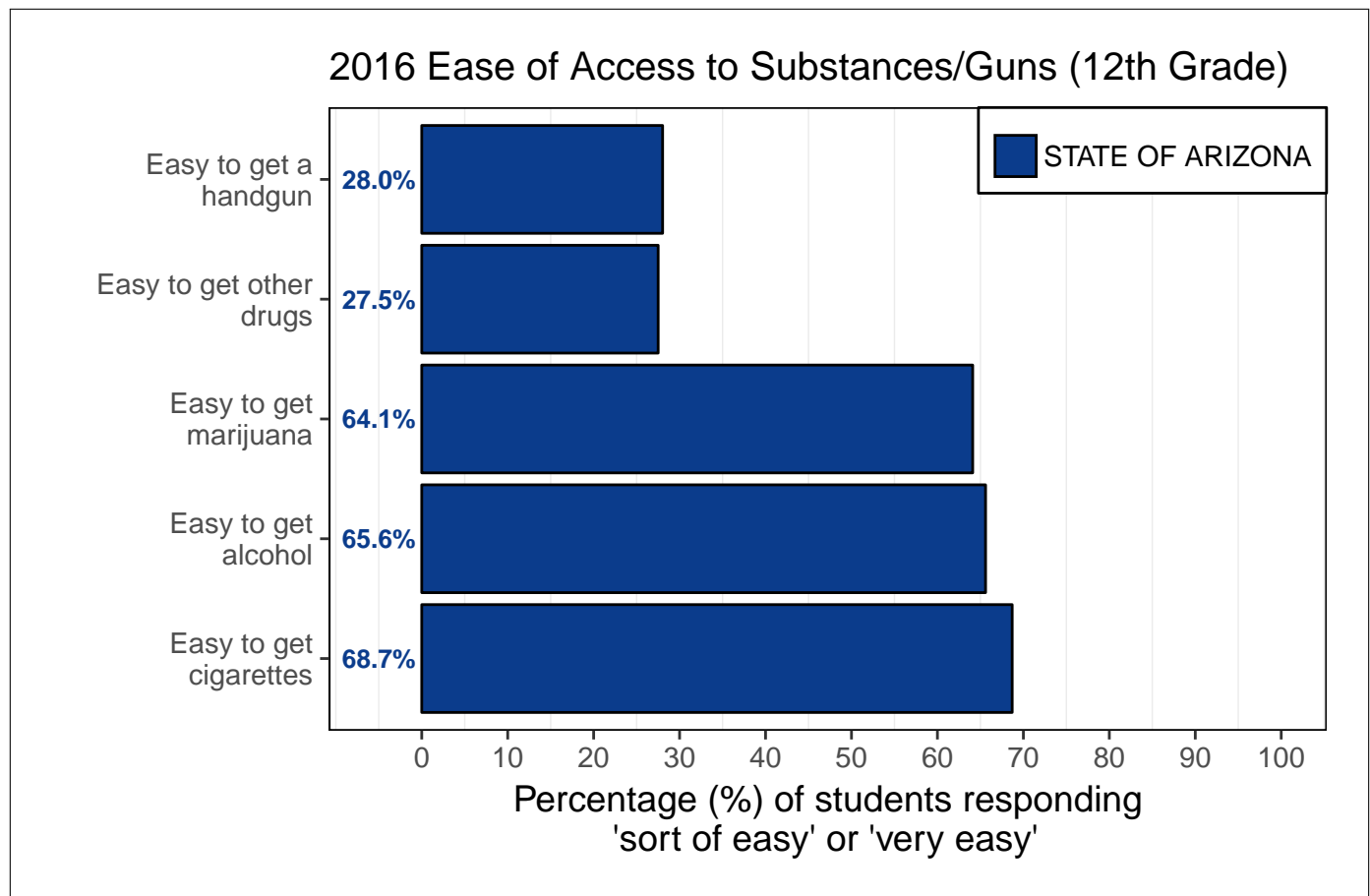


Figure 77: Ease of Access to Substances/Guns (12th Grade)



**Age of Initiation, 2016**

Figure 78: Age of Initiation (8th Grade)

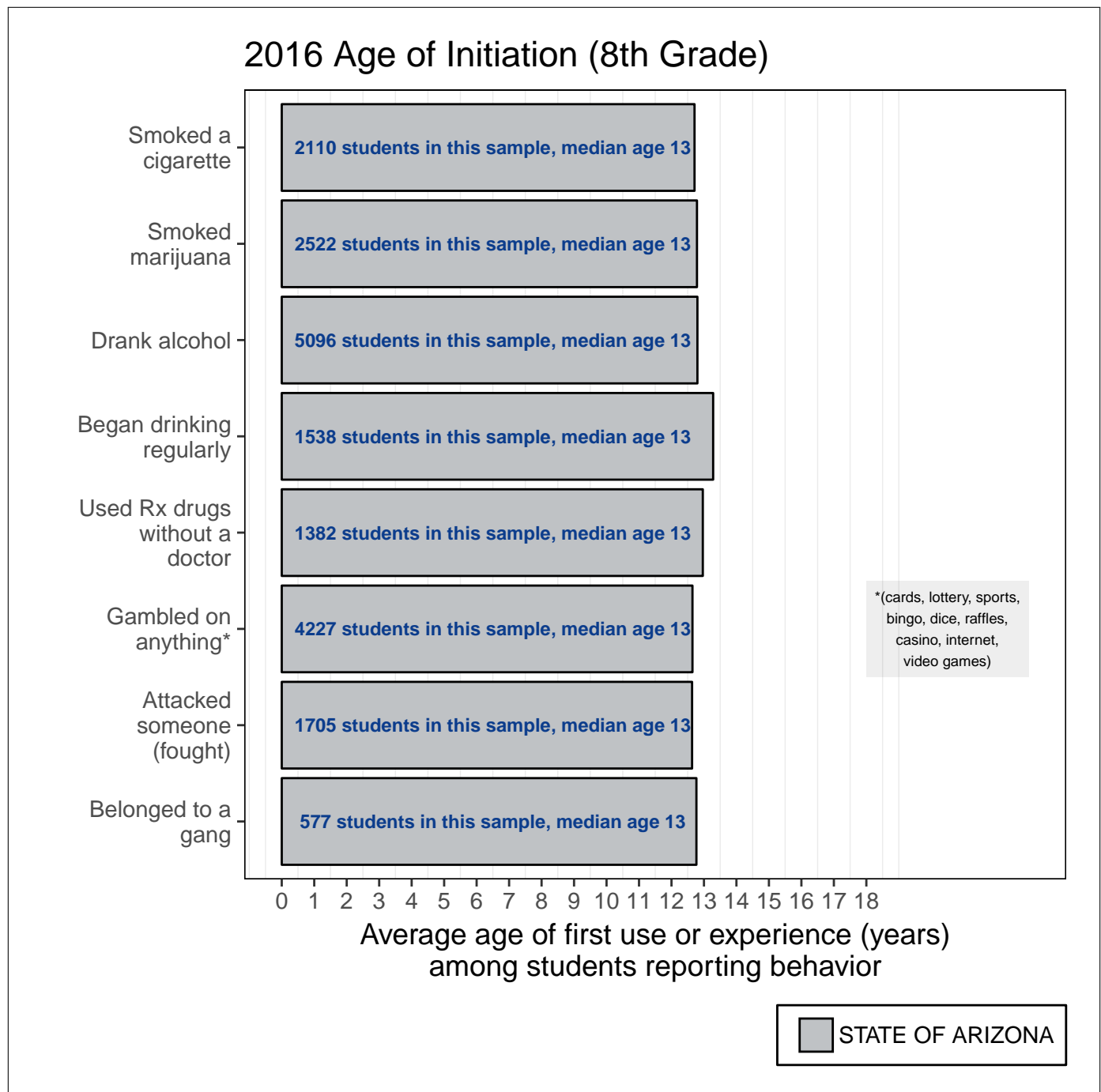


Figure 79: Age of Initiation (10th Grade)

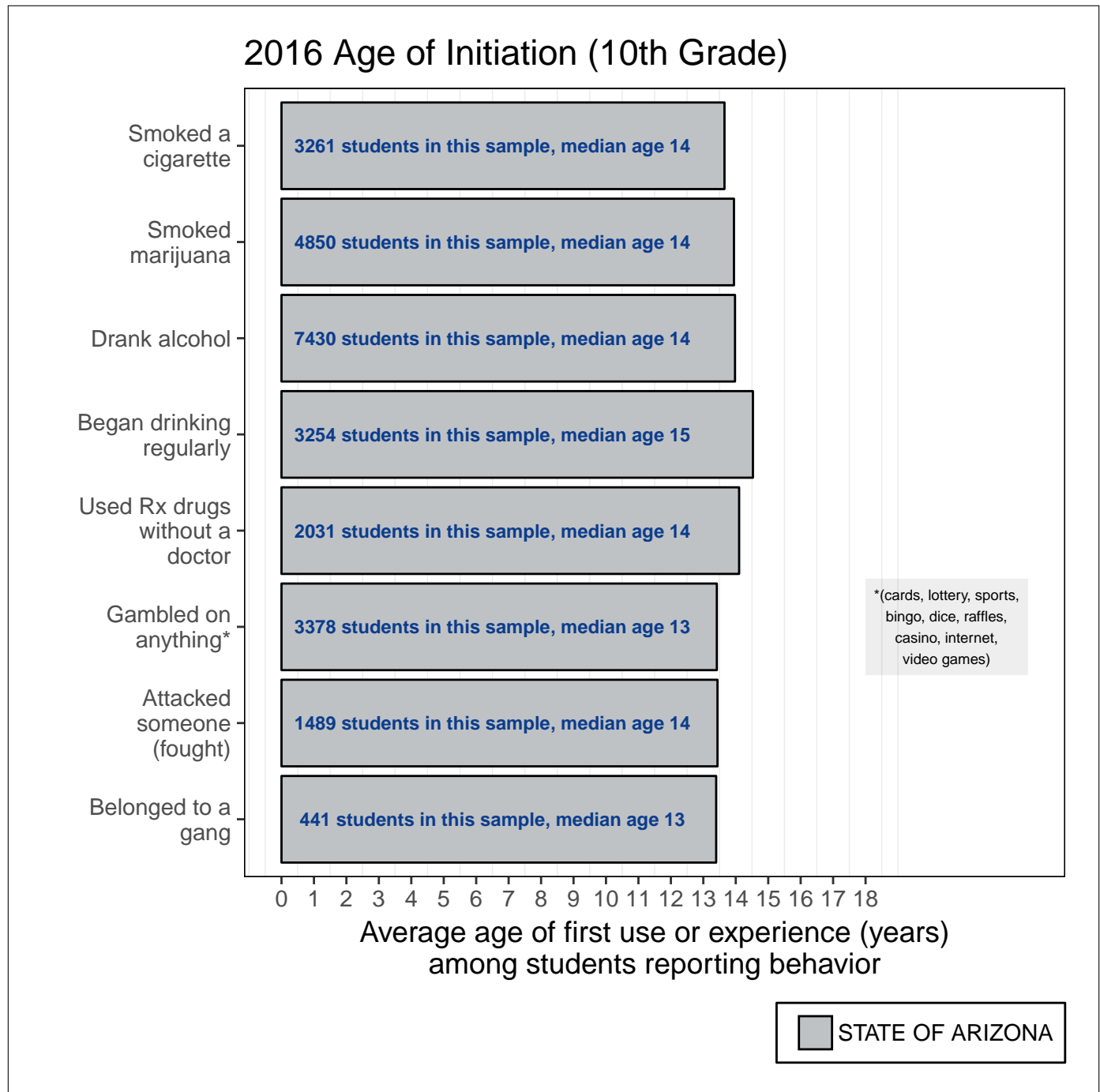
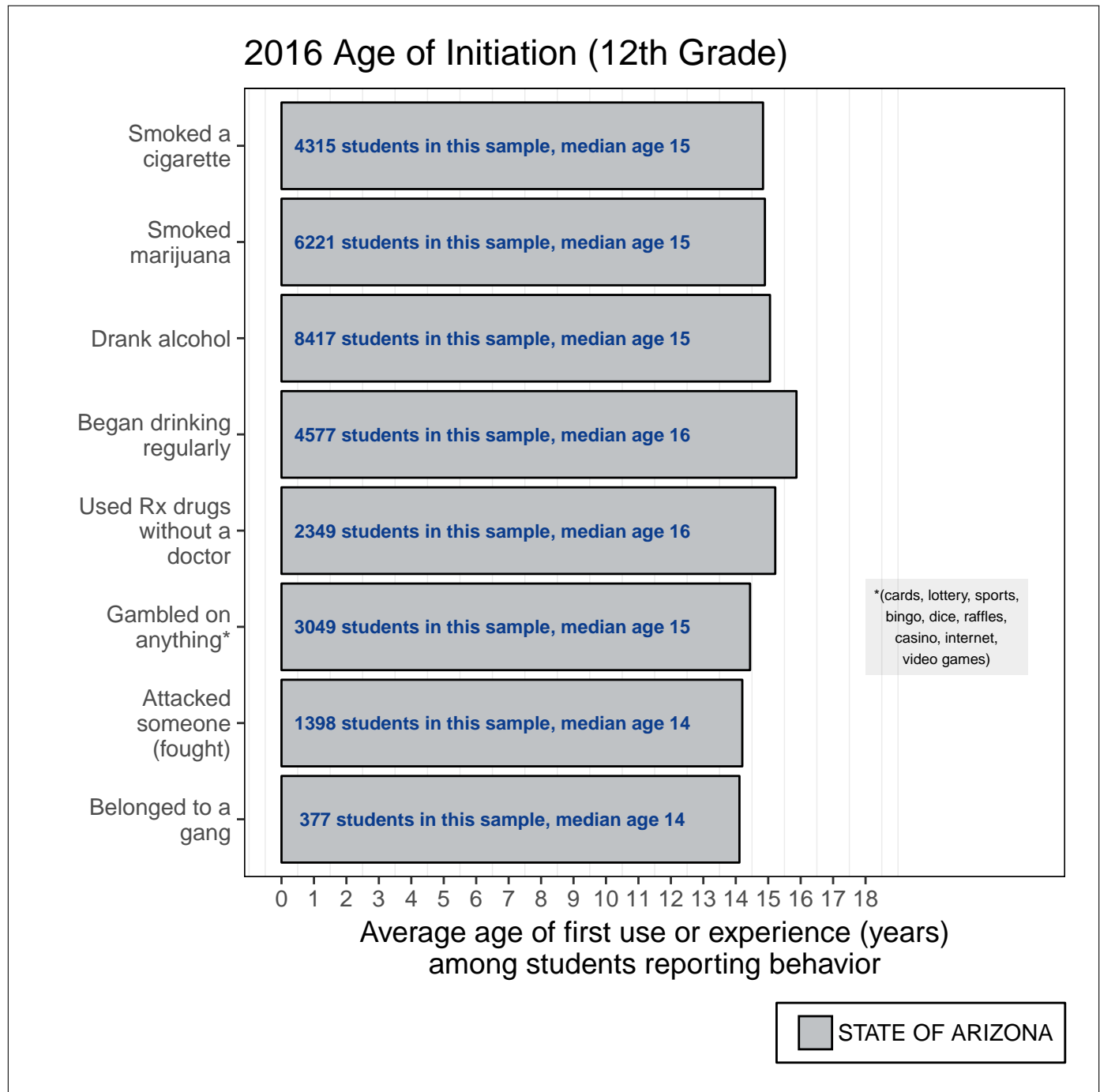


Figure 80: Age of Initiation (12th Grade)



**Parent/Youth Communication, 2016**

Figure 81: Parent/Youth Communication (8th Grade)

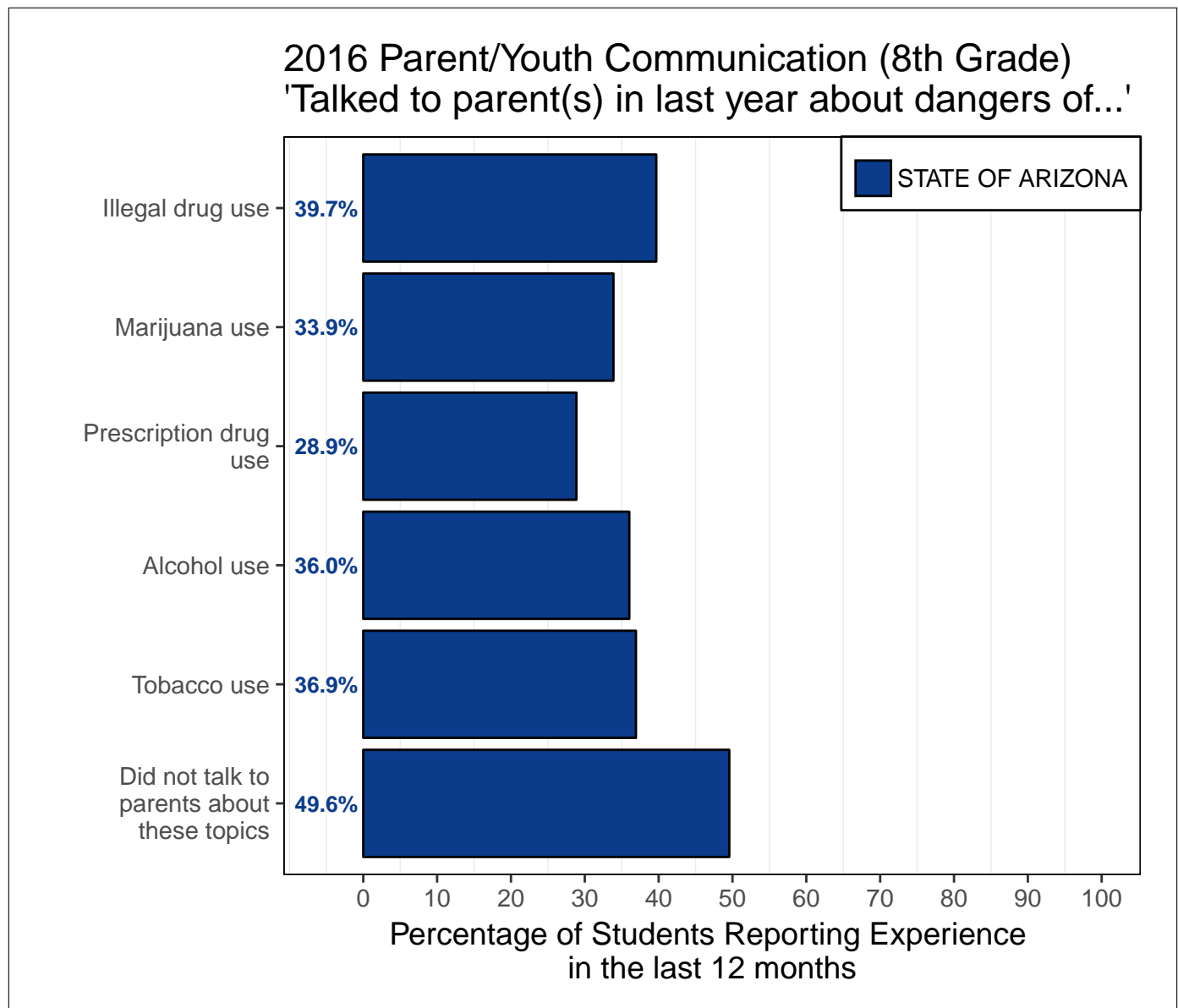


Figure 82: Parent/Youth Communication (10th Grade)

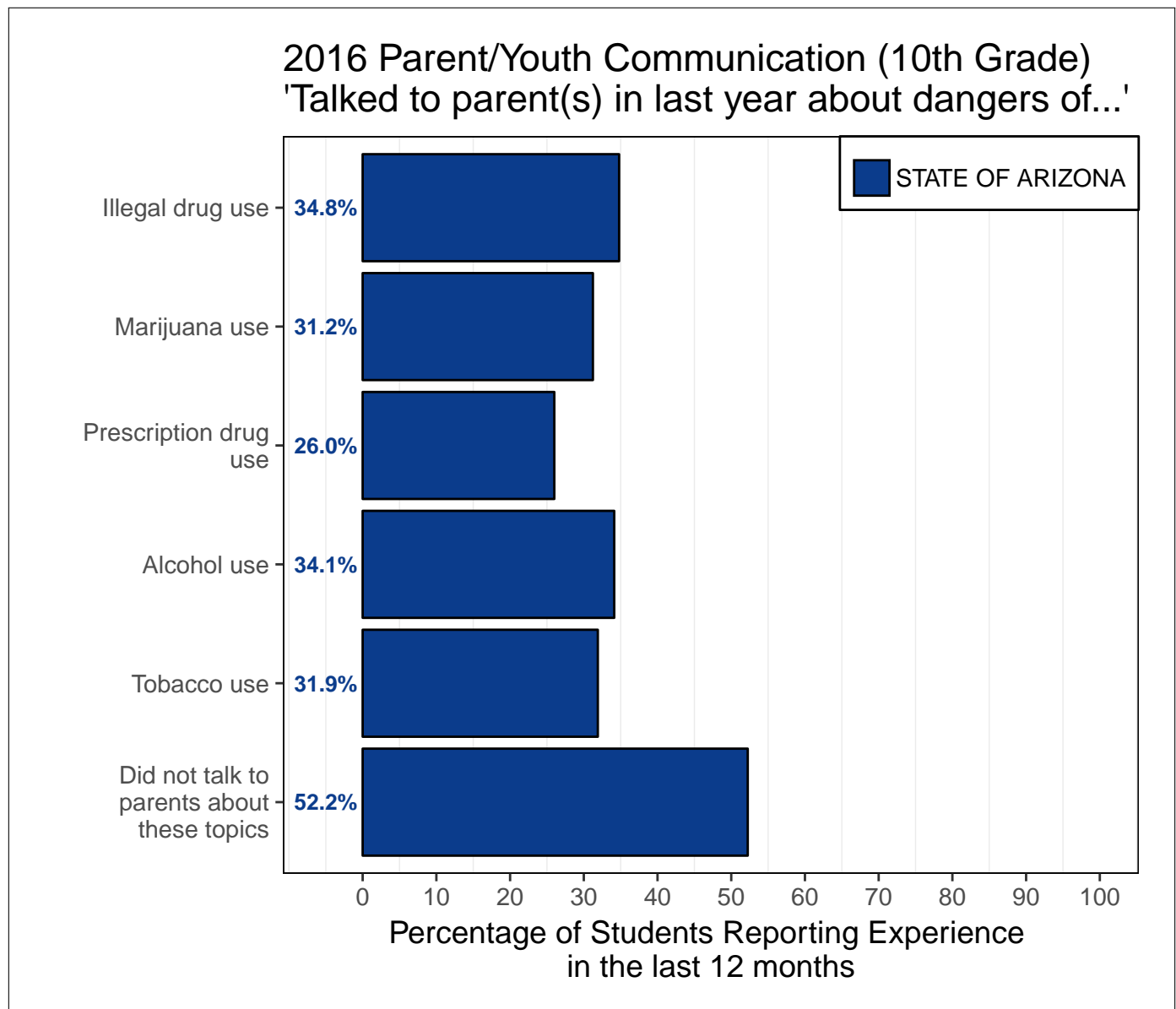
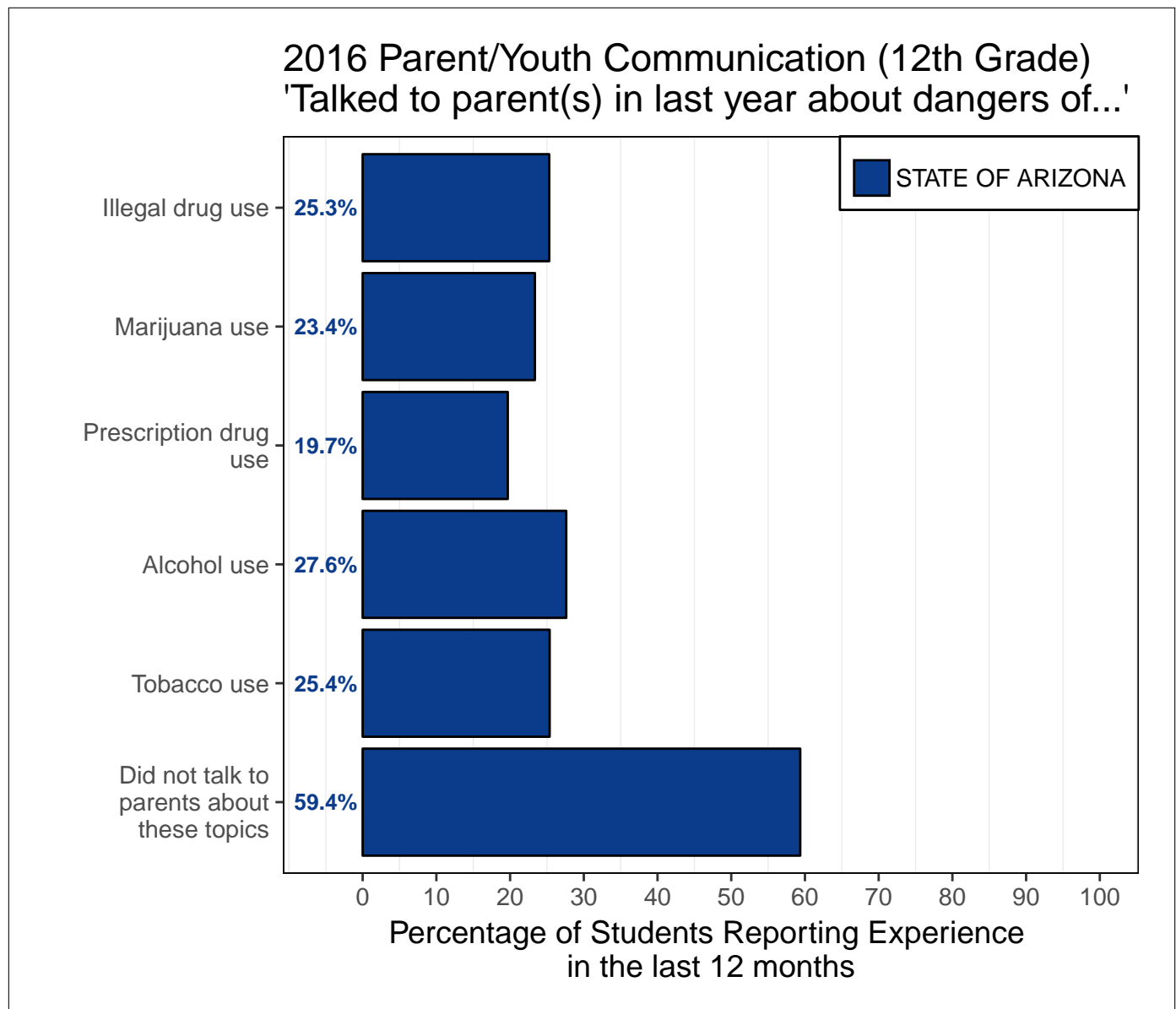


Figure 83: Parent/Youth Communication (12th Grade)





## Reasons for Substance Use and Non-Use

Figure 84: Reasons for Substance Use (8th Grade)

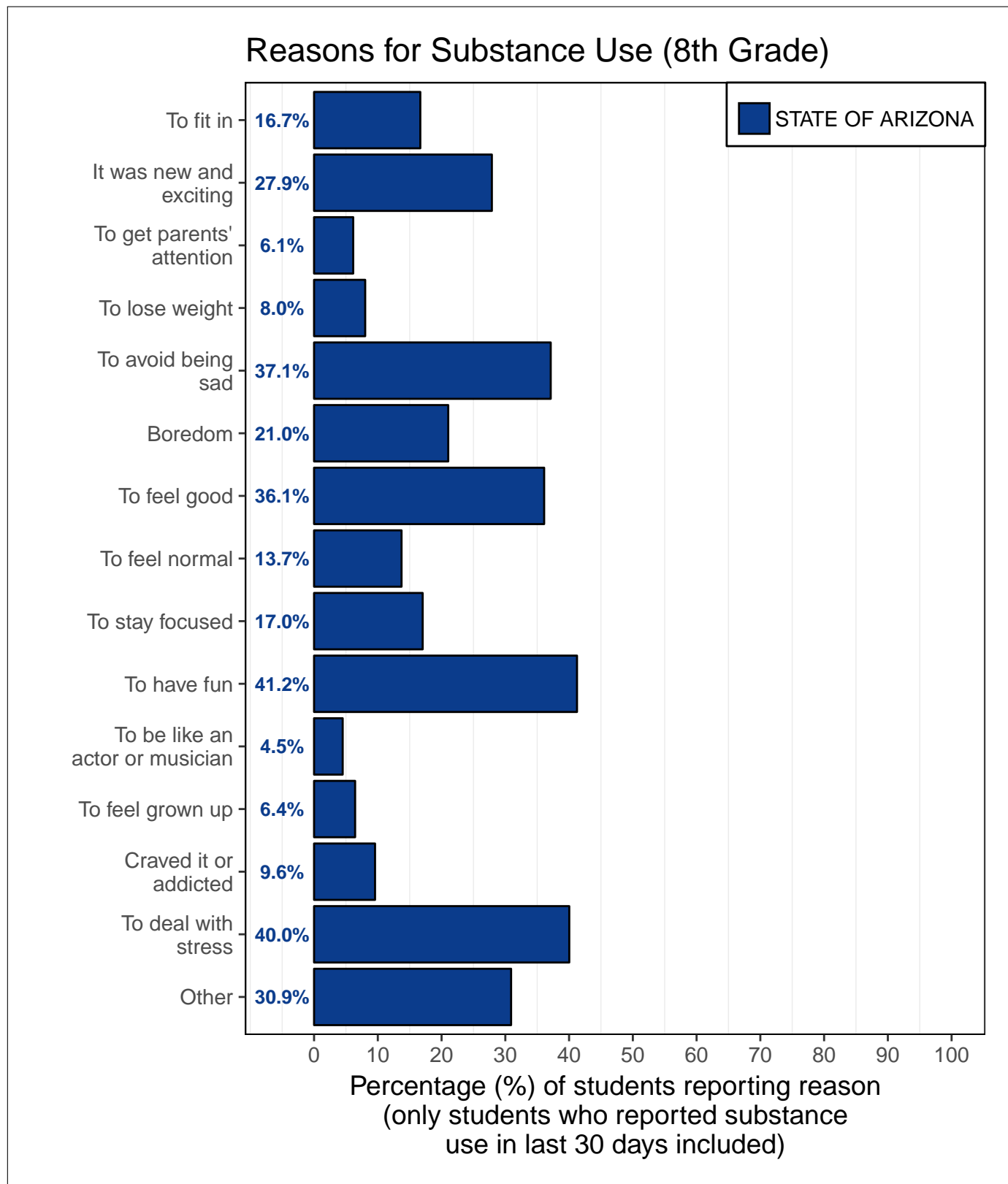


Figure 85: Reasons for Substance Use (10th Grade)

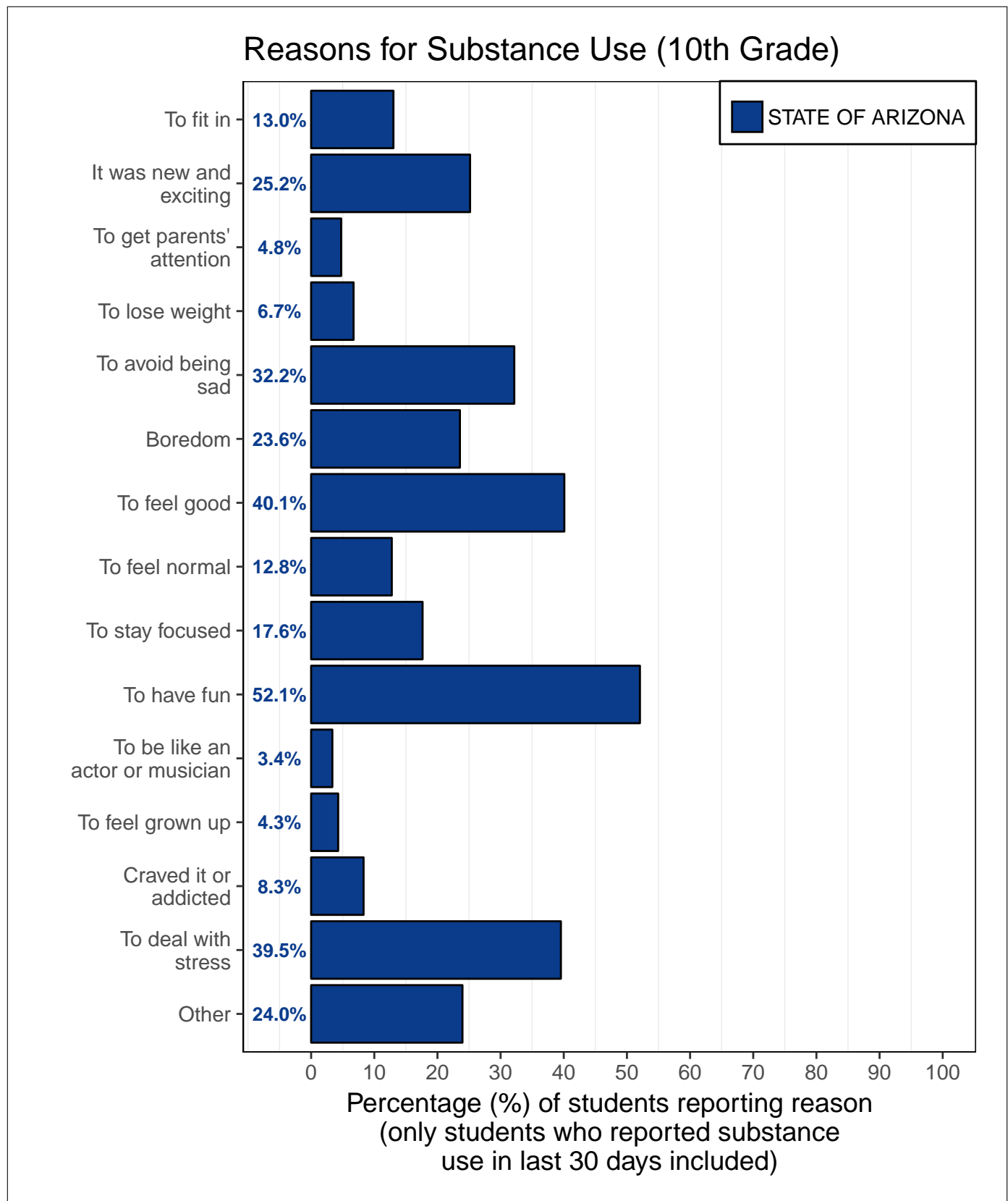


Figure 86: Reasons for Substance Use (12th Grade)

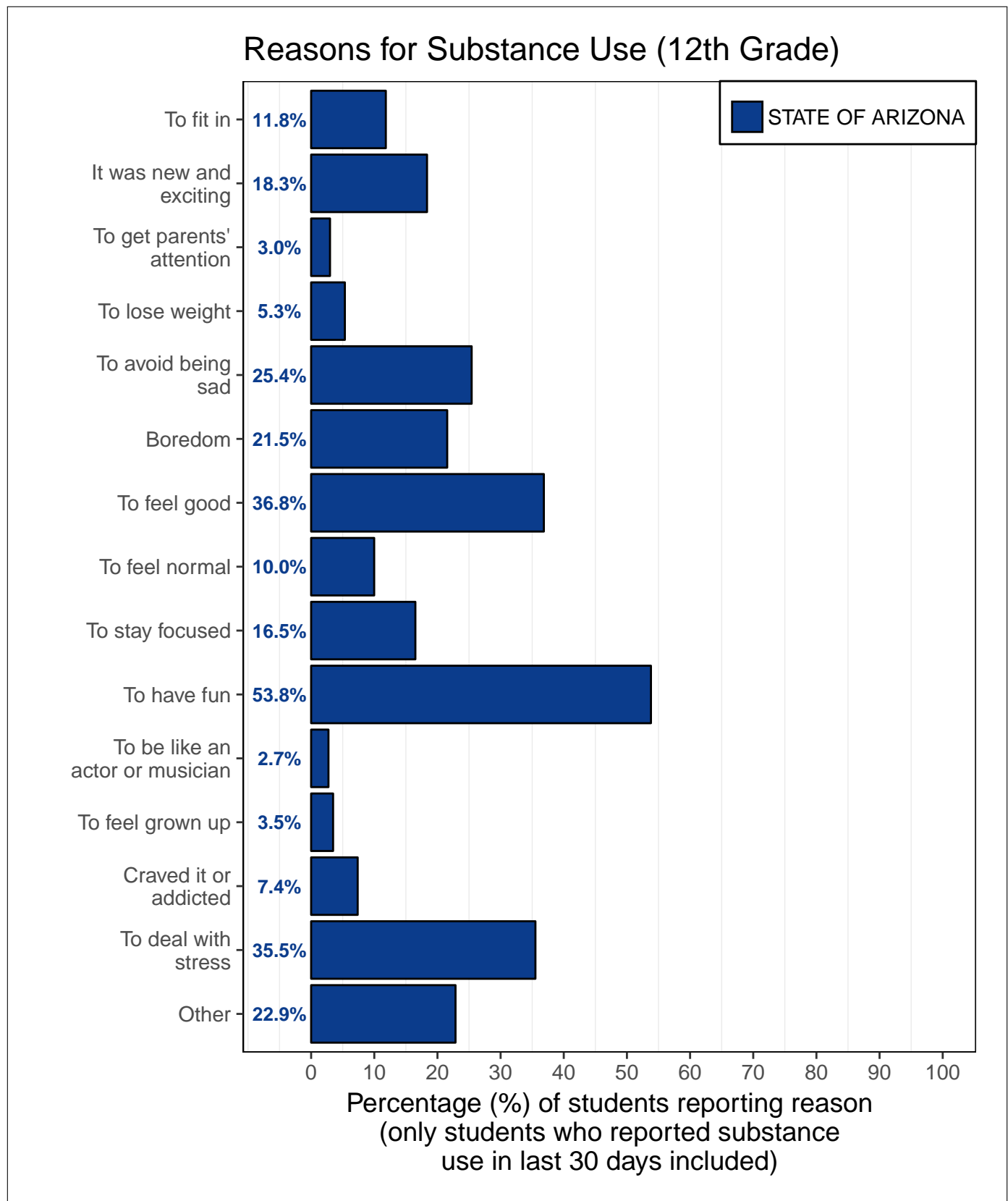


Figure 87: Reasons for Not Using Substances (8th Grade)

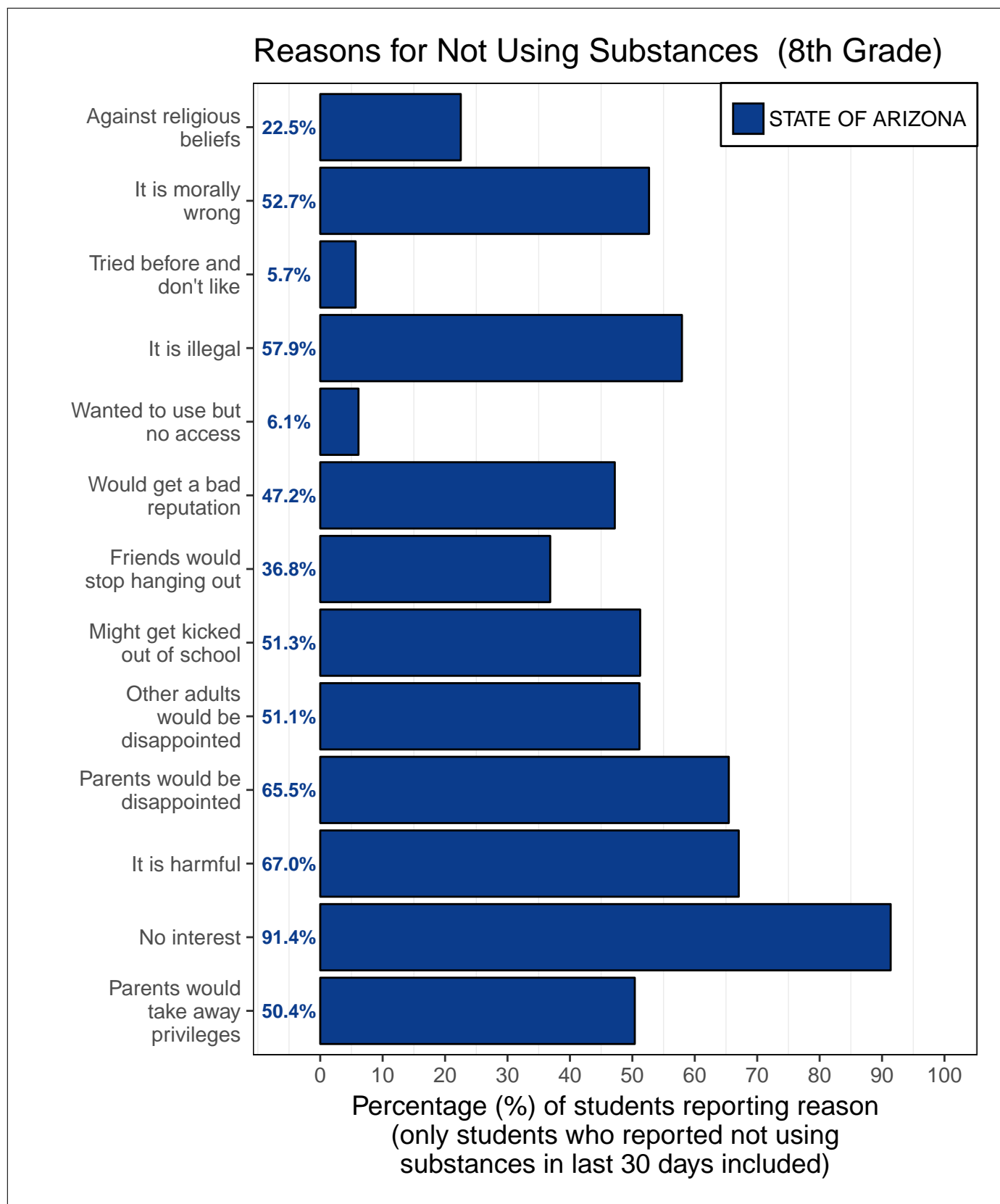


Figure 88: Reasons for Not Using Substances (10th Grade)

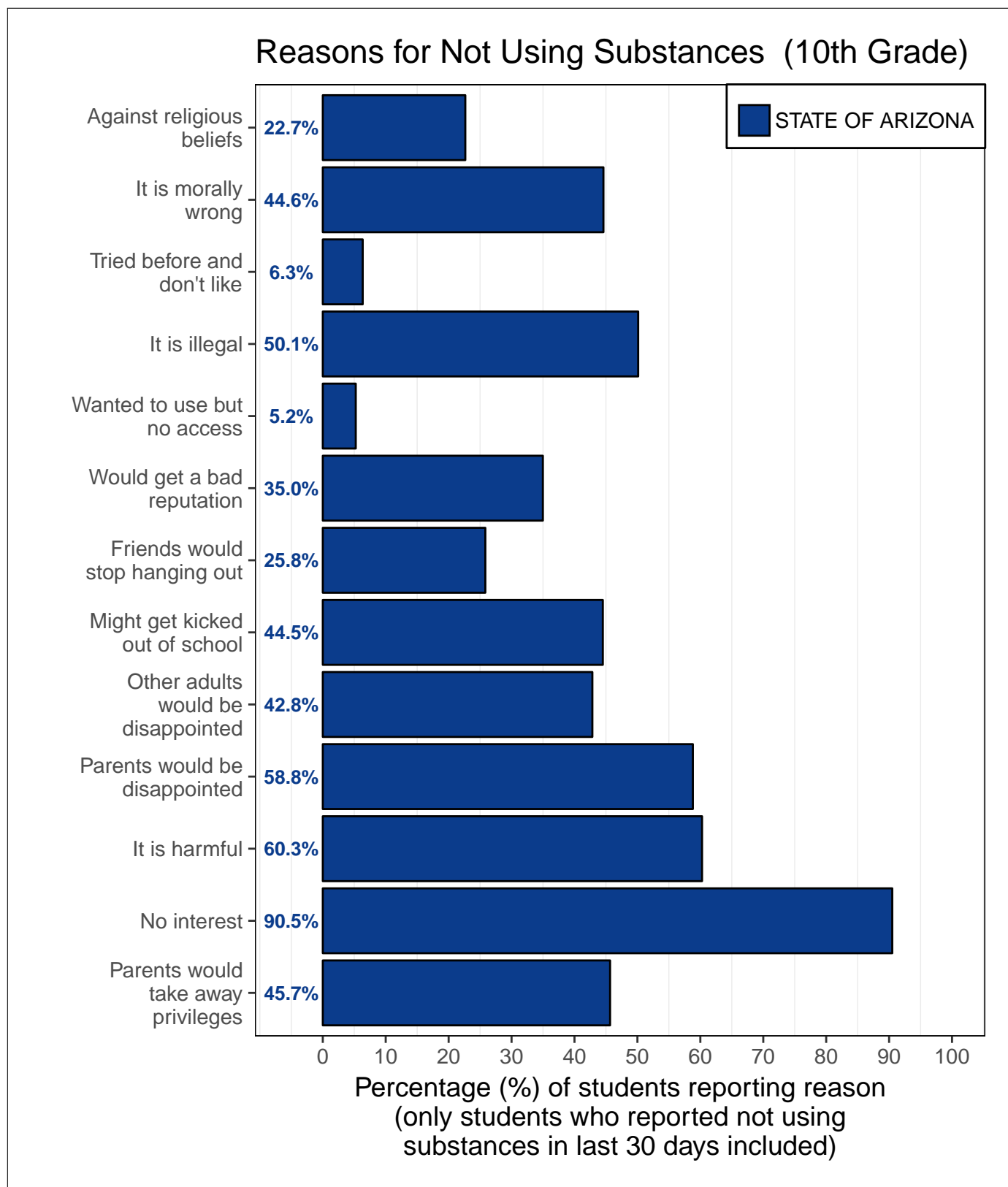
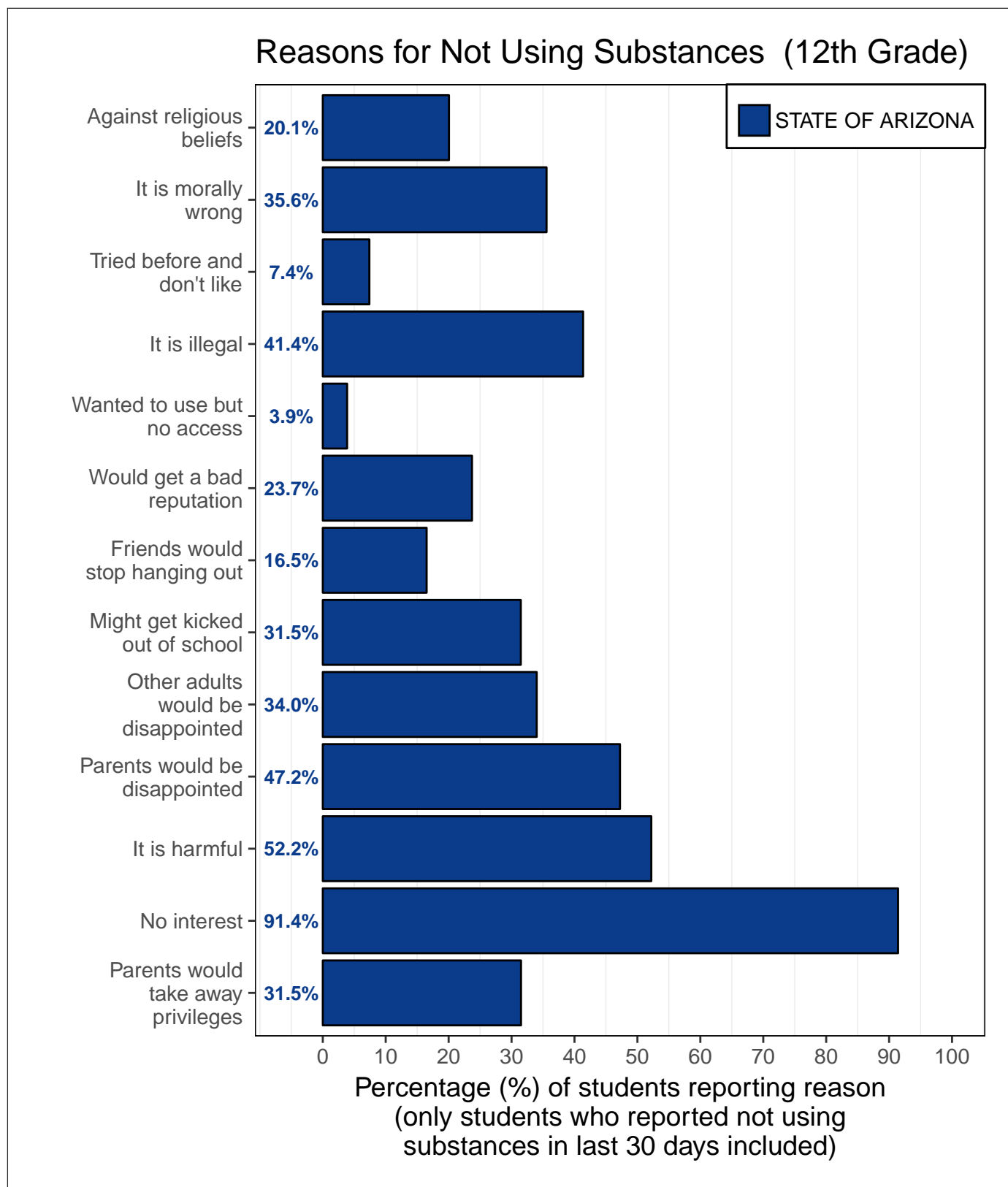


Figure 89: Reasons for Not Using Substances (12th Grade)



## Section 6: Drug-Free Communities – National Outcome Measures

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### Background

These questions provide the measures that communities in Arizona with Drug-Free Communities grants must report (DFC Regular Standard Terms of Award, 2015). Three overall areas are reported:

- Substance Use in the Past 30 Days
- Perceived Risk of Harm
- Disapproval (Parent and Peer)

### 6.1 Substance Use in the Past 30 Days

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Charts for substance use over the most recent 30 days can be found in Section 3.1: Substance Use, and Frequency of Use. Section 3.1 includes separate figures for the 8th, 10th, and 12th grade samples, as well as a line graph that displays the usage trends of key substances over time (2012 to 2016).

### 6.2 Perceived Risk of Harm

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Youth who perceive little to no risk of harm in using alcohol or drugs may be more likely to use or abuse these substances (McCambridge and Strang, 2004; Tomar and Hatsukami, 2007). Charts for perceived risk of harm associated with specific substance use represent youths' perceptions about the harm associated with the use of common substances. Percentages reported refer to those students who believe there is no to slight risk in using each of the specific substances listed.

### 6.3 Parent and Peer Disapproval

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#### Definitions

Parental and peer disapproval are important variables to consider when thinking about youth substance use, as they may influence a youth's decision to initiate, use, or continue to use or abuse substances (Sawyer and Stevenson, 2008). This section includes measures of Parent and Peer Disapproval, defined in this survey as the degree to which youth think their parents and peers would feel it is wrong, a little bit wrong, or very wrong for youth to engage in the following behaviors:

- Smoke cigarettes;
- Smoke marijuana;
- Consume one or two drinks of beer, wine or hard liquor nearly every day; and
- Use prescription drugs without a doctor telling the youth to take them.

## Figures

### Perceived Risk of Harm, 2016

Figure 90: Perceived Risk of Harm (8th Grade)

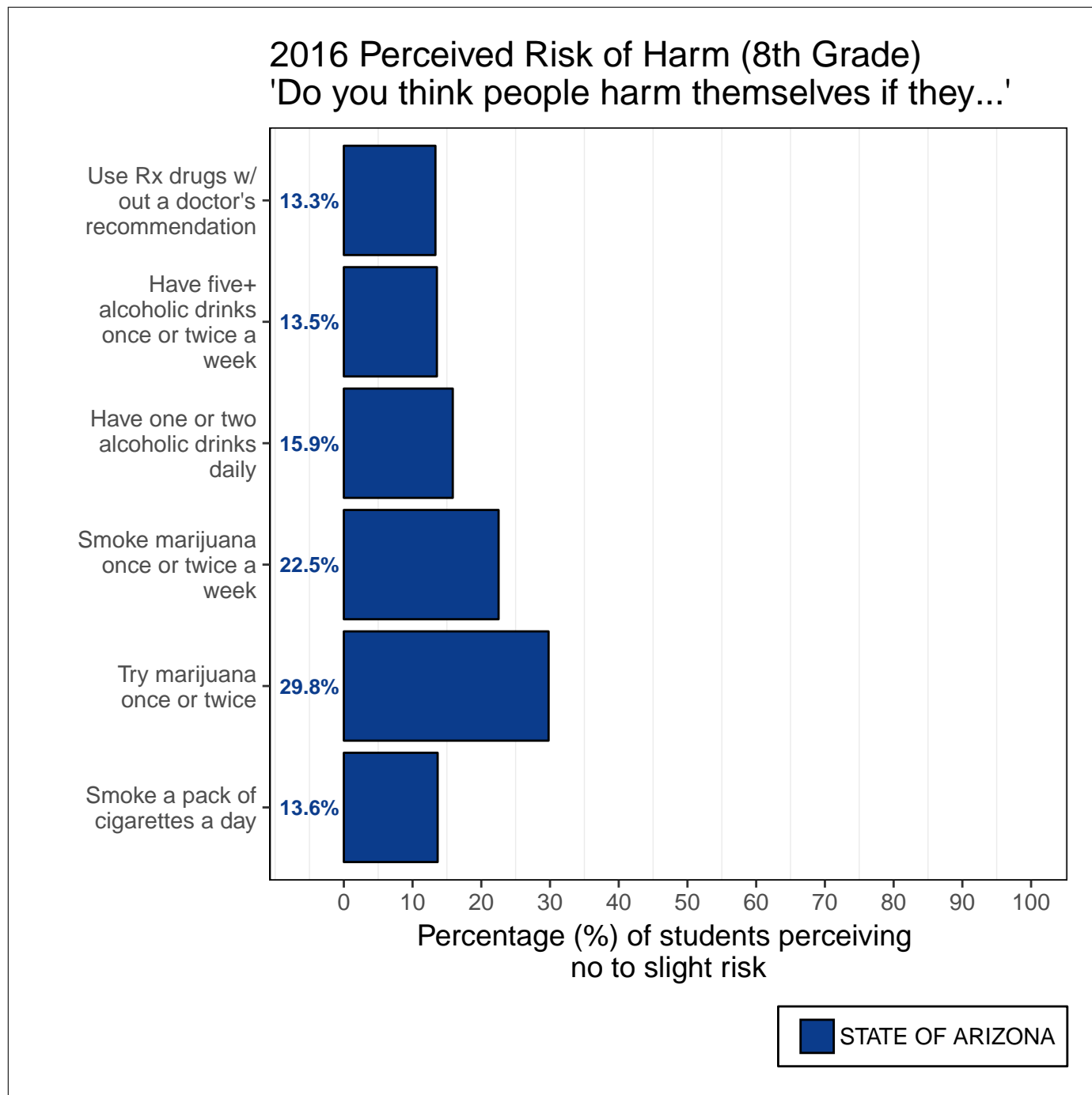




Figure 91: Perceived Risk of Harm (10th Grade)

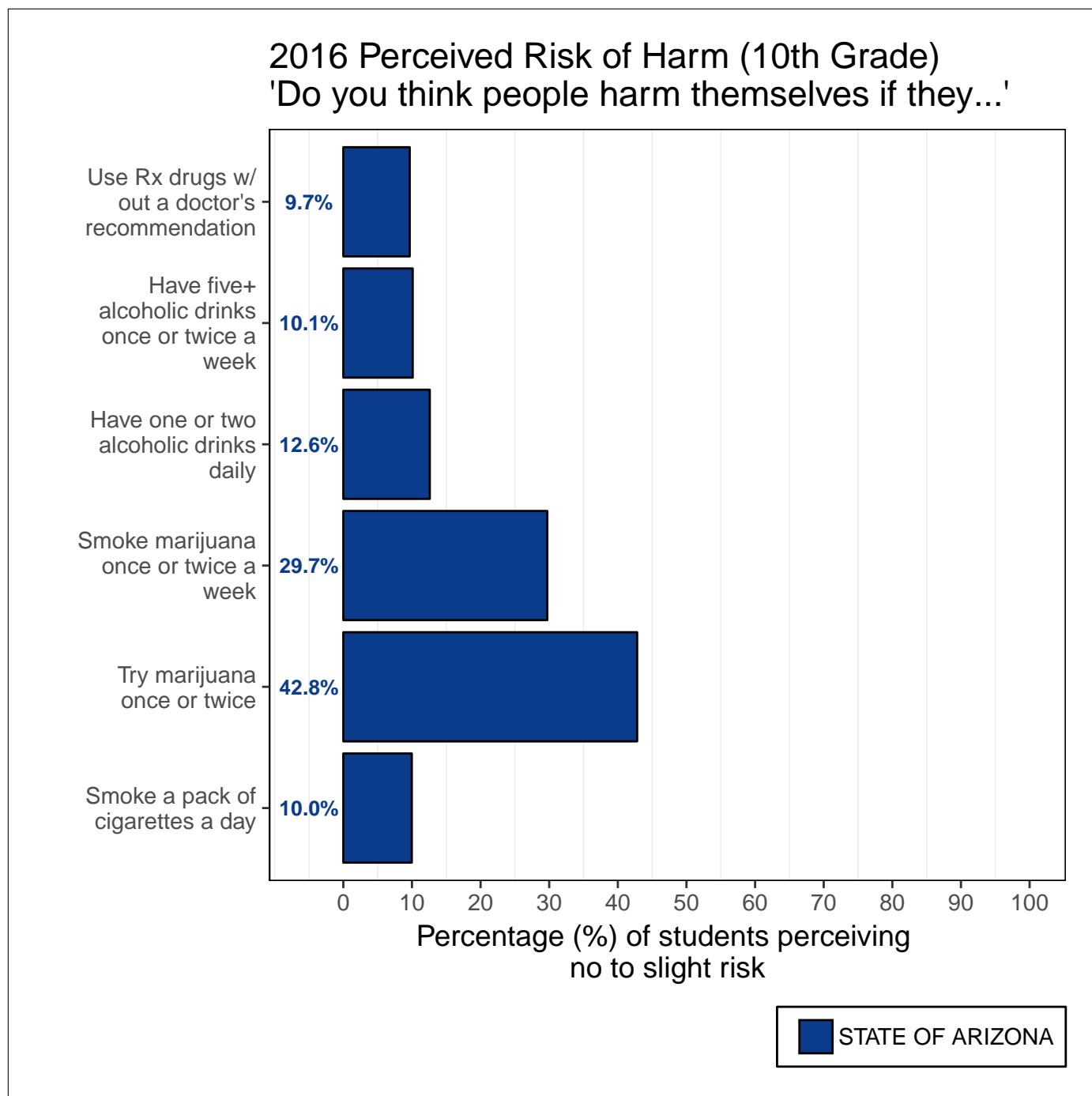
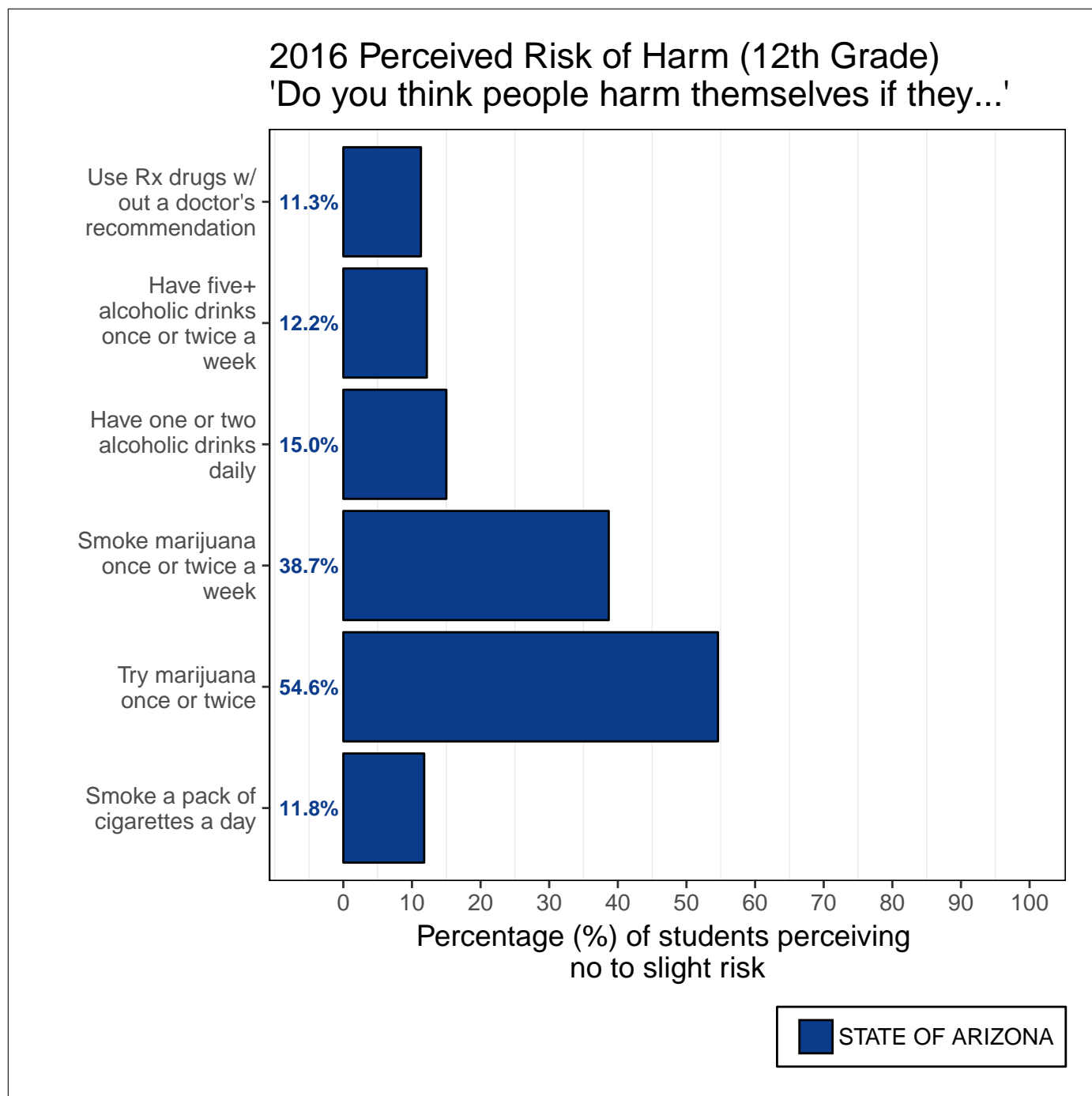


Figure 92: Perceived Risk of Harm (12th Grade)



**Parent Disapproval, 2016**

Figure 93: Parent Disapproval (8th Grade)

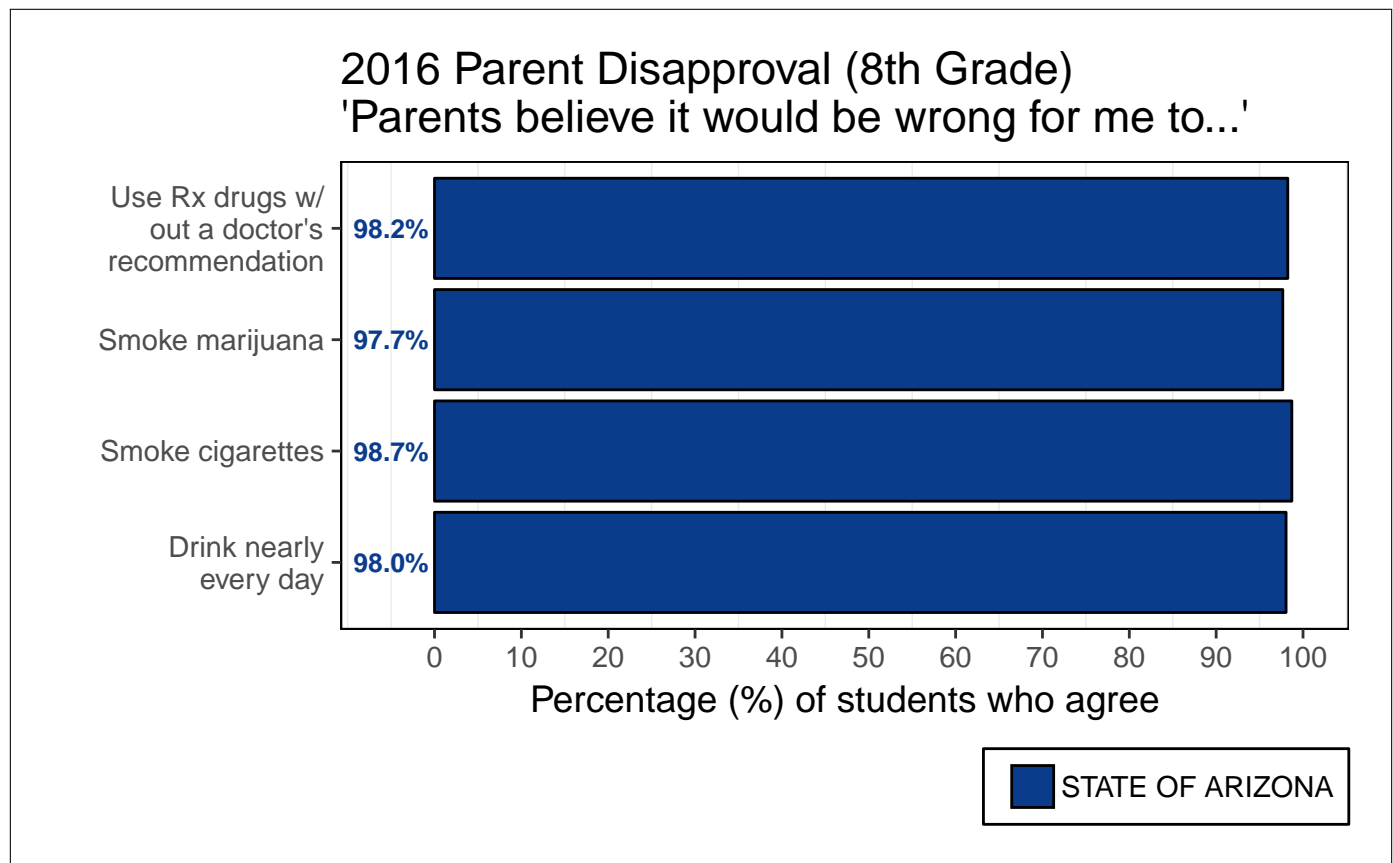


Figure 94: Parent Disapproval (10th Grade)

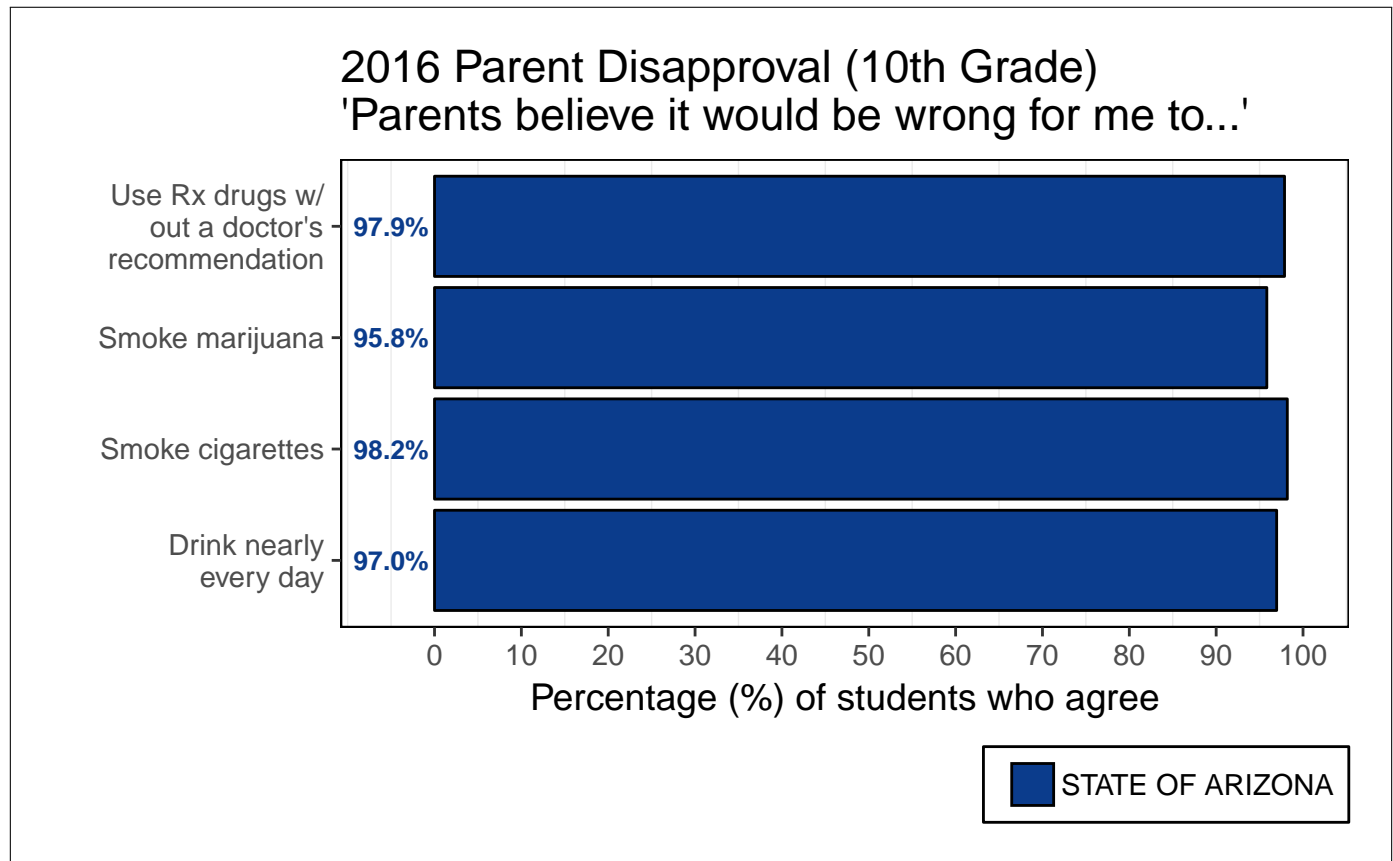
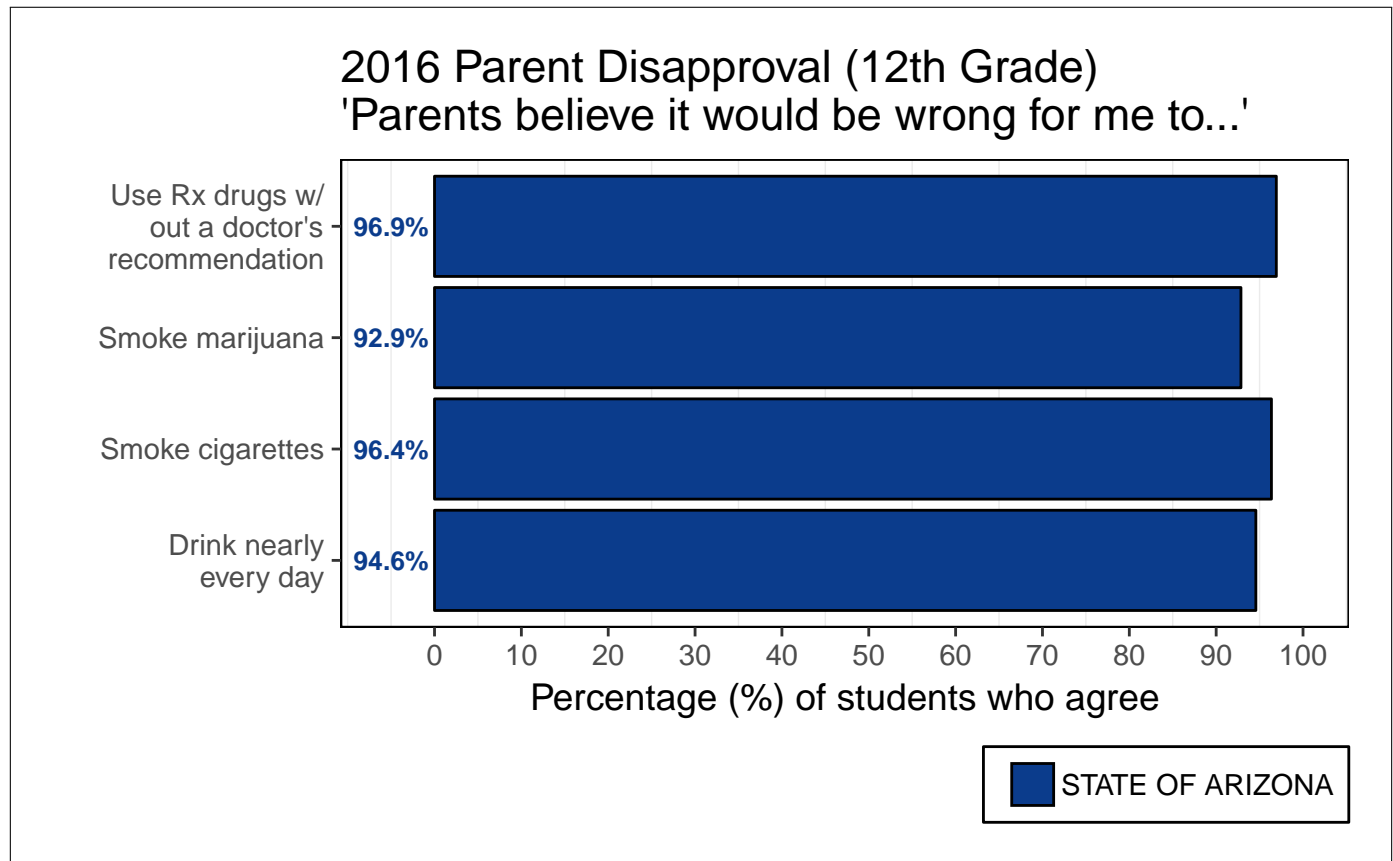


Figure 95: Parent Disapproval (12th Grade)



**Peer Disapproval, 2016**

Figure 96: Peer Disapproval (8th Grade)

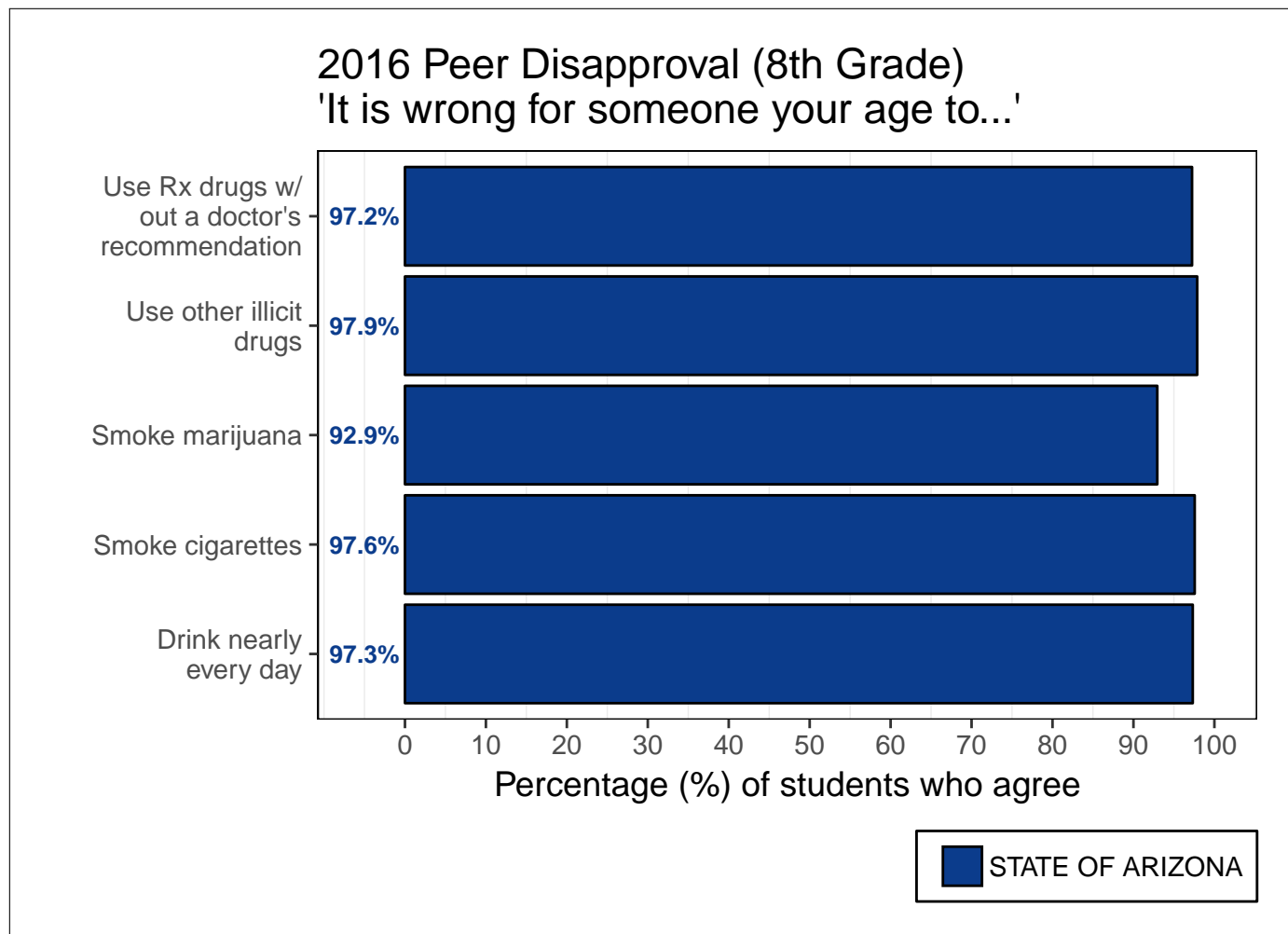


Figure 97: Peer Disapproval (10th Grade)

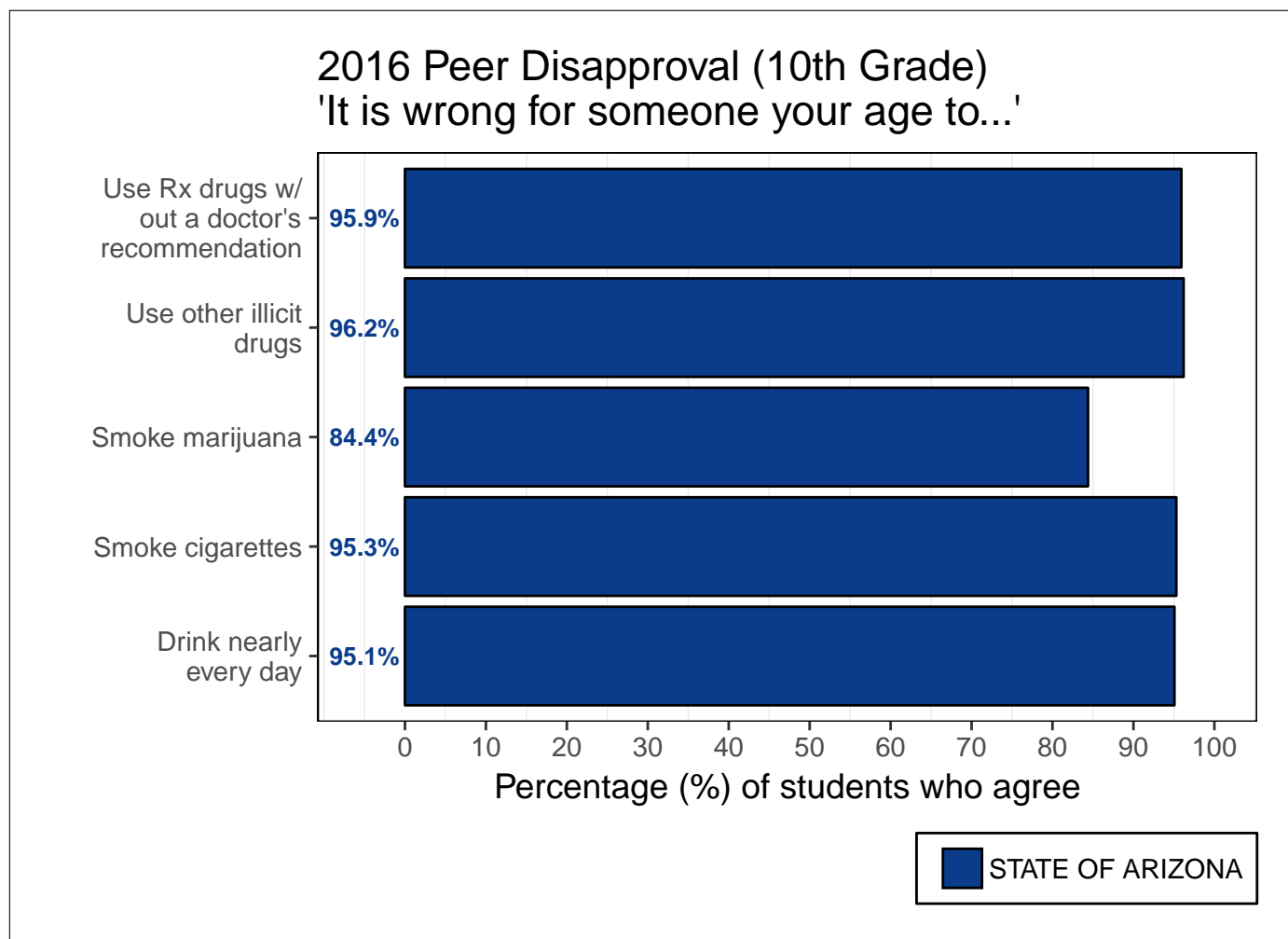
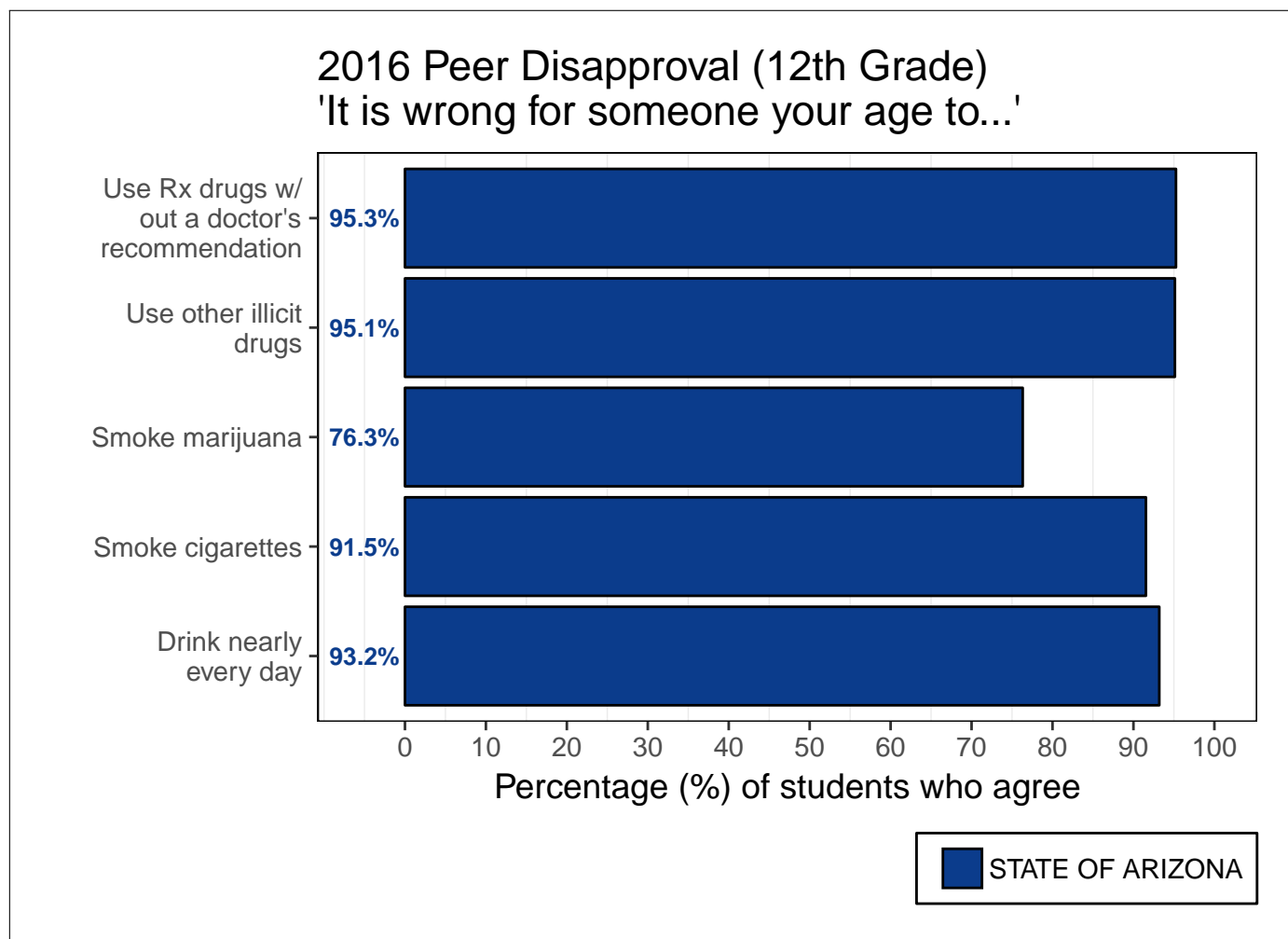


Figure 98: Peer Disapproval (12th Grade)





## Section 7: School Climate Experiences

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### 7.1 Student-Teacher Interactions

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#### **Definitions**

Youth were asked about a variety of experiences at school and interactions with others, including teachers, peers, and parents. Questions were asked about their involvement in the classroom and other activities, interactions with teachers, their school's interaction with their parents, and their feeling safe at school. The percentage of youth who agreed or strongly agreed with each of the statements is reported.

## Figures

Figure 99: Student-Teacher Interactions (8th Grade)

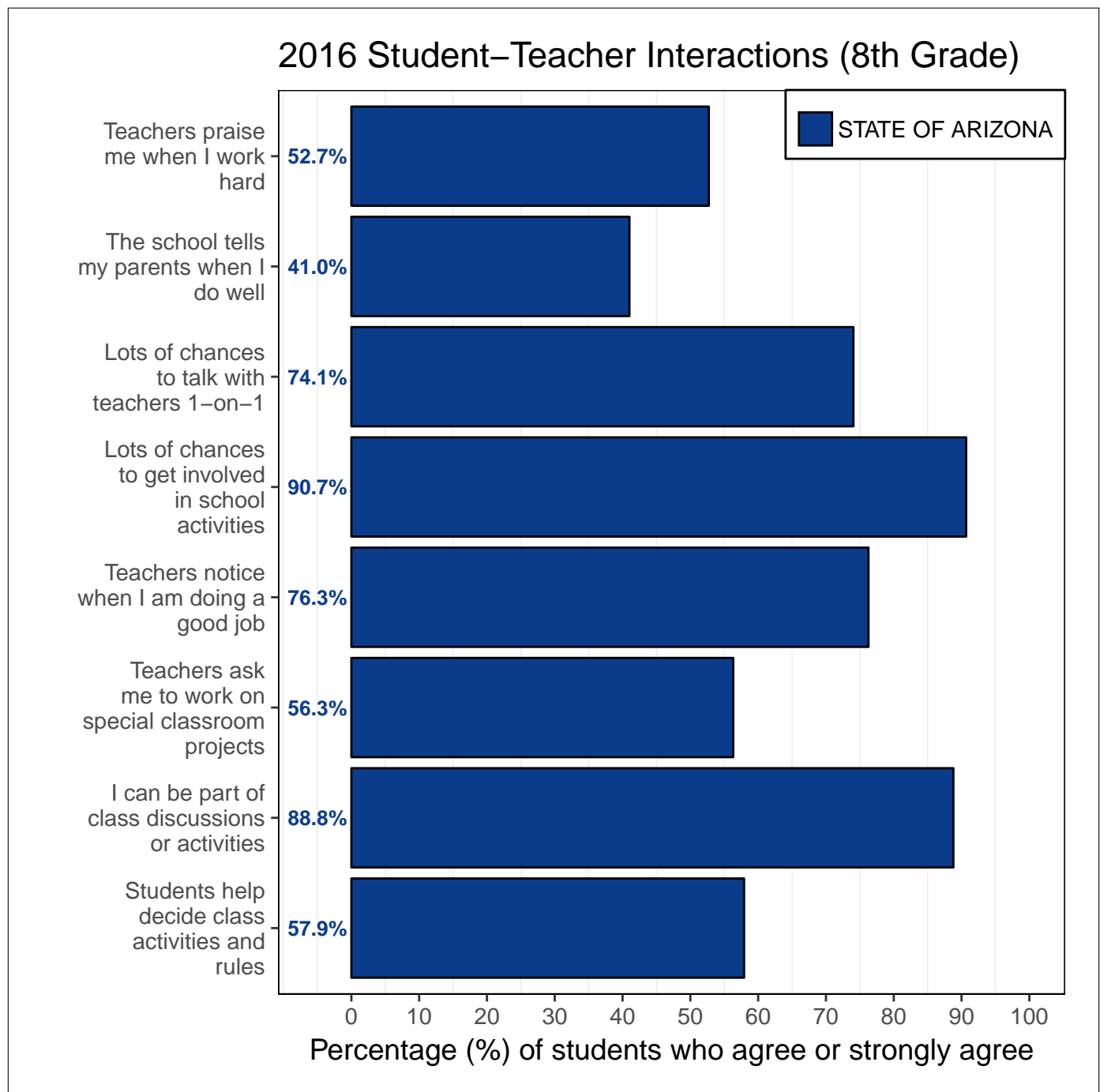


Figure 100: Student-Teacher Interactions (10th Grade)

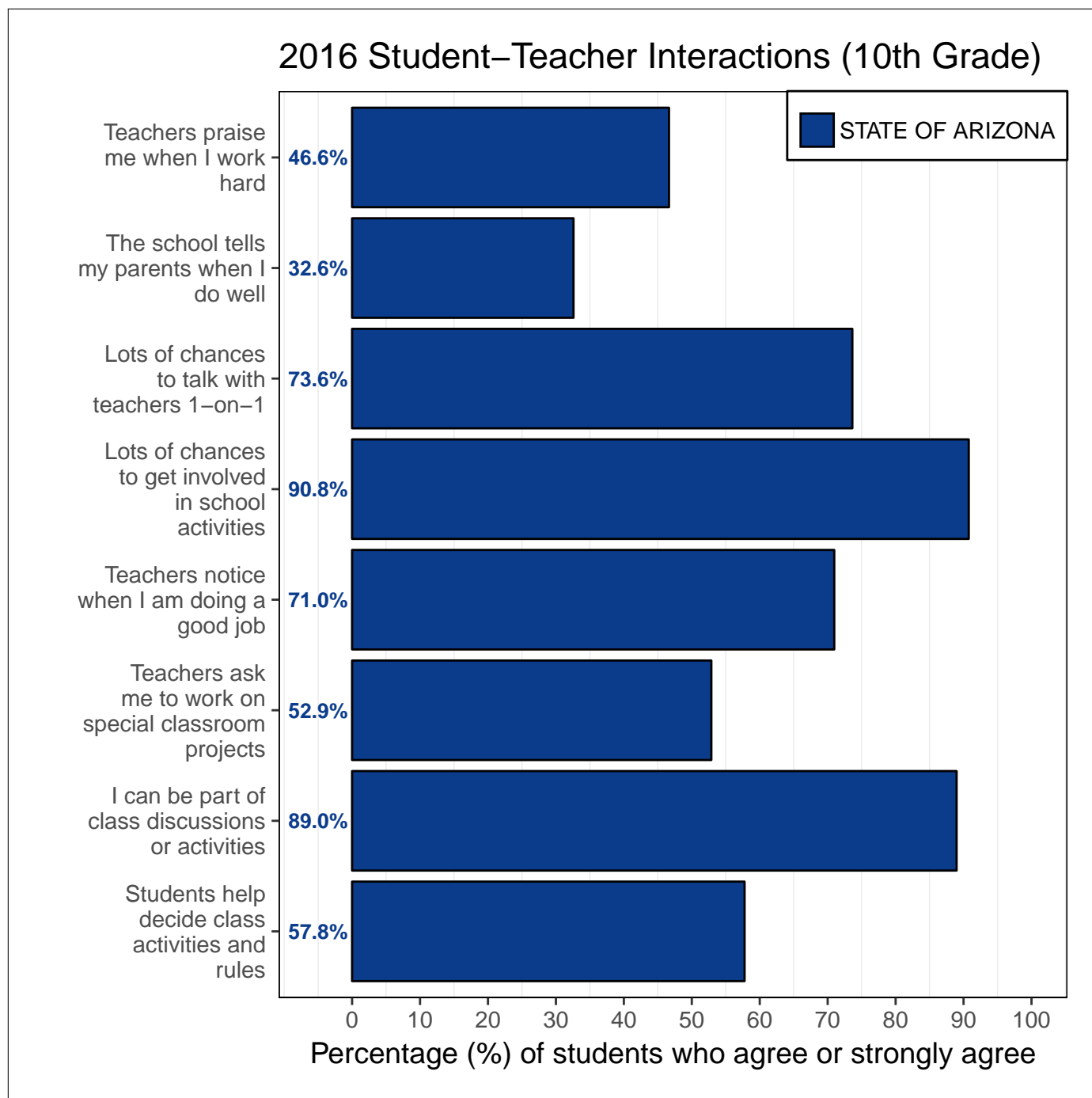
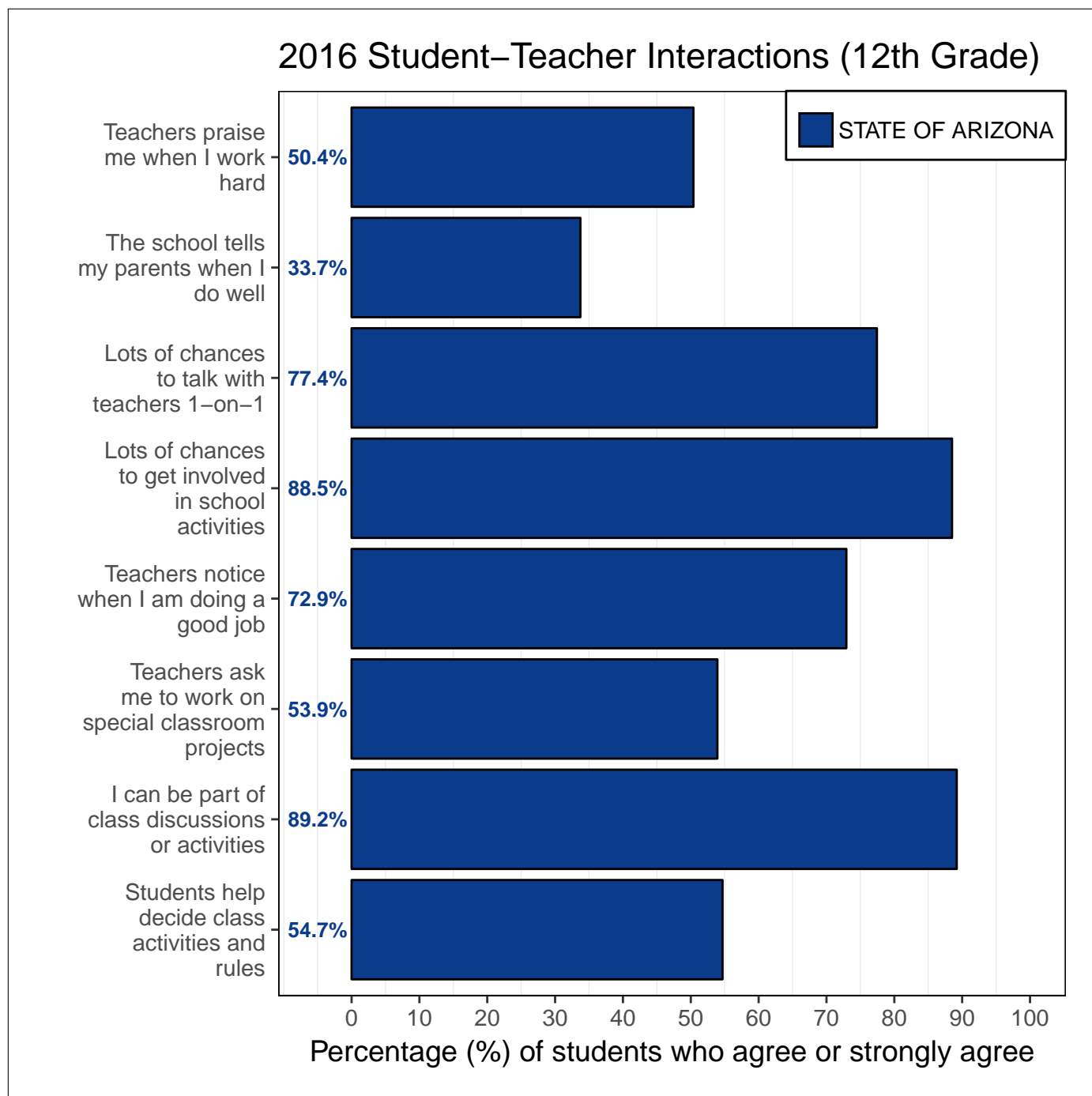


Figure 101: Student-Teacher Interactions (12th Grade)



## 7.2 Negative Peer Interactions

---

### **Definitions**

Peer interactions at school are also important variables to consider when thinking about possible influences on behavior. Questions were asked regarding how often specific kinds of negative interactions happen, including youth being made fun of by other students, being pushed or hit by other students, feeling that other students are being mean to them, or feeling that they are excluded by other students during activities. The responses were five-point scales with 1 defined as “Never/Almost never” and 5 defined as “Always/Almost always.” The figures depict the average response on this five-point scale.

## Figures

Figure 102: Negative Peer Interactions (8th Grade)

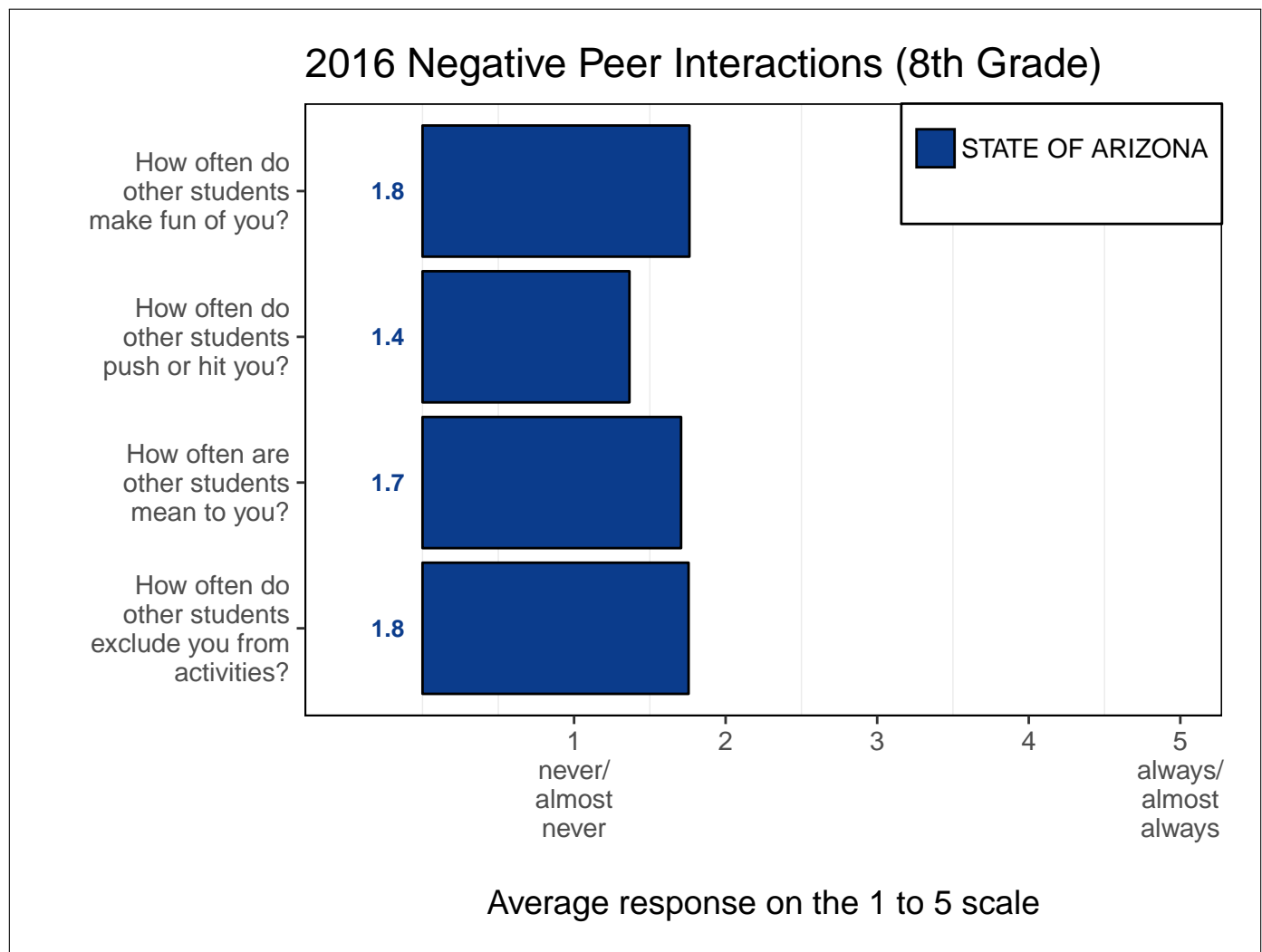


Figure 103: Negative Peer Interactions (10th Grade)

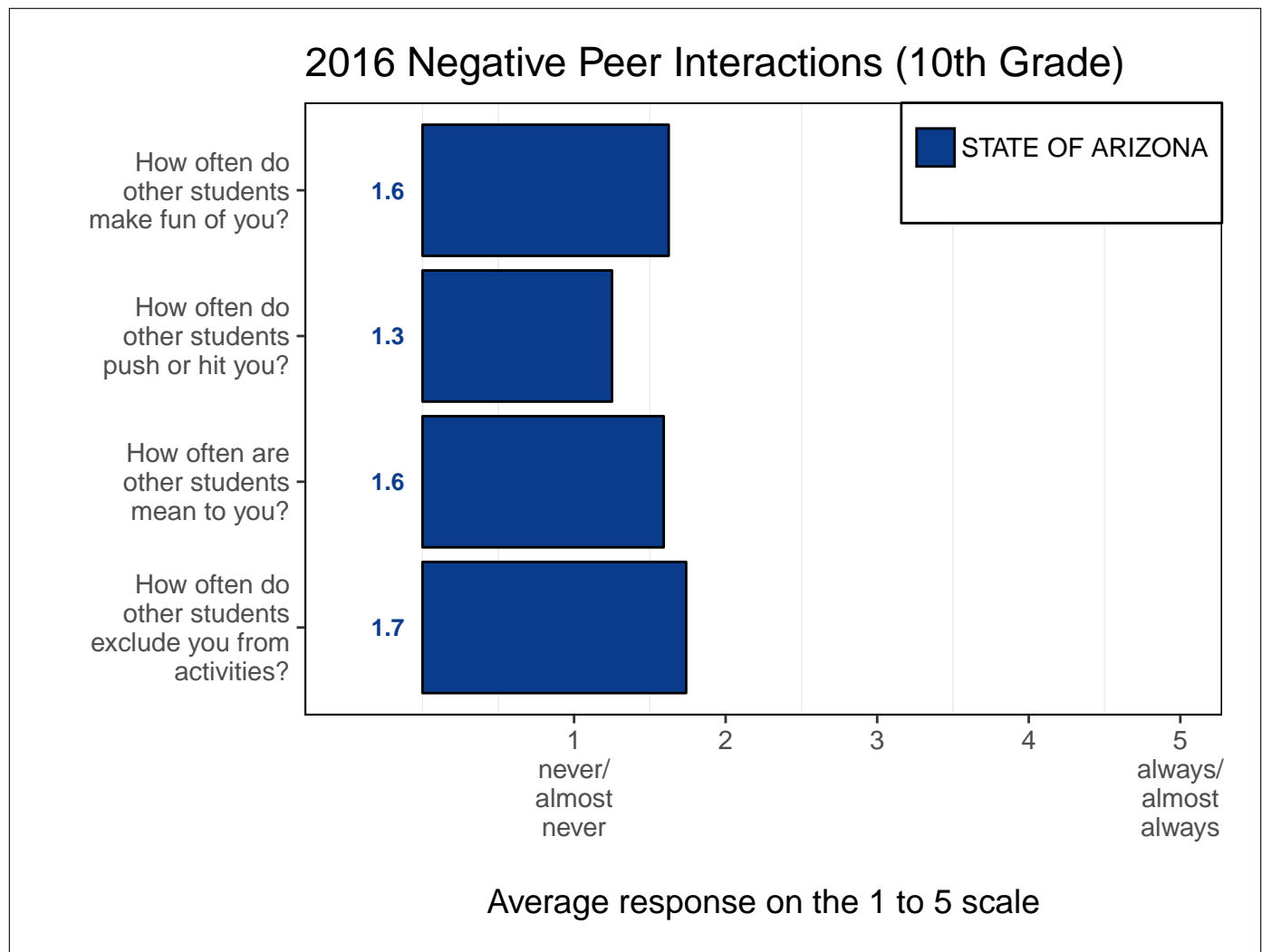
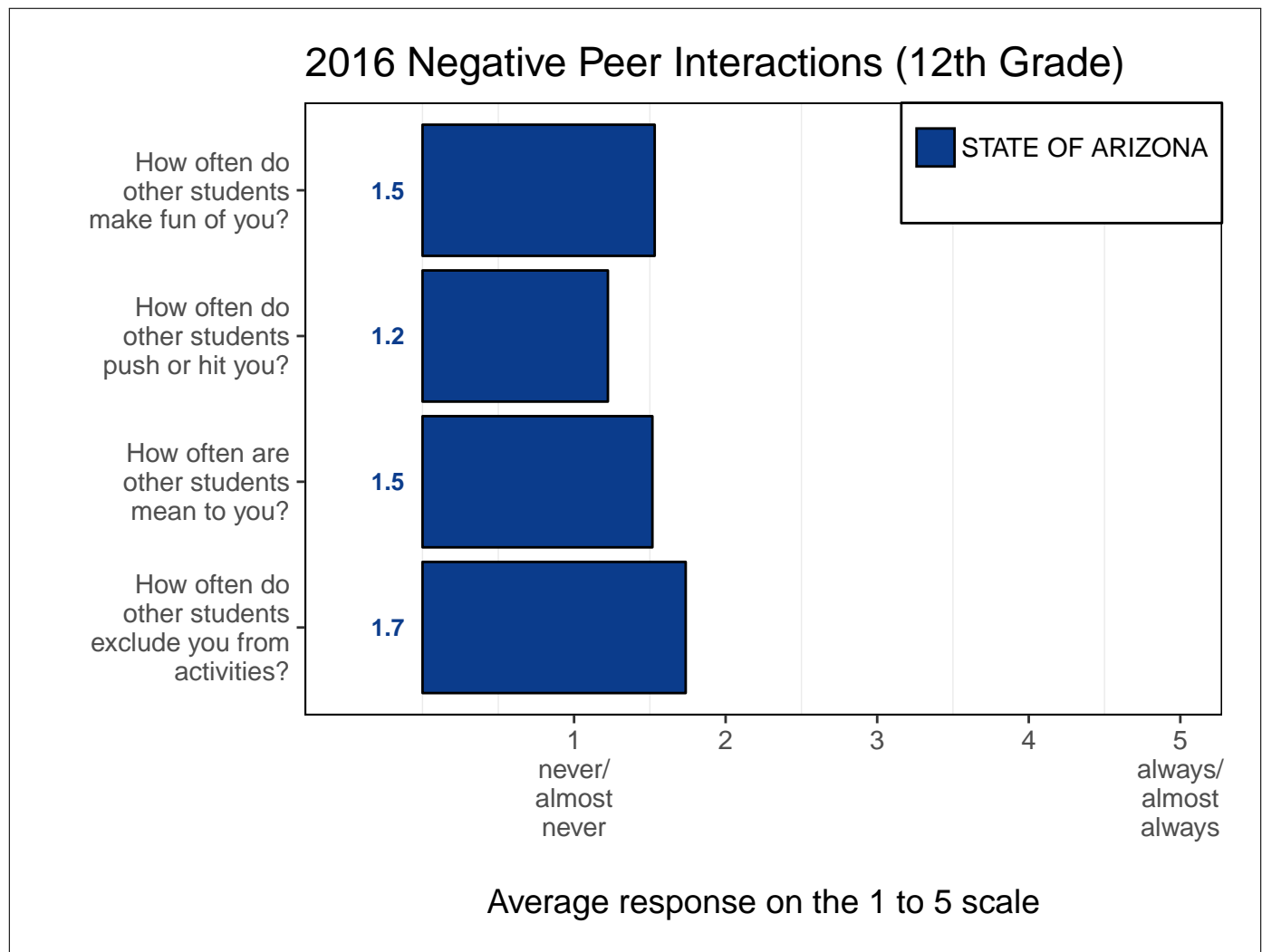


Figure 104: Negative Peer Interactions (12th Grade)





## Section 8: Well-Being

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### 8.1 Perceived Stress

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#### **Definitions**

Perceived Stress has been connected to substance use by adolescents (Finkelstein et al., 2006; Kobus and Reyes, 2000; Sussman et al., 1993). Cohen et al. (1983) developed the Perceived Stress Scale, which has been widely used in research projects to assess stress (e.g., Mimura and Griffiths, 2004). Percentages represented in charts refer to those youth who stated that in the last month they sometimes, fairly often, or very often felt confident about their abilities to handle their personal problems, felt that things were not going their way, or felt that they were unable to control important things in their life and were unable to overcome difficulties.

## Figures

Figure 105: Perceived Stress (8th Grade)

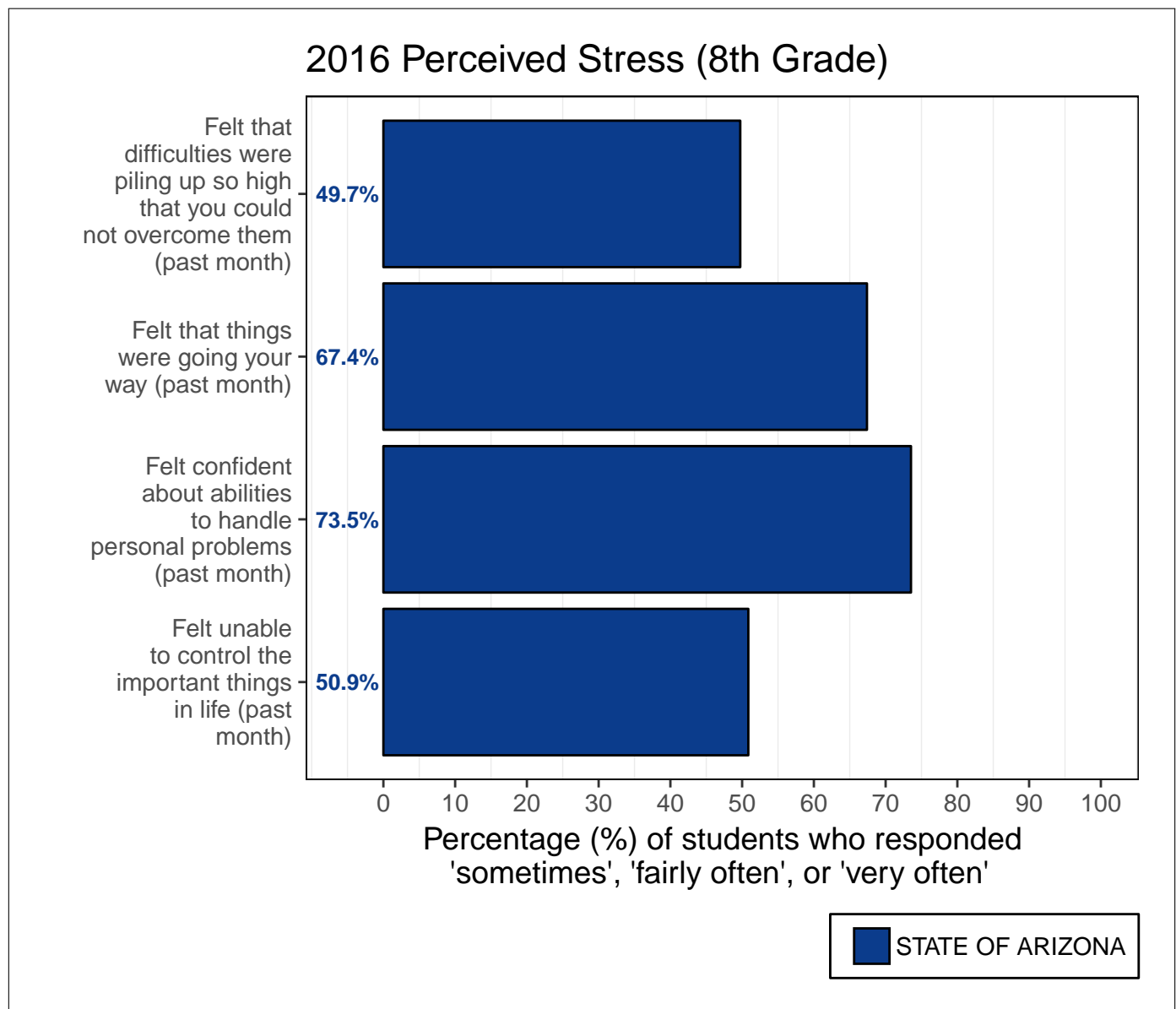


Figure 106: Perceived Stress (10th Grade)

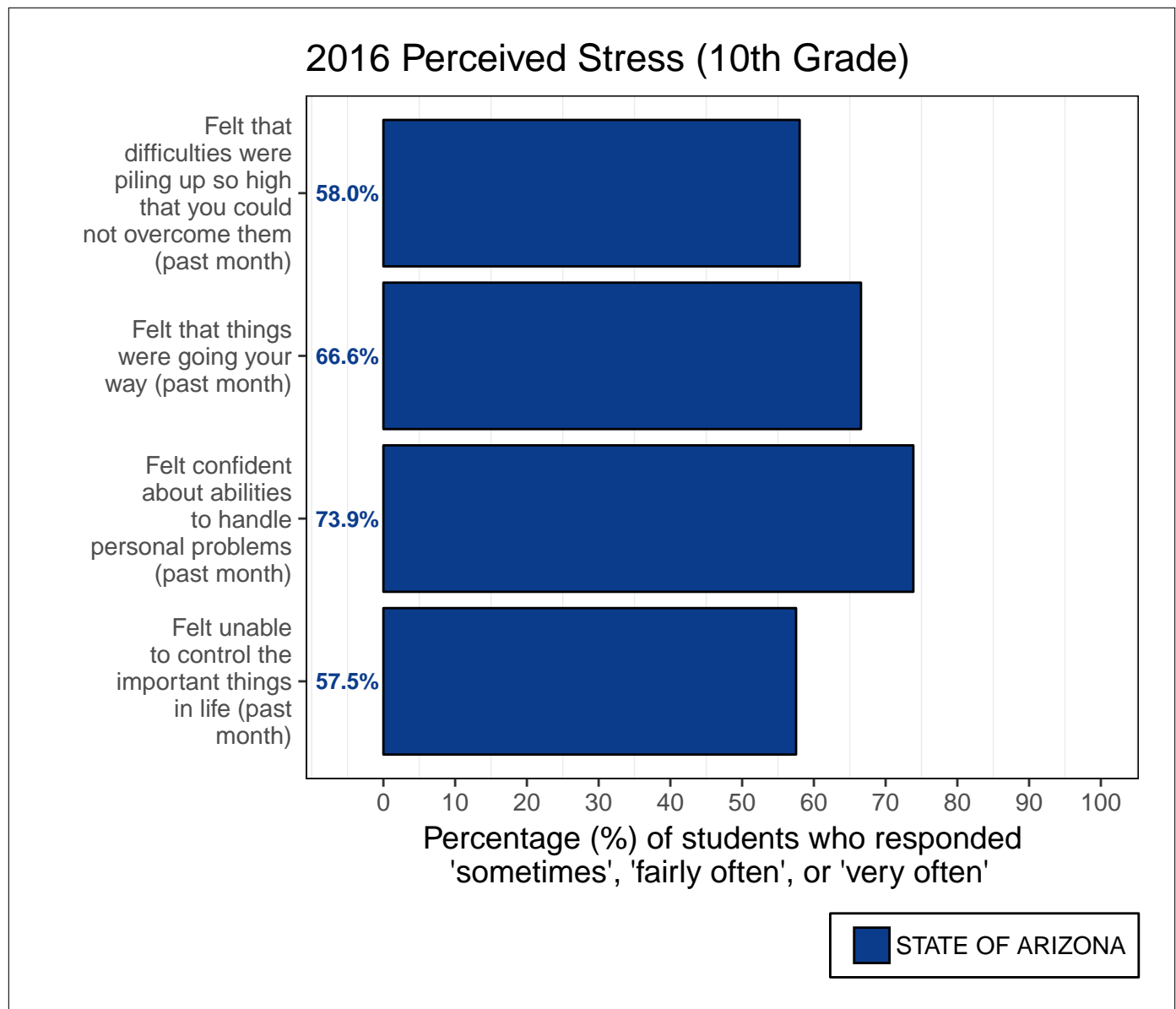
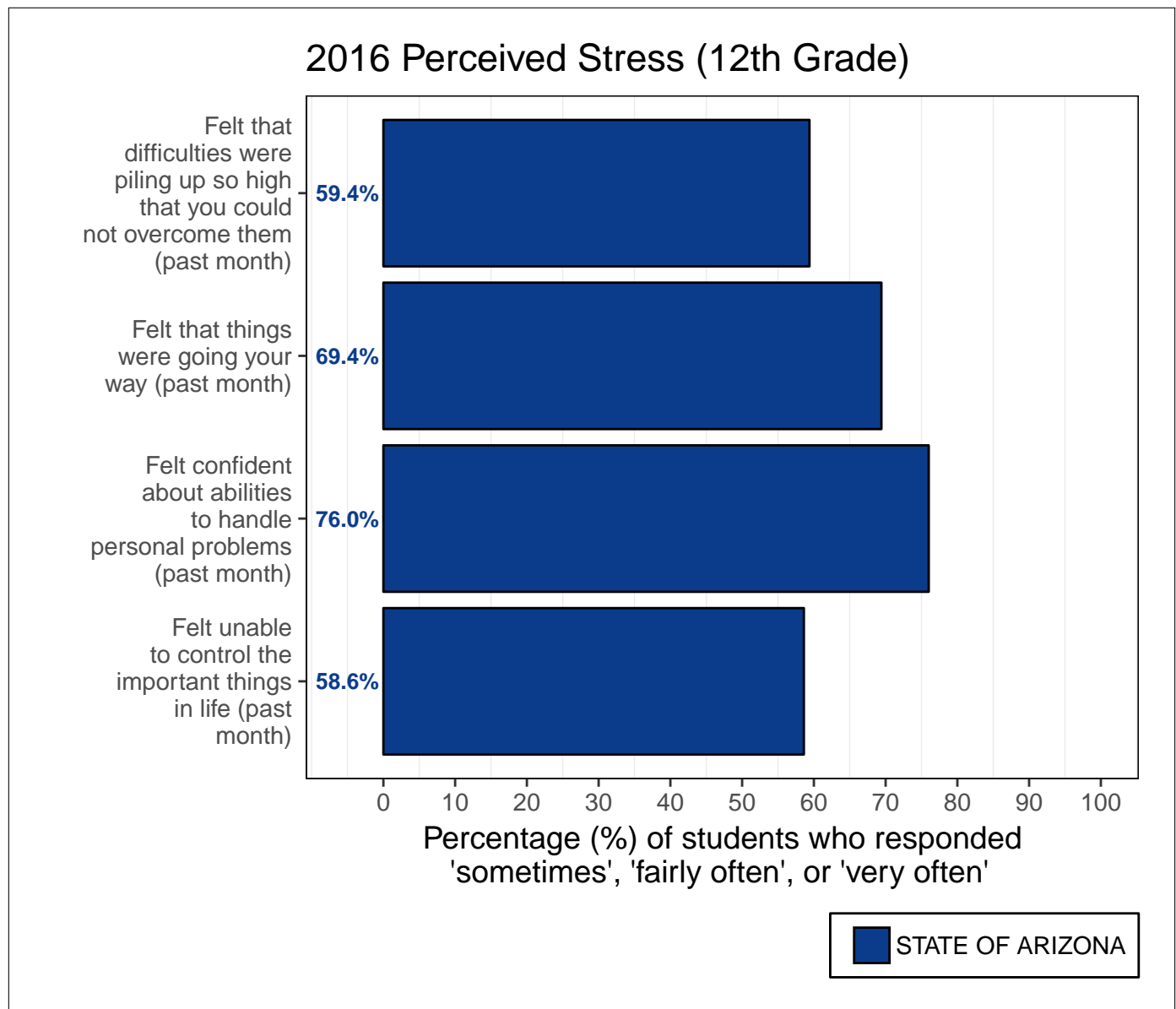


Figure 107: Perceived Stress (12th Grade)



## 8.2 Future Orientation

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### **Definitions**

Youth who have a positive outlook on their future, establish goals for the future, or give greater attention to future consequences of their behavior are less likely to engage in problem behaviors. These concepts are often analyzed together in order to measure an individual's future orientation (Keough et al., 1999). Students were asked a series of statements about their future and goals, and percentages represented in charts refer to those youth who stated these statements were exactly, a lot, or somewhat like them. Participants were also asked how often they make plans for their goals or have trouble figuring out how to make their goals happen. Percentages represented in these charts refer to those youth who stated they create goals, or have trouble with their goals, all, most or some of the time.

## Figures

Figure 108: Future Orientation (8th Grade)

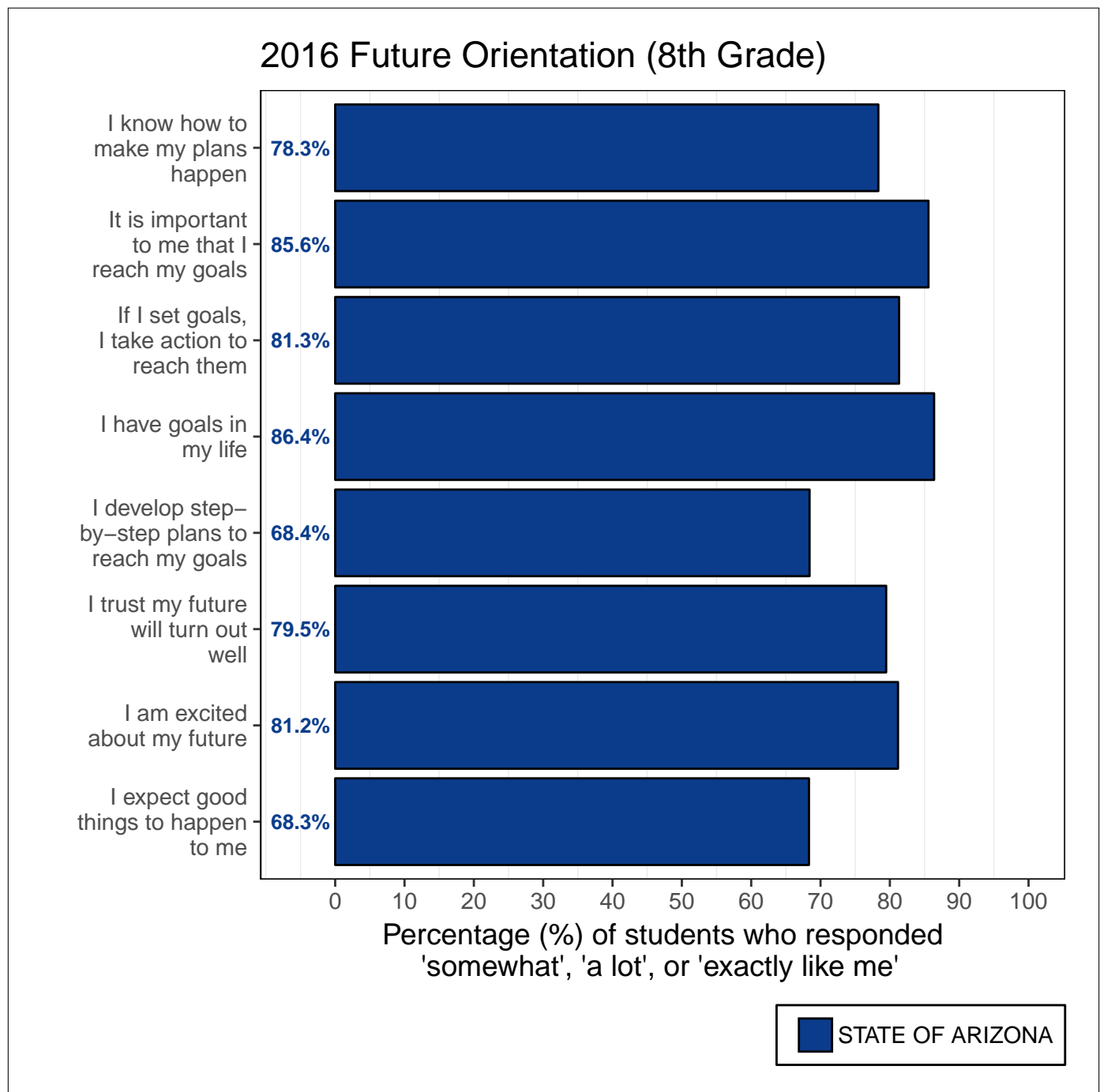


Figure 109: Future Orientation (10th Grade)

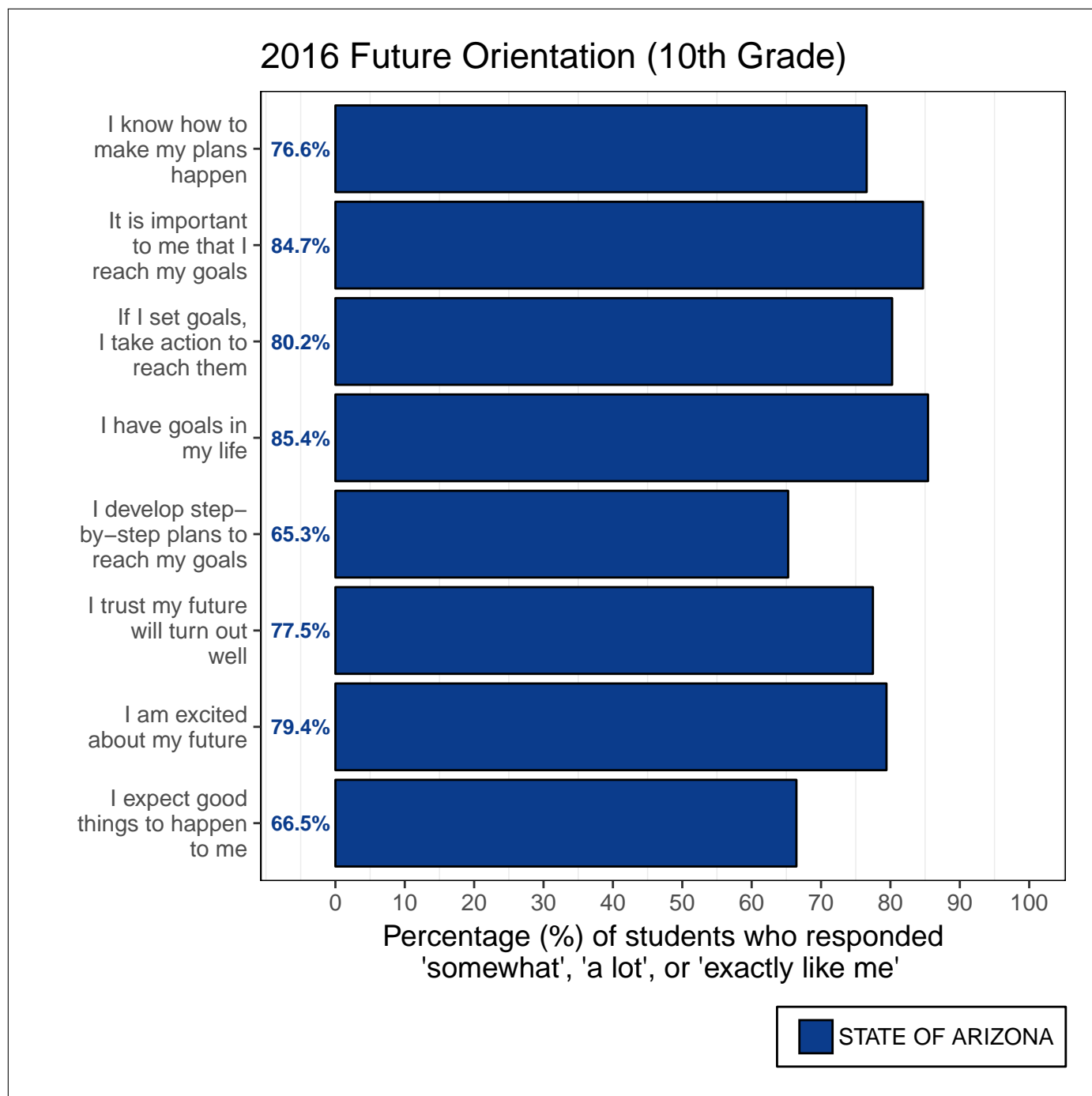


Figure 110: Future Orientation (12th Grade)

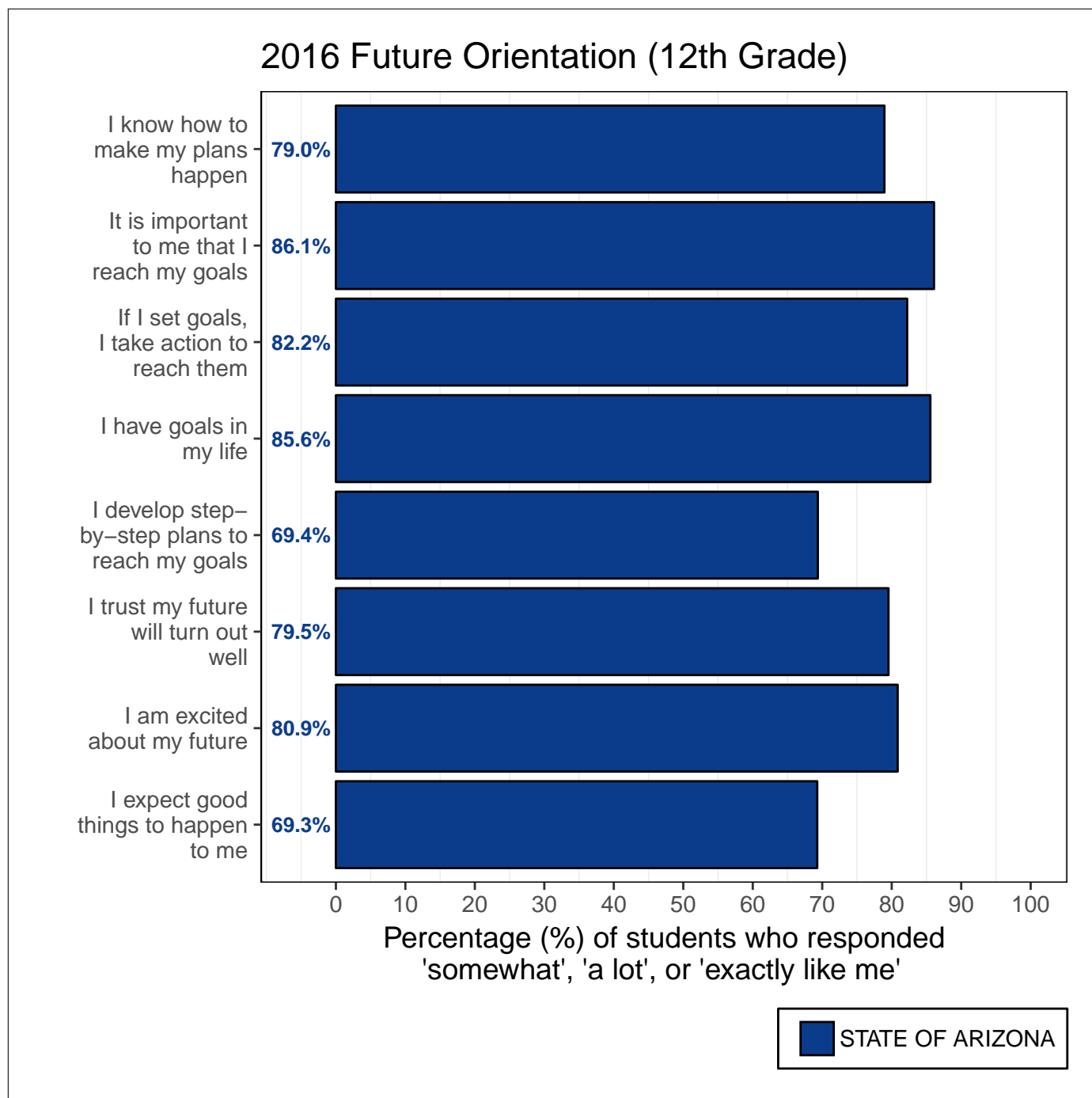




Figure 111: Goal Setting (8th Grade)

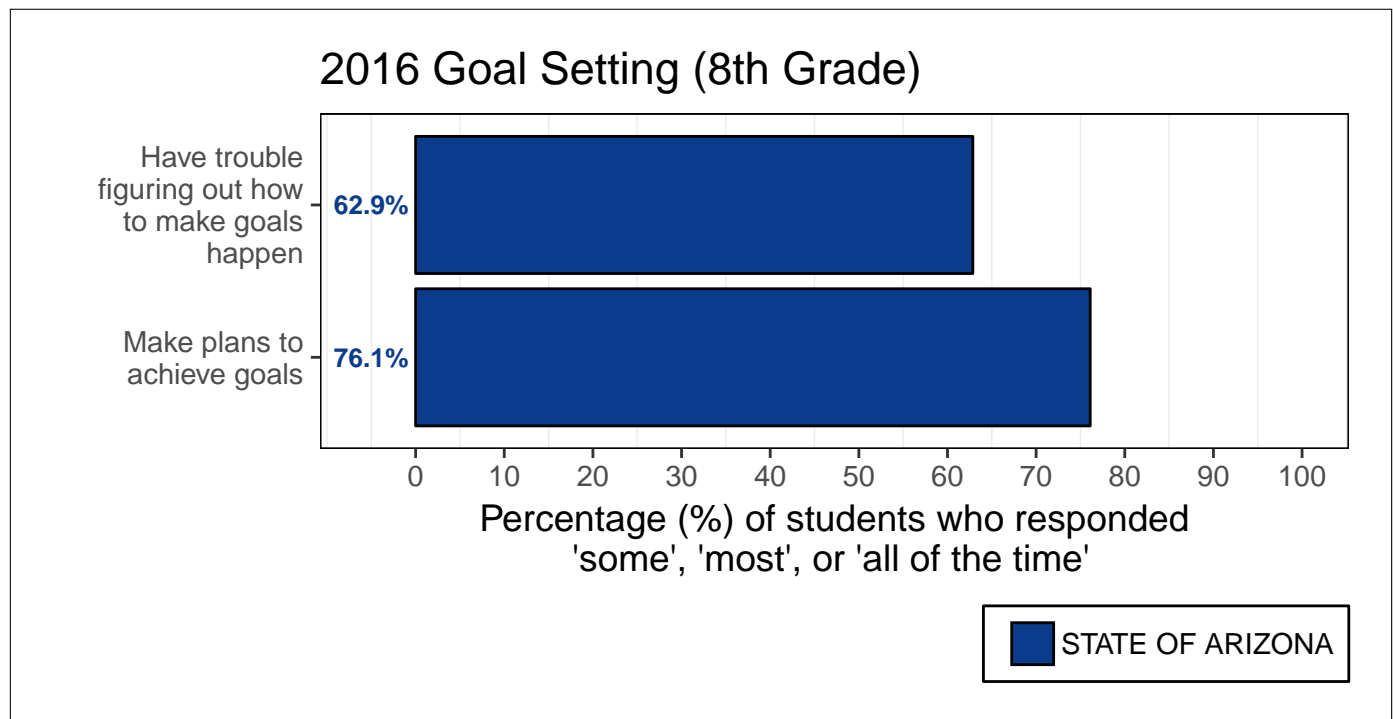


Figure 112: Goal Setting (10th Grade)

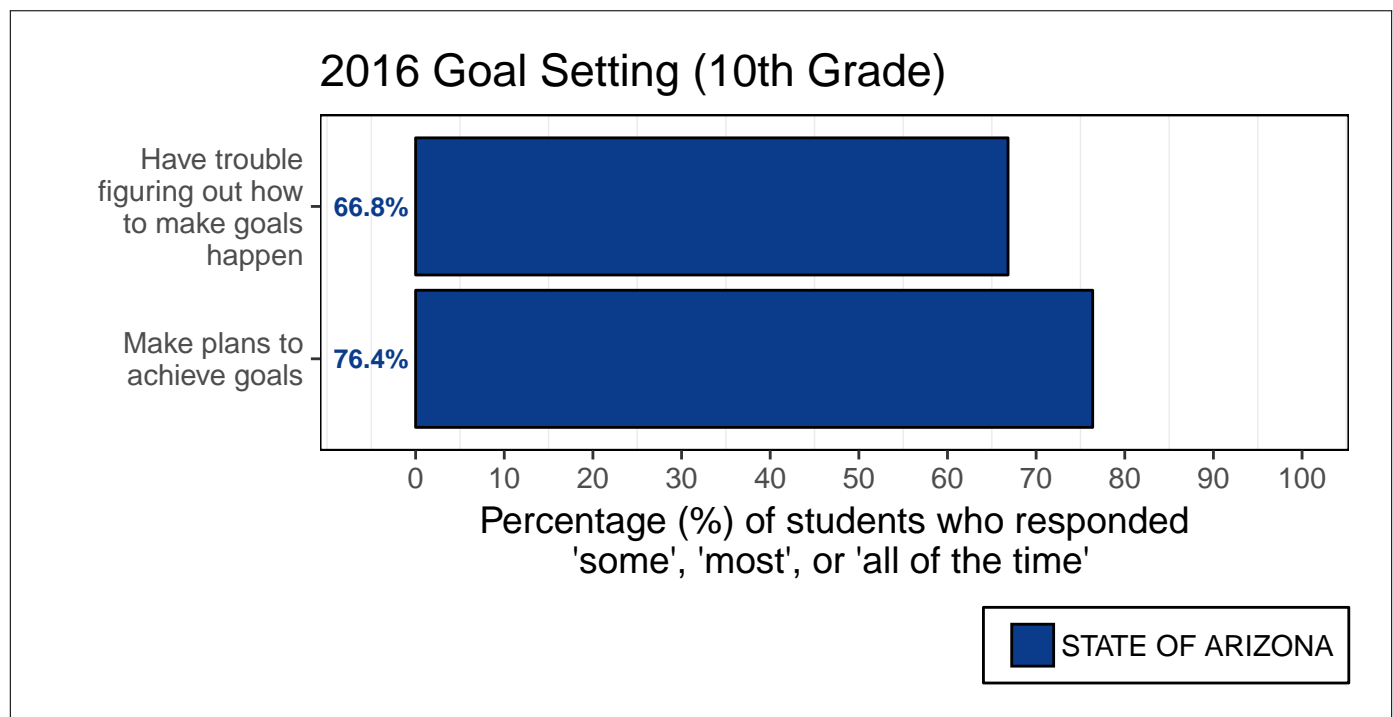
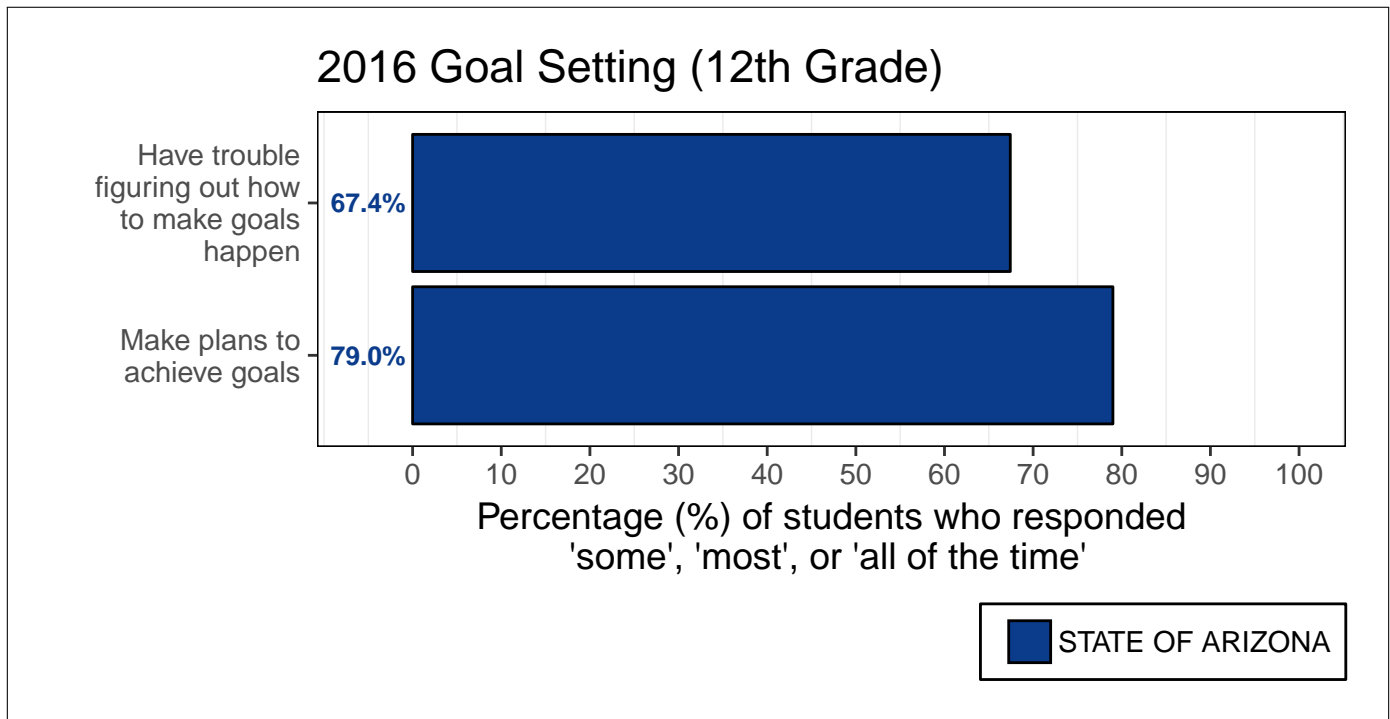


Figure 113: Goal Setting (12th Grade)



## Section A: Appendices

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This report includes four appendices containing supplementary information about the Arizona Youth Survey. The appendices and their contents are described in the following list.

### **Appendix A: List of References**

contains bibliographic information for all research articles and books cited in this report

### **Appendix B: Scantron Questionnaire**

contains the complete Scantron version of the 2016 Arizona Youth Survey

### **Appendix C: Risk & Protective Factor (RPF) Scale Definitions**

provides information about how questionnaire items were combined to form the RPF scales used in the RPF figures in Section 5.1

### **Appendix D: Wording Changes in 2016 Questionnaire**

lists all changes in the exact wording of questionnaire items, starting from the 2004 Arizona Youth Survey, until the current 2016 administration

## A: List of References

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This appendix provides citation information for all research articles and books referred to in this report. A complete bibliography database file in BibTeX format is available upon request.

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**B: Scantron Questionnaire**

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The following pages contain the 2016 AYS Scantron-format questionnaire in its entirety. All students in the 2016 Arizona sample provided their responses either on this Scantron questionnaire, or a web-based version that had identical text for every item. All figures in this document were constructed from students' responses to the questions in the questionnaire.

## 3/8" SPINE PERF

- Please fill in the following information with the help of your teacher/survey assistant.**

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

- ☐ Parents/Step-parents
- ☐ Grandparents
- ☐ Siblings
- ☐ Other relatives
- ☐ Friends
- ☐ Teachers
- ☐ Coaches/Instructors
- ☐ Mentors
- ☐ Tutors
- ☐ Counselors
- ☐ Other adults
- ☐ I have no one I can talk to or go to for help

ED06

**The next section asks about your experiences at school.**

	Strongly disagree	Disagree	Agree	Strongly agree
17. In my school, <b>students</b> have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My teachers notice when I am doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Now thinking back over the past year in school, how often did you:

	Never	Seldom	Sometimes	Often	Almost always
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. feel that the school work you were assigned was meaningful and important?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Putting them all together, what were your grades like last year?

- ☐ Mostly A's      ☐ Mostly D's  
☐ Mostly B's      ☐ Mostly F's  
☐ Mostly C's

29. How important do you think the things you are learning in school are going to be for you later in life?

- ☐ Very important      ☐ Slightly important  
☐ Quite important      ☐ Not at all important  
☐ Fairly important

30. How interesting are most of your courses to you?

- ☐ Very interesting      ☐ Slightly interesting  
☐ Quite interesting      ☐ Not at all interesting  
☐ Fairly interesting

31. During the past 30 days, how many days of school have you missed because you skipped or 'cut'?

- ☐ None      ☐ 4-5 days  
☐ 1 day      ☐ 6-10 days  
☐ 2 days      ☐ 11 or more days  
☐ 3 days

	0 times	1 time	2-3 times	4-5 times	6-7 times	8-9 times	10-11 times	12 or more times
32. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. During the past 12 months, how many times were you in a physical fight ON SCHOOL PROPERTY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. During the past 12 months, how many times have you been harassed, mistreated, or made fun of by another person while on-line or through a cell phone or other electronic device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. During the past 12 months, how often have you picked on or bullied another student ON SCHOOL PROPERTY?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. During the past 12 months, how often have you seen bullying ON SCHOOL PROPERTY and done nothing to stop it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. During the past 30 days, on how many days did you NOT go to school because you felt you would be unsafe at school or on the way to or from school?

- ☐ 0 days      ☐ 4 or 5 days  
☐ 1 day      ☐ 6 or more days  
☐ 2 or 3 days

39. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?

- ☐ 0 days      ☐ 4 or 5 days  
☐ 1 day      ☐ 6 or more days  
☐ 2 or 3 days

40. What are the chances you would be seen as cool if you:

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. were a member of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]

42. How wrong do you think it is for someone your age to:	Not wrong at all			
	A little bit wrong		Wrong	
	Very wrong			
a. take a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. steal anything worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. stay away from school all day when their parents think they are at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. have one or two drinks of beer, wine, or hard liquor nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. use LSD, cocaine, amphetamines or another illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. use prescription drugs without a doctor telling them to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	10 or more times	6 to 9 times	3 to 5 times	1 to 2 times	Never
43. How many times in the past year (12 months) have you:					
a. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. participated in clubs, organizations or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been drunk or high at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. been hit, slapped, pushed, shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. seen someone punched with a fist, kicked, choked, or beaten up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. seen someone shot or shot at?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**44. How often have you done the following for money, possessions, or anything of value:**

	Almost every day	Once or twice a week	Once or twice a month	At least once in the past 12 months	Before, but not in the past 12 months	Never
a. Played the lottery or scratch off tickets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bet on a game of personal skill such as pool or a video game?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Played cards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Played a dice game?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Bet on sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**45. How many peers do you like to hang out with and spend time with?**

46. How many *best* friends (the friends you feel closest to) do you have?

**47. Think of your four best friends. In the past year (12 months), how many of your best friends have:**

	0	1	2	3	4+
a. participated in clubs, organizations or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. been in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**48. I ignore rules that get in my way.**

☐ Very False      ☐ Somewhat True  
☐ Somewhat False      ☐ Very True

**49. I do the opposite of what people tell me, just to get them mad.**

☐ Very False      ☐ Somewhat True  
☐ Somewhat False      ☐ Very True

**50. I like to see how much I can get away with.**

☐ Very False      ☐ Somewhat True  
☐ Somewhat False      ☐ Very True

**51. I think sometimes it's okay to cheat at school.**

☐ Strongly disagree      ☐ Agree  
☐ Disagree      ☐ Strongly agree

**52. It is all right to beat up people if they start the fight.**

☐ Strongly disagree      ☐ Agree  
☐ Disagree      ☐ Strongly agree

**53. I think it is okay to take something without asking if you can get away with it.**

☐ Strongly disagree      ☐ Agree  
☐ Disagree      ☐ Strongly agree

**54. During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?**

☐ 0 times      ☐ 2 or 3 times      ☐ 6 or more times  
☐ 1 time      ☐ 4 or 5 times

**55. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?**

☐ 0 times      ☐ 2 or 3 times      ☐ 6 or more times  
☐ 1 time      ☐ 4 or 5 times

**56. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been taking prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) that were not prescribed to you by a doctor or that you took only for the experience or feeling they cause?**

☐ 0 times      ☐ 2 or 3 times      ☐ 6 or more times  
☐ 1 time      ☐ 4 or 5 times

**57. During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been using marijuana?**

☐ 0 times      ☐ 2 or 3 times      ☐ 6 or more times  
☐ 1 time      ☐ 4 or 5 times

**58. Think back over the LAST TWO WEEKS. How many times have you had five or more alcoholic drinks in a row?**

☐ None      ☐ Twice      ☐ 6-9 times  
☐ Once      ☐ 3-5 times      ☐ 10 or more times

**59. Have you ever smoked cigarettes?**

☐ Never      ☐ Regularly in the past  
☐ Once or twice      ☐ Regularly now  
☐ Once in a while but not regularly

**60. During the past 30 days, on how many days did you smoke cigarettes?**

☐ 0 days      ☐ 6 to 9 days      ☐ All 30 days  
☐ 1 or 2 days      ☐ 10 to 19 days  
☐ 3 to 5 days      ☐ 20 to 29 days

**61. Have you ever used electronic cigarettes (e-cigarettes)?**

☐ Never      ☐ Regularly in the past  
☐ Once or twice      ☐ Regularly now  
☐ Once in a while but not regularly

**62. During the past 30 days, on how many days did you use electronic cigarettes (e-cigarettes)?**

☐ 0 days      ☐ 6 to 9 days      ☐ All 30 days  
☐ 1 or 2 days      ☐ 10 to 19 days  
☐ 3 to 5 days      ☐ 20 to 29 days

**63. How frequently have you used smokeless tobacco during the past 30 days?**

☐ 0 days      ☐ 6 to 9 days      ☐ All 30 days  
☐ 1 or 2 days      ☐ 10 to 19 days  
☐ 3 to 5 days      ☐ 20 to 29 days

**64. In the last 30 days, about how many times were you offered:**

	Never	Once	2-3 times	4-6 times	7-10 times	More than 10 times
a. alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Rx drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**65. During the past 12 months, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered alcohol, prescription drugs, or other drugs?**

☐ 0 times      ☐ 2 or 3 times      ☐ 6 or more times  
☐ 1 time      ☐ 4 or 5 times



# On how many occasions (if any) have you:

OCCASIONS:

	0	1-2	3-5	6-9	10-19	20-39	40+
66. had alcoholic beverages (beer, wine or hard liquor) to drink in your <b>lifetime</b> -- more than just a few sips?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. had beer, wine or hard liquor to drink during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. used marijuana in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. used marijuana during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. used LSD or other hallucinogens in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. used LSD or other hallucinogens during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. used cocaine or crack in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. used cocaine or crack during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. used phenoxydine (pox, px, breeze) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. used phenoxydine (pox, px, breeze) during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. used methamphetamines (meth, crystal meth) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. used methamphetamines (meth, crystal meth) in the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. used heroin in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. used heroin during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. used Ecstasy ('X', 'E', MDMA, or 'Molly') in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. used Ecstasy ('X', 'E', MDMA, or 'Molly') in the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. used steroids or anabolic steroids (such as Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. used prescription pain relievers (such as Vicodin, OxyContin, Percocet, or Codeine) without a doctor telling you to take them during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. used prescription stimulants (such as Ritalin, Adderal, or Dexedrine) without a doctor telling you to take them during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. used prescription sedatives (tranquilizers, such as Valium or Xanax, barbiturates, or sleeping pills) without a doctor telling you to take them during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
93. used over the counter drugs (such as cough syrup, cold medicine, or diet pills) for the purposes of getting high during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) in your <b>lifetime</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. drank beer, wine or hard liquor at the same time you used prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) during the <b>past 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 97. If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.)

- ☐ I did not use marijuana during the past 30 days  
☐ I got it from someone with a Medical Marijuana Card  
☐ Friends ☐ Parties ☐ School  
☐ Family/Relatives ☐ Home ☐ Other

## 98. In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana or other drugs including prescription drugs?

- ☐ None ☐ 2-3 times ☐ 7-10 times  
☐ Once ☐ 4-6 times ☐ More than 10 times

## 99. In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs including prescription drugs were offered to you? (Fill in an answer for each way of responding)

	I never got offers	Four or more times	Three times	Twice	Once	Never
a. say "No" without giving a reason why.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. give an explanation or excuse to turn down the offer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. decide to leave the situation without accepting the offer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. use some other way to not accept the alcohol or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 100. How much do you think people risk harming themselves (physically or in other ways) if they:

	Great risk	Moderate risk	Slight risk	No risk
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. have five or more drinks of an alcoholic beverage in a row once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use prescription drugs without a doctor telling them to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 101. Compared to using illegal drugs (e.g., cocaine, meth, heroin), how harmful do you think it is for people to take prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) without a doctor telling them to take them?

- ☐ A lot less harmful ☐ No difference ☐ A lot more harmful  
☐ Less harmful ☐ More harmful

**102. If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.)**

- ☐ I did not drink alcohol in the past 30 days
- ☐ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- ☐ I bought it at a restaurant, bar, or club
- ☐ I bought it at a public event such as a concert or sporting event
- ☐ I gave someone else money to buy it for me
- ☐ My parent or guardian gave it to me
- ☐ Another family member who is 21 or older gave it to me
- ☐ Someone not related to me who is 21 or older gave it to me
- ☐ Someone under the age of 21 gave it to me
- ☐ I got it at a party
- ☐ I took it from home
- ☐ I took it from a store or someone else's home
- ☐ I got it some other way

**103. If, during the past 30 days you used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all that apply.)**

- ☐ I've never used prescription drugs to get high  
☐ Friends  
☐ Family/Relatives  
☐ Parties  
☐ Home (e.g., Medicine Cabinet)
- ☐ Doctor/Pharmacy  
☐ School  
☐ Other  
☐ Over the Internet  
☐ Outside the United States (e.g., Mexico, Canada)

**104. If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply):**

- ☐ To fit in with my friends
- ☐ To try something new or exciting
- ☐ To get back at my parents or to get my parent's attention
- ☐ To help me lose weight
- ☐ To keep from feeling sad or down
- ☐ I was bored and needed something to do
- ☐ To get a high or to have a good feeling
- ☐ To help me feel normal
- ☐ To help me stay focused or think better
- ☐ To have fun
- ☐ To be like an actor or musician/band that I admire
- ☐ To feel more grown up or prove that I am grown up
- ☐ I needed it, craved it, or am addicted
- ☐ To deal with the stress in my life (Please mark all areas of stress that were related to your substance use below)
  - ☐ Parents/family
  - ☐ Peers/Friends (e.g., fighting with friends, getting bullied, dealing with rumors, etc.)
  - ☐ School
  - ☐ Community
  - ☐ Other

105. If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply):

- ☐ I'm not interested in using drugs
- ☐ It can harm my body
- ☐ My parents would be disappointed in me
- ☐ My parents would take away my privileges if they found out
- ☐ My teachers/mentors/other adults in my life would be disappointed in me
- ☐ I might get kicked out of school or extracurricular activities (e.g., sports, cheerleading, drama club/plays)
- ☐ My friends would stop talking to me or hanging out with me
- ☐ I would get a bad reputation with peers
- ☐ I wanted to, but I couldn't get it or wasn't offered it
- ☐ It's illegal – I could get arrested
- ☐ I've tried them before and I don't like them
- ☐ It's morally wrong
- ☐ It's against my religious or spiritual beliefs

**These questions ask about the neighborhood and community where you live.**

106. About how many adults (over 21) have you known personally who in the past year have:

[illegible]

a. used marijuana, crack, cocaine, or other drugs?

b. sold or dealt drugs?

c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?

d. gotten drunk or high?

107. If you wanted to get some cigarettes, how easy would it be for you to get some?

108. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

109. If you wanted to get some marijuana, how easy would it be for you to get some?

110. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

111. If you wanted to get a handgun, how easy would it be for you to get one?

**112. If a kid smoked marijuana in your neighborhood, he or she would be caught by the police.**

- ☐ Strongly disagree      ☐ Agree  
☐ Disagree                ☐ Strongly agree

113. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, he or she would be caught by the police.

- ☐ Strongly disagree      ☐ Agree  
☐ Disagree                ☐ Strongly agree

**114. If a kid carried a handgun in your neighborhood, he or she would be caught by the police.**

- ☐ Strongly disagree      ☐ Agree  
☐ Disagree                ☐ Strongly agree

**115. Have you ever belonged to a gang?**

- ☐ No  
☐ No, but would like to  
☐ Yes, in the past

116. If you have ever belonged to a gang, what was the one major reason you joined?

- ☐ Protection/safety
- ☐ Friendship
- ☐ Parent(s) are in a gang
- ☐ Sibling(s) are in a gang
- ☐ Make money
- ☐ Felt pressured
- ☐ To get respect
- ☐ Other

**117. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:**

	Not wrong at all	A little bit wrong	Wrong	Very wrong
a. to use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. to drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. to smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

118. How wrong do your friends feel it would be for you to:

- a. have one or two drinks of an alcoholic beverage nearly every day?
- b. smoke tobacco?
- c. smoke marijuana?
- d. use prescription drugs not prescribed to you?

PLEASE DO NOT WRITE IN THIS AREA



119. During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?

☐ No ☐ Yes

	Strongly disagree	Disagree	Agree	Strongly agree
120. If I had to move, I would miss the neighborhood I now live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. My neighbors notice when I am doing a good job and let me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. I like my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. There are lots of adults in my neighborhood I could talk to about something important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. I'd like to get out of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. There are people in my neighborhood who are proud of me when I do something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. There are people in my neighborhood who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. I feel safe in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

128. During a typical week, how many days do all or most of your family eat at least one meal together?

Number of days: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

129. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians – whether or not they live with you. (Mark all that apply.)

- ☐ No, I did not talk with my parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs.
- ☐ Yes, I talked with my parents about the dangers of tobacco use.
- ☐ Yes, I talked with my parents about the dangers of alcohol use.
- ☐ Yes, I talked with my parents about the dangers of prescription drug use.
- ☐ Yes, I talked with my parents about the dangers of marijuana use.
- ☐ Yes, I talked with my parents about the dangers of illegal drug use.

130. Have any of your brothers or sisters ever:

	I don't have any brothers or sisters	Yes	No
a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. taken a handgun to school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

131. Has anyone in your family ever had severe alcohol or drug problems?

☐ No ☐ Yes

132. Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.)

- ☐ No one has been in prison or jail
- ☐ Mother
- ☐ Father
- ☐ Step-parent
- ☐ Grandparent(s)
- ☐ Other adult(s)
- ☐ Sibling (i.e. brother, sister, step-sibling etc.)

133. How wrong do your parents feel it would be for YOU to:

	Very wrong	Wrong	A little bit wrong	Not wrong at all
a. have 1 to 2 drinks of beer, wine, or hard liquor (for example, vodka, whiskey or gin) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. steal something worth more than \$5?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. pick a fight with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. use prescription drugs without a doctor telling you to take them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Agree	Strongly agree
134. The rules in my family are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. People in my family often insult or yell at each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. When I am not at home, one of my parents knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. We argue about the same things in my family over and over.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. If I drank some beer, wine or liquor (for example, vodka, whiskey, or gin) without my parents' permission, my parents would catch me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. If I carried a handgun without my parents' permission, my parents would catch me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. If I skipped school, my parents would catch me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. My parents ask me what I think before most family decisions affecting me are made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. I feel very close to my mother.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. I feel very close to my father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. I share my thoughts and feelings with my mother.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. I share my thoughts and feelings with my father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. I enjoy spending time with my mother.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. I enjoy spending time with my father.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. If I had a personal problem, I could ask my mom or dad for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Agree	Strongly agree
150. My parents give me lots of chances to do fun things with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. My parents ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. People in my family have serious arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. My parents would know if I did not come home on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

155. My parents notice when I am doing a good job and let me know about it.

- ☐ Never or Almost Never
- ☐ Sometimes
- ☐ Often
- ☐ All the Time

**156. How often do your parents tell you they're proud of you for something you've done?**

- ☐ Never or Almost Never
 ☐ Often  
☐ Sometimes
 ☐ All the Time

**157. In a normal school week, how many days are you home after school for at least one hour without an adult there?**

- ☐ Never or Almost Never
 ☐ 3 days  
☐ 1 day
 ☐ 4 day  
☐ 2 days
 ☐ 5 days

**158. In the last month, how often have you felt:**

	Very often	Fairly often	Sometimes	Almost never	Never
...e to control the ...our life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...abilities to handle your	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...g your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...piling up so high that ...me them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**159. In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to:**

[illegible]

**160. All questions refer to the time period from when you were born until now. Now, looking back —**

- a. Did you live with anyone who was a problem drinker or alcoholic?
- ☐ Yes ☐ No ☐ Don't know / Not sure
- b. Did you live with anyone who used illegal street drugs or who abused prescription medications?
- ☐ Yes ☐ No ☐ Don't know / Not sure
- c. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
- ☐ Yes ☐ No ☐ Don't know / Not sure
- d. Were your parents separated or divorced?
- ☐ Yes ☐ Parents not married  
☐ No ☐ Don't know / Not sure
- e. How often did adults in your home ever slap, hit, kick, punch, or beat each other up?
- ☐ Never ☐ Once ☐ More than once
- f. How often did an adult in your home ever swear at you, insult you, or put you down?
- ☐ Never ☐ Once ☐ More than once

**161. People have many different types of interactions with their peers at school. Please answer the following questions about your peer experiences in school during the last month.**

	1 = Never/Almost never	2	3	4	5 = Always/Almost always
students exclude you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
students mean to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
students push or hit you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
students make fun of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**162. Please indicate how much these statements describe you.**

How much do you agree or disagree with the following statements?	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
It is important for me to have a plan for my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to turn out well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to have plans to reach my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to have a plan to reach them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to have plans that I reach my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want my plans to happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**163. Please indicate how often this happens.**

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
...make plans to achieve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have trouble figuring out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...goals happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **C: Risk & Protective Factor (RPF) Scale Definitions**

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In this appendix we detail the items used to construct the risk and protective factor (RPF) scales presented in Section 5.1 the report. Many of the items used in the scales were “reverse coded” to ensure that high values correlated with “risk” or “protection” accordingly.

### **1. COMMUNITY: Laws and Norms Favorable to Drug Use**

- (a) How wrong would most adults (over 21) in your neighborhood think it is for kids your age
  - i. to use marijuana?
  - ii. to drink alcohol?
  - iii. to smoke cigarettes?
- (b) If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?
- (c) If a kid smoked marijuana in your neighborhood would he or she be caught by the police?
- (d) If a kid carried a handgun in your neighborhood would he or she be caught by the police?

### **2. COMMUNITY: Low neighborhood Attachment**

- (a) I'd like to get out of my neighborhood.
- (b) I like my neighborhood.
- (c) If I had to move, I would miss the neighborhood I now live in.

### **3. COMMUNITY: Perceived Availability of Drugs**

- (a) If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?
- (b) If you wanted to get some cigarettes, how easy would it be for you to get some?
- (c) If you wanted to get some marijuana, how easy would it be for you to get some?
- (d) If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

### **4. COMMUNITY: Perceived Availability of Handguns**

- (a) If you wanted to get a handgun, how easy would it be for you to get one?

### **5. COMMUNITY: Rewards for Prosocial Involvement**

- (a) My neighbors notice when I am doing a good job and let me know about it.
- (b) There are people in my neighborhood who encourage me to do my best.
- (c) There are people in my neighborhood who are proud of me when I do something well.

### **6. FAMILY: Family Conflict**

- (a) People in my family often insult or yell at each other.

- (b) People in my family have serious arguments.
- (c) We argue about the same things in my family over and over.

**7. FAMILY: Poor Family Management**

- (a) My parents ask if I've gotten my homework done.
- (b) Would your parents know if you did not come home on time?
- (c) When I am not at home, one of my parents knows where I am and who I am with.
- (d) The rules in my family are clear.
- (e) My family has clear rules about alcohol and drug use.
- (f) If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?
- (g) If you skipped school would you be caught by your parents?
- (h) If you carried a handgun without your parents' permission, would you be caught by your parents?

**8. FAMILY: Family History of Antisocial Behavior**

- (a) Has anyone in your family ever had a severe alcohol or drug problem?
- (b) Have any of your brothers or sisters ever:
  - i. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
  - ii. smoked marijuana?
  - iii. smoked cigarettes?
  - iv. taken a handgun to school?
- (c) About how many adults (over 21) have you known personally who in the past year have used marijuana, crack, cocaine, or other drugs?

**9. FAMILY: Parental Attitudes Favorable to Antisocial Behavior**

- (a) How wrong do your parents feel it would be for you to...
  - i. steal anything worth more than \$5?
  - ii. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?
  - iii. pick a fight with someone?

**10. FAMILY: Parental Attitudes Favorable Toward Drug Use**

- (a) How wrong do your parents feel it would be for you to...
  - i. Have 1 to 2 drinks of beer, wine, or hard liquor (for example vodka, whiskey, or gin) nearly every day?
  - ii. smoke cigarettes?
  - iii. smoke marijuana?

**11. FAMILY: Opportunities for Prosocial Involvement**

- (a) My parents give me lots of chances to do fun things with them.
- (b) My parents ask me what I think before most family decisions affecting me are made.
- (c) If I had a personal problem, I could ask my mom or dad for help.

**12. FAMILY: Rewards for Prosocial Involvement**

- (a) My parents notice when I am doing a good job and let me know about it.
- (b) How often do your parents tell you they're proud of you for something you've done?
- (c) Do you enjoy spending time with your mother?
- (d) Do you enjoy spending time with your father?

**13. FAMILY: Attachment**

- (a) Do you feel very close to your mother?
- (b) Do you share your thoughts and feeling with your mother?
- (c) Do you feel very close to your father?
- (d) Do you share your thoughts and feeling with your father?

**14. PEER-INDIVIDUALS: Favorable Attitudes Toward Antisocial Behavior**

- (a) How wrong it is to
  - i. take a handgun to school?
  - ii. steal anything worth more than \$5?
  - iii. pick a fight with someone?
  - iv. attack someone with the idea of seriously hurting them?
  - v. stay away from school all day when their parents think they are at school?

**15. PEER-INDIVIDUALS: Interaction with Antisocial Peers**

- (a) Think of your four best friends. In the past year (12 months), how many of your best friends have
  - i. been suspended from school?
  - ii. carried a handgun?
  - iii. sold illegal drugs?
  - iv. stolen or tried to steal a motor vehicle such as a car or motorcycle?
  - v. been arrested?
  - vi. dropped out of school?

**16. PEER-INDIVIDUALS: Rewards for Antisocial Involvement**

- (a) What are the chances you would be seen as cool if you
  - i. smoked cigarettes?

- ii. began drinking alcoholic beverages regularly, that is, at least once or twice a month?
- iii. smoked marijuana?
- iv. carried a handgun?

**17. PEER-INDIVIDUALS: Favorable Attitudes Toward Drug Use**

- (a) How wrong do your friends feel it would be for you to:
  - i. Have one or two drinks of beer, wine or hard liquor nearly every day?
  - ii. smoke cigarettes?
  - iii. smoke marijuana?
  - iv. use LSD, cocaine, amphetamines or another illegal drug?

**18. PEER-INDIVIDUALS: Friends Use of Drugs**

- (a) Think of your four best friends. In the past year (12 months), how many of your best friends have
  - i. smoked cigarettes?
  - ii. tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?
  - iii. used marijuana?
  - iv. used LSD, cocaine, amphetamines, or other illegal drugs?

**19. PEER-INDIVIDUALS: Perceived Risks of Drug Use**

- (a) How much do you think people risk harming themselves (physically or in other ways) if they
  - i. smoke one or more packs of cigarettes per day?
  - ii. try marijuana once or twice?
  - iii. smoke marijuana once or twice a week?
  - iv. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

**20. PEER-INDIVIDUALS: Early Initiation of Drug Use**

- (a) How old were you when first
  - i. smoked marijuana?
  - ii. smoked a cigarette, even just a puff?
  - iii. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?
  - iv. began drinking alcoholic beverages regularly, that is, at least once or twice a month?

**21. PEER-INDIVIDUALS: Gang Involvement**

- (a) In the past year (12 months), how many of your best friends have been members of a gang?
- (b) Have you ever belonged to a gang?
- (c) How old were you when you first belonged to a gang?

**22. PEER-INDIVIDUALS: Rebelliousness**

- (a) I do the opposite of what people tell me, just to get them mad.
- (b) I ignore the rules that get in my way.
- (c) I like to see how much I can get away with.

**23. PEER-INDIVIDUALS: Prosocial Involvement**

- (a) How many times in the past year (12 months) have you
  - i. participated in clubs, organizations and activities at school?
  - ii. volunteered to do community service?

**24. PEER-INDIVIDUALS: Rewards for Prosocial Involvement**

- (a) What are the chances you would be seen as cool if you:
  - i. worked hard in school?
  - ii. defended someone who was being verbally abused at school?
  - iii. regularly volunteered to do community service?

**25. PEER-INDIVIDUALS: Interaction with Prosocial Peers**

- (a) Think of your four best friends. In the past year (12 months), how many of your best friends have
  - i. participated in clubs, organizations and activities at school?
  - ii. made the commitment to staying drug-free?
  - iii. tried to do well in school?
  - iv. liked school?

**26. PEER-INDIVIDUALS: Belief in Moral Order**

- (a) I think it is okay to take something without asking if you can get away with it.
- (b) I think sometimes it's okay to cheat at school.
- (c) It is all right to beat up people if they start the fight.
- (d) It is important to be honest with your parents, even if they become upset or you get punished.

**27. SCHOOL: Academic Failure**

- (a) Putting them all together, what were your grades like last year?

**28. SCHOOL: Low Commitment to School**

- (a) How often do you feel that the school work you are assigned is meaningful and important?
- (b) How interesting are most of your courses to you?
- (c) How important do you think the things you are learning in school are going to be for your later life?

- (d) Now, thinking back over the past year in school, how often did you
  - i. enjoy being in school?
  - ii. hate being in school?
  - iii. try to do your best work in school?
- (e) During the past 30 days how many whole days of school have you missed because you skipped or “cut?”

**29. SCHOOL: Opportunities for Prosocial Involvement**

- (a) In my school, students have lots of chances to help decide things like class activities and rules.
- (b) There are lots of chances for students in my school to talk with a teacher one-on-one.
- (c) Teachers ask me to work on special classroom projects.
- (d) There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.
- (e) I have lots of chances to be part of class discussions or activities.

**30. SCHOOL: Rewards for Prosocial Involvement**

- (a) My teachers notice when I am doing a good job and let me know about it.
- (b) The school lets my parents know when I have done something well.
- (c) I feel safe at my school.
- (d) My teachers praise me when I work hard in school.



**D: Wording Changes in 2016 Questionnaire**

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The following pages list all changes in questionnaire items, from the first administration of the AYS in 2004, until the current, 2016 version. Each row lists the exact wording for each question for each year the survey was administered. The cells are sorted on the 2016 wording. A blank cell indicates that there was no version of a particular question in a particular year.

2004	2006	2008	2010	2012	2014	2016
"About how many adults (over 21) have you known personally who in the past year have: (a) used marijuana, crack, cocaine, or other drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (a) used marijuana, crack, cocaine, or other drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (a) used marijuana, crack, cocaine, or other drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (a) used marijuana, crack, cocaine, or other drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (a) used marijuana, crack, cocaine, or other drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (a) used marijuana, crack, cocaine, or other drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (a) used marijuana, crack, cocaine, or other drugs?"
"About how many adults (over 21) have you known personally who in the past year have: (b) sold or dealt drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (b) sold or dealt drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (b) sold or dealt drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (b) sold or dealt drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (b) sold or dealt drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (b) sold or dealt drugs?"	"About how many adults (over 21) have you known personally who in the past year have: (b) sold or dealt drugs?"
"About how many adults (over 21) have you known personally who in the past year have: (c) done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?"	"About how many adults (over 21) have you known personally who in the past year have: (c) done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?"	"About how many adults (over 21) have you known personally who in the past year have: (c) done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?"	"About how many adults (over 21) have you known personally who in the past year have: (c) done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?"	"About how many adults (over 21) have you known personally who in the past year have: (c) done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?"	"About how many adults (over 21) have you known personally who in the past year have: (c) done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?"	"About how many adults (over 21) have you known personally who in the past year have: (c) done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?"
"About how many adults (over 21) have you known personally who in the past year have: (d) gotten drunk or high?"	"About how many adults (over 21) have you known personally who in the past year have: (d) gotten drunk or high?"	"About how many adults (over 21) have you known personally who in the past year have: (d) gotten drunk or high?"	"About how many adults (over 21) have you known personally who in the past year have: (d) gotten drunk or high?"	"About how many adults (over 21) have you known personally who in the past year have: (d) gotten drunk or high?"	"About how many adults (over 21) have you known personally who in the past year have: (d) gotten drunk or high?"	"About how many adults (over 21) have you known personally who in the past year have: (d) gotten drunk or high?"
						"All questions refer to the time period from when you were born until now. Now, looking back - (a) Did you live with anyone who was a problem drinker or an alcoholic?"
						"All questions refer to the time period from when you were born until now. Now, looking back - (b) Did you live with anyone who used illegal street drugs or who abused prescription medications?"

2004	2006	2008	2010	2012	2014	2016
						"All questions refer to the time period from when you were born until now. Now, looking back - (c) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?"
						"All questions refer to the time period from when you were born until now. Now, looking back - (d) Were your parents separated or divorced?"
						"All questions refer to the time period from when you were born until now. Now, looking back - (e) How often did adults in your home ever slap, hit, kick, punch, or beat each other up?"
						"All questions refer to the time period from when you were born until now. Now, looking back - (f) How often did an adult in your home ever swear at you, insult you, or put you down?"
			"Are you Hispanic or Latino?"	"Are you Hispanic or Latino?"	"Are you Hispanic or Latino?"	"Are you Hispanic or Latino?"
"Are you: ( MALE; FEMALE)"	"Are you: ( MALE; FEMALE)"	"Are you: ( MALE; FEMALE)"	"Are you: ( MALE; FEMALE)"	"Are you: ( MALE; FEMALE)"	"Are you: ( MALE; FEMALE)"	"Are you: ( MALE; FEMALE)"
						"Are your parents separated or divorced?"

2004	2006	2008	2010	2012	2014	2016
						"Compared to using illegal drugs (e.g., cocaine, meth, heroin), how harmful do you think it is for people to take prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderall, sleeping pills) without a doctor telling them to take them?"
			"Do you get a free or reduced cost lunch at school?"	"Do you get a free or reduced cost lunch at school?"	"Do you get a free or reduced cost lunch at school?"	"Do you get a free or reduced cost lunch at school?"
	"During a typical week, how many times do all or most of your family living in your home eat a meal together?" (a) Breakfast (b) Lunch (c) Dinner	"During a typical week, how many times do all or most of your family living in your home eat a meal together?" (a) Breakfast (b) Lunch (c) Dinner	<u>"During a typical week, how many days do all or most of your family eat at least one meal together?"</u>	"During a typical week, how many days do all or most of your family eat at least one meal together?"	"During a typical week, how many days do all or most of your family eat at least one meal together?"	"During a typical week, how many days do all or most of your family eat at least one meal together?"
			"During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?"	"During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?"	"During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?"	"During the past 12 months, do you recall hearing, reading, or watching an advertisement about the prevention of substance use?"
			"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Choose all that apply) No, I did not talk with my parents about the dangers of tobacco, alcohol, or drug use."	<u>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) No, I did not talk with my parents about the dangers of tobacco, alcohol, or drug use."</u>	<u>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) No, I did not talk with my parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs."</u>	"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) No, I did not talk with my parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs."

2004	2006	2008	2010	2012	2014	2016
			"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Choose all that apply) Yes, I talked to my parents about the dangers of tobacco use."	<del>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of tobacco use."</del>	<del>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of tobacco use."</del>	"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of tobacco use."
			"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Choose all that apply) Yes, I talked with my parents about the dangers of alcohol use."	<del>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of alcohol use."</del>	<del>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of alcohol use."</del>	"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of alcohol use."
					"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of prescription drug use."	"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of prescription drug use."

2004	2006	2008	2010	2012	2014	2016
			"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Choose all that apply) Yes, I talked with my parents about the dangers of drug use."	<u>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of drug use."</u>	<u>"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of illegal drug use."</u>	"During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians--whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of illegal drug use."
"During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?"	"During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?"	"During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?"	<u>"During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?"</u>	<u>"During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?"</u>	<u>"During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?"</u>	"During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club ON SCHOOL PROPERTY?"
					"During the past 12 months, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered alcohol, prescription drugs, or other drugs?"	"During the past 12 months, how many times have you talked with your parents about strategies to avoid or resist people or places where you might be offered alcohol, prescription drugs, or other drugs?"
"During the past 12 months, how many times were you in a physical fight on school property?"	"During the past 12 months, how many times were you in a physical fight on school property?"	"During the past 12 months, how many times were you in a physical fight on school property?"	<u>"During the past 12 months, how many times were you in a physical fight ON SCHOOL PROPERTY?"</u>	<u>"During the past 12 months, how many times were you in a physical fight on school property?"</u>	<u>"During the past 12 months, how many times were you in a physical fight ON SCHOOL PROPERTY?"</u>	"During the past 12 months, how many times were you in a physical fight ON SCHOOL PROPERTY?"
				"During the past 12 months, how often have you been harassed, mistreated, or made fun of by another person while on-line or through a cell phone or other electronic device?"	"During the past 12 months, how often have you been harassed, mistreated, or made fun of by another person while on-line or through a cell phone or other electronic device?"	"During the past 12 months, how often have you been harassed, mistreated, or made fun of by another person while on-line or through a cell phone or other electronic device?"

2004	2006	2008	2010	2012	2014	2016
	"During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?"	"During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?"	"During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?"		"During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?"	"During the past 12 months, how often have you been picked on or bullied by a student ON SCHOOL PROPERTY?"
					"During the past 12 months, how often have you picked on or bullied another student ON SCHOOL PROPERTY?"	"During the past 12 months, how often have you picked on or bullied another student ON SCHOOL PROPERTY?"
						"During the past 12 months, how often have you seen bullying ON SCHOOL PROPERTY and done nothing to stop it?"
	"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?"	"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?"	"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?"	"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?"	"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?"	"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been drinking alcohol?"
					"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been taking prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) that were not prescribed to you by a doctor or that you took only for the experience or the feeling they cause?"	"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been taking prescription drugs (e.g., OxyContin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) that were not prescribed to you by a doctor or that you took only for the experience or the feeling they cause?"
						"During the past 30 days, how many times did you DRIVE a car or other vehicle when you had been using marijuana?"
	"During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?"	"During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?"	"During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?"	"During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?"	"During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?"	"During the past 30 days, how many times did you RIDE in a car or other vehicle driven by someone who had been drinking alcohol?"

[illegible]



2004	2006	2008	2010	2012	2014	2016
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Father"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Father"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Father"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Father"
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Grandparent(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Grandparent(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Grandparent(s)"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Grandparent(s)"
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Mother"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Mother"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Mother"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Mother"
				"Have any of your relatives previously been in prison or jail? (Mark all that apply) No one has been in prison or jail"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) No one has been in prison or jail"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) No one has been in prison or jail"
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Other Adult(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Other Adult(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Other Adult(s)"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Other Adult(s)"
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Brother(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Brother(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Brother(s)"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Sibling (i.e., brother, sister, step-sibling, etc.)"
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepbrother(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepbrother(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepbrother(s)"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Sibling (i.e., brother, sister, step-sibling, etc.)"

2004	2006	2008	2010	2012	2014	2016
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Sister(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Sister(s)"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Sister(s)"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Sibling (i.e., brother, sister, step-sibling, etc.)"
			Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepsister(s)"	Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepsister(s)"	Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepsister(s)"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Sibling (i.e., brother, sister, step-sibling, etc.)"
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepmother"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepmother"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepmother"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Step-parent"
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepfather"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepfather"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Stepfather"	"Have any of your relatives been in prison or jail any time during the past year (12 months)? (Mark all that apply.) Step-parent"
"Have you ever belonged to a gang?"	"Have you ever belonged to a gang?"	"Have you ever belonged to a gang?"	"Have you ever belonged to a gang?"	"Have you ever belonged to a gang?"	"Have you ever belonged to a gang?"	"Have you ever belonged to a gang?"
"Have you ever smoked cigarettes?"	"Have you ever smoked cigarettes?"	"Have you ever smoked cigarettes?"	"Have you ever smoked cigarettes?"	"Have you ever smoked cigarettes?"	"Have you ever smoked cigarettes?"	"Have you ever smoked cigarettes?"
						"Have you ever used electronic cigarettes (e-cigarettes)?"
"During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?"	"During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?"	"During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip?"	"How frequently have you used smokeless tobacco during the past 30 days?"	"How frequently have you used smokeless tobacco during the past 30 days?"	"How frequently have you used smokeless tobacco during the past 30 days?"	"How frequently have you used smokeless tobacco during the past 30 days?"
"How important do you think the things you are learning are going to be for your later life?"	"How important do you think the things you are learning are going to be for your later life?"	"How important do you think the things you are learning are going to be for your later life?"	"How important do you think the things you are learning are going to be for your later life?"	"How important do you think the things you are learning are going to be for your later life?"	"How important do you think the things you are learning are going to be for your later life?"	"How important do you think the things you are learning are going to be for your later life?"
"How interesting are most of your courses to you?"	"How interesting are most of your courses to you?"	"How interesting are most of your courses to you?"	"How interesting are most of your courses to you?"	"How interesting are most of your courses to you?"	"How interesting are most of your courses to you?"	"How interesting are most of your courses to you?"
						"How many best friends (the friends you feel closest to) do you have?"

[illegible]

2004	2006	2008	2010	2012	2014	2016
			"How many times in the past year (12 months) have you: (m) seen someone punched with a fist, kicked, choked, or beaten up?"	"How many times in the past year (12 months) have you: (m) seen someone punched with a fist, kicked, choked, or beaten up?"	"How many times in the past year (12 months) have you: (m) seen someone punched with a fist, kicked, choked, or beaten up?"	"How many times in the past year (12 months) have you: (m) seen someone punched with a fist, kicked, choked, or beaten up?"
			"How many times in the past year (12 months) have you: (n) seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?"	"How many times in the past year (12 months) have you: (n) seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?"	"How many times in the past year (12 months) have you: (n) seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?"	"How many times in the past year (12 months) have you: (n) seen someone attacked with a weapon, other than a gun, such as a knife, bat, bottle, or chain?"
			"How many times in the past year (12 months) have you: (o) seen someone shot or shot at?"	"How many times in the past year (12 months) have you: (o) seen someone shot or shot at?"	"How many times in the past year (12 months) have you: (o) seen someone shot or shot at?"	"How many times in the past year (12 months) have you: (o) seen someone shot or shot at?"
"How much do you think people risk harming themselves (physically or in other ways) if they (d) take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?"	"How much do you think people risk harming themselves (physically or in other ways) if they (d) take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?"	"How much do you think people risk harming themselves (physically or in other ways) if they (d) take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?"	"How much do you think people risk harming themselves (physically or in other ways) if they (d) take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?"	"How much do you think people risk harming themselves (physically or in other ways) if they (d) take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?"	"How much do you think people risk harming themselves (physically or in other ways) if they (d) take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?"	"How much do you think people risk harming themselves (physically or in other ways) if they (d) take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?"
"How much do you think people risk harming themselves (physically or in other ways) if they: (a) smoke one or more packs of cigarettes per day?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (a) smoke one or more packs of cigarettes per day?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (a) smoke one or more packs of cigarettes per day?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (a) smoke one or more packs of cigarettes per day?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (a) smoke one or more packs of cigarettes per day?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (a) smoke one or more packs of cigarettes per day?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (a) smoke one or more packs of cigarettes per day?"
"How much do you think people risk harming themselves (physically or in other ways) if they: (c) smoke marijuana regularly?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (c) smoke marijuana regularly?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (c) smoke marijuana regularly?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (c) smoke marijuana regularly?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (c) smoke marijuana regularly?"	<del>"How much do you think people risk harming themselves (physically or in other ways) if they: (c) smoke marijuana once or twice a week?"</del>	"How much do you think people risk harming themselves (physically or in other ways) if they: (c) smoke marijuana once or twice a week?"
			"How much do you think people risk harming themselves (physically or in other ways) if they: (e) have five or more drinks of an alcoholic beverage in a row once or twice a week?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (e) have five or more drinks of an alcoholic beverage in a row once or twice a week?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (e) have five or more drinks of an alcoholic beverage in a row once or twice a week?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (e) have five or more drinks of an alcoholic beverage in a row once or twice a week?"

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				"How much do you think people risk harming themselves (physically or in other ways) if they: (f) use prescription drugs without a doctor telling them to take them?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (f) use prescription drugs without a doctor telling them to take them?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (f) use prescription drugs without a doctor telling them to take them?"
"How often do your parents tell you they're proud of you for something you've done?"	"How often do your parents tell you they're proud of you for something you've done?"	"How often do your parents tell you they're proud of you for something you've done?"	"How often do your parents tell you they're proud of you for something you've done?"	"How often do your parents tell you they're proud of you for something you've done?"	"How often do your parents tell you they're proud of you for something you've done?"	"How often do your parents tell you they're proud of you for something you've done?"
	"How often in the past 12 months have you: (b) played the lottery or scratch-off tickets?"	"How often in the past 12 months have you: (b) played the lottery or scratch-off tickets?"	"How often have you done the following for money, possessions, or anything of value: (b) played the lottery or scratch-off tickets?"	"How often have you done the following for money, possessions, or anything of value: (b) played the lottery or scratch-off tickets?"	"How often have you done the following for money, possessions, or anything of value: (b) played the lottery or scratch-off tickets?"	"How often have you done the following for money, possessions, or anything of value: (b) played the lottery or scratch-off tickets?"
	"How often in the past 12 months have you: (c) bet on team sports?"	"How often in the past 12 months have you: (c) bet on team sports?"	"How often have you done the following for money, possessions, or anything of value: (c) bet on sports?"	"How often have you done the following for money, possessions, or anything of value: (c) bet on sports?"	"How often have you done the following for money, possessions, or anything of value: (c) bet on sports?"	"How often have you done the following for money, possessions, or anything of value: (c) bet on sports?"
	"How often in the past 12 months have you: (d) played cards for money?"	"How often in the past 12 months have you: (d) played cards for money?"	"How often have you done the following for money, possessions, or anything of value: (d) played cards?"	"How often have you done the following for money, possessions, or anything of value: (d) played cards?"	"How often have you done the following for money, possessions, or anything of value: (d) played cards?"	"How often have you done the following for money, possessions, or anything of value: (d) played cards?"
	"How often in the past 12 months have you: (h) bet on dice games such as craps?"	"How often in the past 12 months have you: (h) bet on dice games such as craps?"	"How often have you done the following for money, possessions, or anything of value: (h) played a dice game?"	"How often have you done the following for money, possessions, or anything of value: (h) played a dice game?"	"How often have you done the following for money, possessions, or anything of value: (h) played a dice game?"	"How often have you done the following for money, possessions, or anything of value: (h) played a dice game?"
	"How often in the past 12 months have you: (i) bet on games of personal skill such as pool, darts, or bowling?"	"How often in the past 12 months have you: (i) bet on games of personal skill such as pool, darts, or bowling?"	"How often have you done the following for money, possessions, or anything of value: (i) bet on a game of personal skill such as pool or a video game?"	"How often have you done the following for money, possessions, or anything of value: (i) bet on a game of personal skill such as pool or a video game?"	"How often have you done the following for money, possessions, or anything of value: (i) bet on a game of personal skill such as pool or a video game?"	"How often have you done the following for money, possessions, or anything of value: (i) bet on a game of personal skill such as pool or a video game?"
"How old are you?"	"How old are you?"	"How old are you?"	"How old are you?"	"How old are you?"	"How old are you?"	"How old are you?"
"How old were you when you first: (a) smoked marijuana?"	"How old were you when you first: (a) smoked marijuana?"	"How old were you when you first: (a) smoked marijuana?"	"How old were you when you first: (a) smoked marijuana?"	"How old were you when you first: (a) smoked marijuana?"	"How old were you when you first: (a) smoked marijuana?"	"How old were you when you first: (a) smoked marijuana?"

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"How old were you when you first: (b) smoked a cigarette, even just a puff?"	"How old were you when you first: (b) smoked a cigarette, even just a puff?"	"How old were you when you first: (b) smoked a cigarette, even just a puff?"	"How old were you when you first: (b) smoked a cigarette, even just a puff?"	"How old were you when you first: (b) smoked a cigarette, even just a puff?"	"How old were you when you first: (b) smoked a cigarette, even just a puff?"	"How old were you when you first: (b) smoked a cigarette, even just a puff?"
"How old were you when you first: (c) had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?"	"How old were you when you first: (c) had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?"	"How old were you when you first: (c) had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?"	"How old were you when you first: (c) had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?"	"How old were you when you first: (c) had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?"	"How old were you when you first: (c) had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?"	"How old were you when you first: (c) had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?"
"How old were you when you first: (d) began drinking alcoholic beverages regularly, that is, at least once or twice a month?"	"How old were you when you first: (d) began drinking alcoholic beverages regularly, that is, at least once or twice a month?"	"How old were you when you first: (d) began drinking alcoholic beverages regularly, that is, at least once or twice a month?"	"How old were you when you first: (d) began drinking alcoholic beverages regularly, that is, at least once or twice a month?"	"How old were you when you first: (d) began drinking alcoholic beverages regularly, that is, at least once or twice a month?"	"How old were you when you first: (d) began drinking alcoholic beverages regularly, that is, at least once or twice a month?"	"How old were you when you first: (d) began drinking alcoholic beverages regularly, that is, at least once or twice a month?"
"How old were you when you first: (i) attacked someone with the idea of seriously hurting them?"	"How old were you when you first: (i) attacked someone with the idea of seriously hurting them?"	"How old were you when you first: (i) attacked someone with the idea of seriously hurting them?"	"How old were you when you first: (i) attacked someone with the idea of seriously hurting them?"	"How old were you when you first: (i) attacked someone with the idea of seriously hurting them?"	"How old were you when you first: (i) attacked someone with the idea of seriously hurting them?"	"How old were you when you first: (i) attacked someone with the idea of seriously hurting them?"
"How old were you when you first: (j) belonged to a gang?"	"How old were you when you first: (j) belonged to a gang?"	"How old were you when you first: (j) belonged to a gang?"	"How old were you when you first: (j) belonged to a gang?"	"How old were you when you first: (j) belonged to a gang?"	"How old were you when you first: (j) belonged to a gang?"	"How old were you when you first: (j) belonged to a gang?"
			"How old were you when you first: (k) gambled or bet on anything (cards, lottery, sports, bingo, dice, raffles, casino, internet or video games, etc.)?"	"How old were you when you first: (k) gambled or bet on anything (cards, lottery, sports, bingo, dice, raffles, casino, internet or video games, etc.)?"	"How old were you when you first: (k) gambled or bet on anything (cards, lottery, sports, bingo, dice, raffles, casino, internet or video games, etc.)?"	"How old were you when you first: (k) gambled or bet on anything (cards, lottery, sports, bingo, dice, raffles, casino, internet or video games, etc.)?"
				"How old were you when you first: (l) used prescription drugs without a doctor telling you to take them?"	"How old were you when you first: (l) used prescription drugs without a doctor telling you to take them?"	"How old were you when you first: (l) used prescription drugs without a doctor telling you to take them?"
"How wrong do you think it is for someone your age to: (a) take a handgun to school?"	"How wrong do you think it is for someone your age to: (a) take a handgun to school?"	"How wrong do you think it is for someone your age to: (a) take a handgun to school?"	"How wrong do you think it is for someone your age to: (a) take a handgun to school?"	"How wrong do you think it is for someone your age to: (a) take a handgun to school?"	"How wrong do you think it is for someone your age to: (a) take a handgun to school?"	"How wrong do you think it is for someone your age to: (a) take a handgun to school?"
"How wrong do you think it is for someone your age to: (b) steal anything worth more than \$5?"	"How wrong do you think it is for someone your age to: (b) steal anything worth more than \$5?"	"How wrong do you think it is for someone your age to: (b) steal anything worth more than \$5?"	"How wrong do you think it is for someone your age to: (b) steal anything worth more than \$5?"	"How wrong do you think it is for someone your age to: (b) steal anything worth more than \$5?"	"How wrong do you think it is for someone your age to: (b) steal anything worth more than \$5?"	"How wrong do you think it is for someone your age to: (b) steal anything worth more than \$5?"
"How wrong do you think it is for someone your age to: (c) pick a fight with someone?"	"How wrong do you think it is for someone your age to: (c) pick a fight with someone?"	"How wrong do you think it is for someone your age to: (c) pick a fight with someone?"	"How wrong do you think it is for someone your age to: (c) pick a fight with someone?"	"How wrong do you think it is for someone your age to: (c) pick a fight with someone?"	"How wrong do you think it is for someone your age to: (c) pick a fight with someone?"	"How wrong do you think it is for someone your age to: (c) pick a fight with someone?"

2004	2006	2008	2010	2012	2014	2016
"How wrong do you think it is for someone your age to: (d) attack someone with the idea of seriously hurting them?"	"How wrong do you think it is for someone your age to: (d) attack someone with the idea of seriously hurting them?"	"How wrong do you think it is for someone your age to: (d) attack someone with the idea of seriously hurting them?"	"How wrong do you think it is for someone your age to: (d) attack someone with the idea of seriously hurting them?"	"How wrong do you think it is for someone your age to: (d) attack someone with the idea of seriously hurting them?"	"How wrong do you think it is for someone your age to: (d) attack someone with the idea of seriously hurting them?"	"How wrong do you think it is for someone your age to: (d) attack someone with the idea of seriously hurting them?"
"How wrong do you think it is for someone your age to: (e) stay away from school all day when their parents think they are at school?"	"How wrong do you think it is for someone your age to: (e) stay away from school all day when their parents think they are at school?"	"How wrong do you think it is for someone your age to: (e) stay away from school all day when their parents think they are at school?"	"How wrong do you think it is for someone your age to: (e) stay away from school all day when their parents think they are at school?"	"How wrong do you think it is for someone your age to: (e) stay away from school all day when their parents think they are at school?"	"How wrong do you think it is for someone your age to: (e) stay away from school all day when their parents think they are at school?"	"How wrong do you think it is for someone your age to: (e) stay away from school all day when their parents think they are at school?"
"How wrong do you think it is for someone your age to: (f) drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?"	"How wrong do you think it is for someone your age to: (f) drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?"	"How wrong do you think it is for someone your age to: (f) drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?"	"How wrong do you think it is for someone your age to: (f) drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?"	"How wrong do you think it is for someone your age to: (f) drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?"	"How wrong do you think it is for someone your age to: (f) have one or two drinks of beer, wine, or hard liquor nearly every day?"	"How wrong do you think it is for someone your age to: (f) have one or two drinks of beer, wine, or hard liquor nearly every day?"
"How wrong do you think it is for someone your age to: (g) smoke cigarettes?"	"How wrong do you think it is for someone your age to: (g) smoke cigarettes?"	"How wrong do you think it is for someone your age to: (g) smoke cigarettes?"	"How wrong do you think it is for someone your age to: (g) smoke cigarettes?"	"How wrong do you think it is for someone your age to: (g) smoke cigarettes?"	"How wrong do you think it is for someone your age to: (g) smoke cigarettes?"	"How wrong do you think it is for someone your age to: (g) smoke cigarettes?"
"How wrong do you think it is for someone your age to: (i) use LSD, cocaine, amphetamines or another illegal drug?"	"How wrong do you think it is for someone your age to: (i) use LSD, cocaine, amphetamines or another illegal drug?"	"How wrong do you think it is for someone your age to: (i) use LSD, cocaine, amphetamines or another illegal drug?"	"How wrong do you think it is for someone your age to: (i) use LSD, cocaine, amphetamines or another illegal drug?"	"How wrong do you think it is for someone your age to: (i) use LSD, cocaine, amphetamines or another illegal drug?"	"How wrong do you think it is for someone your age to: (i) use LSD, cocaine, amphetamines or another illegal drug?"	"How wrong do you think it is for someone your age to: (i) use LSD, cocaine, amphetamines or another illegal drug?"
"How wrong do you think it is for someone your age to: (j) smoke marijuana?"	"How wrong do you think it is for someone your age to: (j) smoke marijuana?"	"How wrong do you think it is for someone your age to: (j) smoke marijuana?"	"How wrong do you think it is for someone your age to: (j) smoke marijuana?"	"How wrong do you think it is for someone your age to: (j) smoke marijuana?"	"How wrong do you think it is for someone your age to: (j) smoke marijuana?"	"How wrong do you think it is for someone your age to: (j) smoke marijuana?"
				"How wrong do you think it is for someone your age to: (j) use prescription drugs without a doctor telling them to take them?"	"How wrong do you think it is for someone your age to: (j) use prescription drugs without a doctor telling them to take them?"	"How wrong do you think it is for someone your age to: (j) use prescription drugs without a doctor telling them to take them?"
					"How wrong do your friends feel it would be for you: (a) have one or two drinks of an alcoholic beverage nearly every day?"	"How wrong do your friends feel it would be for you: (a) have one or two drinks of an alcoholic beverage nearly every day?"
					"How wrong do your friends feel it would be for you: (b) smoke tobacco?"	"How wrong do your friends feel it would be for you: (b) smoke tobacco?"

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					"How wrong do your friends feel it would be for you: (c) smoke marijuana?"	"How wrong do your friends feel it would be for you: (c) smoke marijuana?"
					"How wrong do your friends feel it would be for you: (d) use prescription drugs not prescribed to you?"	"How wrong do your friends feel it would be for you: (d) use prescription drugs not prescribed to you?"
"How wrong do your parents feel it would be for YOU to: (a) drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?"	"How wrong do your parents feel it would be for YOU to: (a) drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?"	"How wrong do your parents feel it would be for YOU to: (a) drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?"	"How wrong do your parents feel it would be for YOU to: (a) drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?"	"How wrong do your parents feel it would be for YOU to: (a) drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?"	<del>"How wrong do your parents feel it would be for YOU to: (a) have 1 to 2 drinks of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) nearly every day?"</del>	"How wrong do your parents feel it would be for YOU to: (a) have 1 to 2 drinks of beer, wine, or hard liquor (for example, vodka, whiskey, or gin) nearly every day?"
"How wrong do your parents feel it would be for YOU to: (b) smoke cigarettes?"	"How wrong do your parents feel it would be for YOU to: (b) smoke cigarettes?"	"How wrong do your parents feel it would be for YOU to: (b) smoke cigarettes?"	"How wrong do your parents feel it would be for YOU to: (b) smoke cigarettes?"	"How wrong do your parents feel it would be for YOU to: (b) smoke cigarettes?"	"How wrong do your parents feel it would be for YOU to: (b) smoke cigarettes?"	"How wrong do your parents feel it would be for YOU to: (b) smoke cigarettes?"
"How wrong do your parents feel it would be for YOU to: (c) smoke marijuana?"	"How wrong do your parents feel it would be for YOU to: (c) smoke marijuana?"	"How wrong do your parents feel it would be for YOU to: (c) smoke marijuana?"	"How wrong do your parents feel it would be for YOU to: (c) smoke marijuana?"	"How wrong do your parents feel it would be for YOU to: (c) smoke marijuana?"	"How wrong do your parents feel it would be for YOU to: (c) smoke marijuana?"	"How wrong do your parents feel it would be for YOU to: (c) smoke marijuana?"
"How wrong do your parents feel it would be for YOU to: (d) steal something worth more than \$5?"	"How wrong do your parents feel it would be for YOU to: (d) steal something worth more than \$5?"	"How wrong do your parents feel it would be for YOU to: (d) steal something worth more than \$5?"	"How wrong do your parents feel it would be for YOU to: (d) steal something worth more than \$5?"	"How wrong do your parents feel it would be for YOU to: (d) steal something worth more than \$5?"	"How wrong do your parents feel it would be for YOU to: (d) steal something worth more than \$5?"	"How wrong do your parents feel it would be for YOU to: (d) steal something worth more than \$5?"
"How wrong do your parents feel it would be for YOU to: (e) draw graffiti, write things, or draw pictures on buildings or other property without the owner's permission)?"	"How wrong do your parents feel it would be for YOU to: (e) draw graffiti, write things, or draw pictures on buildings or other property without the owner's permission)?"	"How wrong do your parents feel it would be for YOU to: (e) draw graffiti, write things, or draw pictures on buildings or other property without the owner's permission)?"	"How wrong do your parents feel it would be for YOU to: (e) draw graffiti, write things, or draw pictures on buildings or other property without the owner's permission)?"	"How wrong do your parents feel it would be for YOU to: (e) draw graffiti, write things, or draw pictures on buildings or other property without the owner's permission)?"	"How wrong do your parents feel it would be for YOU to: (e) draw graffiti, write things, or draw pictures on buildings or other property without the owner's permission)?"	"How wrong do your parents feel it would be for YOU to: (e) draw graffiti, write things, or draw pictures on buildings or other property without the owner's permission)?"
"How wrong do your parents feel it would be for YOU to: (f) pick a fight with someone?"	"How wrong do your parents feel it would be for YOU to: (f) pick a fight with someone?"	"How wrong do your parents feel it would be for YOU to: (f) pick a fight with someone?"	"How wrong do your parents feel it would be for YOU to: (f) pick a fight with someone?"	"How wrong do your parents feel it would be for YOU to: (f) pick a fight with someone?"	"How wrong do your parents feel it would be for YOU to: (f) pick a fight with someone?"	"How wrong do your parents feel it would be for YOU to: (f) pick a fight with someone?"
					"How wrong do your parents feel it would be for YOU to: (g) use prescription drugs without a doctor telling you to take them?"	"How wrong do your parents feel it would be for YOU to: (g) use prescription drugs without a doctor telling you to take them?"





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"I think it okay to take something without asking if you can get away with it."	"I think it okay to take something without asking if you can get away with it."	"I think it okay to take something without asking if you can get away with it."	"I think it okay to take something without asking if you can get away with it."	"I think it okay to take something without asking if you can get away with it."	"I think it okay to take something without asking if you can get away with it."	"I think it okay to take something without asking if you can get away with it."
"I think sometimes it's okay to cheat at school."	"I think sometimes it's okay to cheat at school."	"I think sometimes it's okay to cheat at school."	"I think sometimes it's okay to cheat at school."	"I think sometimes it's okay to cheat at school."	"I think sometimes it's okay to cheat at school."	"I think sometimes it's okay to cheat at school."
"I'd like to get out of my neighborhood."	"I'd like to get out of my neighborhood."	"I'd like to get out of my neighborhood."	"I'd like to get out of my neighborhood."	"I'd like to get out of my neighborhood."	"I'd like to get out of my neighborhood."	"I'd like to get out of my neighborhood."
"If a kid carried a handgun in your neighborhood would he or she be caught by the police?"	"If a kid carried a handgun in your neighborhood would he or she be caught by the police?"	"If a kid carried a handgun in your neighborhood would he or she be caught by the police?"	"If a kid carried a handgun in your neighborhood would he or she be caught by the police?"	"If a kid carried a handgun in your neighborhood would he or she be caught by the police?"	"If a kid carried a handgun in your neighborhood would he or she be caught by the police?"	"If a kid carried a handgun in your neighborhood would he or she be caught by the police?"
"If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?"	"If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?"	"If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?"	"If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?"	"If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?"	"If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?"	"If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?"
"If a kid smoked marijuana in your neighborhood would he or she be caught by the police?"	"If a kid smoked marijuana in your neighborhood would he or she be caught by the police?"	"If a kid smoked marijuana in your neighborhood would he or she be caught by the police?"	"If a kid smoked marijuana in your neighborhood would he or she be caught by the police?"	"If a kid smoked marijuana in your neighborhood would he or she be caught by the police?"	"If a kid smoked marijuana in your neighborhood would he or she be caught by the police?"	"If a kid smoked marijuana in your neighborhood would he or she be caught by the police?"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Another family member who is 21 or older gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Another family member who is 21 or older gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Another family member who is 21 or older gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Another family member who is 21 or older gave it to me"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a public event such as a concert or sporting event"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a public event such as a concert or sporting event"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a public event such as a concert or sporting event"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a public event such as a concert or sporting event"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a restaurant, bar, or club"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a restaurant, bar, or club"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a restaurant, bar, or club"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it at a restaurant, bar, or club"

2004	2006	2008	2010	2012	2014	2016
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I did not drink alcohol in the past 30 days"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I did not drink alcohol in the past 30 days"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I did not drink alcohol in the past 30 days"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I did not drink alcohol in the past 30 days"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I gave someone else money to buy it for me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I gave someone else money to buy it for me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I gave someone else money to buy it for me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I gave someone else money to buy it for me"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it at a party"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it at a party"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it at a party"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it at a party"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it some other way"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it some other way"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it some other way"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I got it some other way"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from a store or someone else's home"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from a store or someone else's home"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from a store or someone else's home"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from a store or someone else's home"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from home"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from home"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from home"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) I took it from home"
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) My parent or guardian gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) My parent or guardian gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) My parent or guardian gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) My parent or guardian gave it to me"

2004	2006	2008	2010	2012	2014	2016
				"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Someone not related to me who is 21 or older gave it to me."	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Someone not related to me who is 21 or older gave it to me."	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Someone not related to me who is 21 or older gave it to me."
			"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Someone under the age of 21 gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Someone under the age of 21 gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Someone under the age of 21 gave it to me"	"If during the past 30 days you drank alcohol, how did you get it? (Mark all that apply.) Someone under the age of 21 gave it to me"
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Home"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Home"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Home"
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I did not use marijuana during the past 30 days"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I did not use marijuana during the past 30 days"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I did not use marijuana during the past 30 days"
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) I got it from someone with a Medical Marijuana Card"
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Other"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Other"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Other"
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Parties"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Parties"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) Parties"

2004	2006	2008	2010	2012	2014	2016
				"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) School"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) School"	"If during the past 30 days you used marijuana, how did you get it? (Mark all that apply.) School"
"If you carried a handgun without your parents' permission, would you be caught by your parents?"	"If you carried a handgun without your parents' permission, would you be caught by your parents?"	"If you carried a handgun without your parents' permission, would you be caught by your parents?"	"If you carried a handgun without your parents' permission, would you be caught by your parents?"	"If you carried a handgun without your parents' permission, would you be caught by your parents?"	"If you carried a handgun without your parents' permission, would you be caught by your parents?"	<u>"If I carried a handgun without my parents' permission, my parents would catch me."</u>
"If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?"	"If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?"	"If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?"	"If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?"	"If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?"	"If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?"	<u>"If I drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without my parents' permission, my parents would catch me."</u>
"If I had a personal problem, I could ask my mom or dad for help."	"If I had a personal problem, I could ask my mom or dad for help."	"If I had a personal problem, I could ask my mom or dad for help."	"If I had a personal problem, I could ask my mom or dad for help."	"If I had a personal problem, I could ask my mom or dad for help."	"If I had a personal problem, I could ask my mom or dad for help."	"If I had a personal problem, I could ask my mom or dad for help."
"If I had to move, I would miss the neighborhood I now live in."	"If I had to move, I would miss the neighborhood I now live in."	"If I had to move, I would miss the neighborhood I now live in."	"If I had to move, I would miss the neighborhood I now live in."	"If I had to move, I would miss the neighborhood I now live in."	"If I had to move, I would miss the neighborhood I now live in."	"If I had to move, I would miss the neighborhood I now live in."
"If you skipped school would you be caught by your parents?"	"If you skipped school would you be caught by your parents?"	"If you skipped school would you be caught by your parents?"	"If you skipped school would you be caught by your parents?"	"If you skipped school would you be caught by your parents?"	"If you skipped school would you be caught by your parents?"	<u>"If I skipped school, my parents would catch me."</u>
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I might get kicked out of school or extracurricular activities (e.g., sports, cheerleading, drama club/plays)"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I might get kicked out of school or extracurricular activities (e.g., sports, cheerleading, drama club/plays)"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I might get kicked out of school or extracurricular activities (e.g., sports, cheerleading, drama club/plays)"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I wanted to, but I couldn't get it or wasn't offered it"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I wanted to, but I couldn't get it or wasn't offered it"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I wanted to, but I couldn't get it or wasn't offered it"

2004	2006	2008	2010	2012	2014	2016
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I would get a bad reputation with peers"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I would get a bad reputation with peers"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I would get a bad reputation with peers"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I'm not interested in using drugs"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I'm not interested in using drugs"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I'm not interested in using drugs"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I've tried them before and I don't like them"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I've tried them before and I don't like them"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): I've tried them before and I don't like them"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It can harm my body"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It can harm my body"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It can harm my body"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's against my religious or spiritual beliefs"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's against my religious or spiritual beliefs"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's against my religious or spiritual beliefs"

2004	2006	2008	2010	2012	2014	2016
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's illegal --I could get arrested"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's illegal --I could get arrested"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's illegal --I could get arrested"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's morally wrong"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's morally wrong"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): It's morally wrong"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My friends would stop talking to me or hanging out with me"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My friends would stop talking to me or hanging out with me"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My friends would stop talking to me or hanging out with me"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My parents would be disappointed in me"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My parents would be disappointed in me"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My parents would be disappointed in me"
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My parents would take away my privileges if they found out"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My parents would take away my privileges if they found out"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My parents would take away my privileges if they found out"

2004	2006	2008	2010	2012	2014	2016
				"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My teachers/mentors/other adults in my life would be disappointed in me"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My teachers/mentors/other adults in my life would be disappointed in me"	"If you did not use alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of the reasons for not using (Mark all that apply): My teachers/mentors/other adults in my life would be disappointed in me"
"If you have ever belonged to a gang, what was the one major reason you joined?"			"If you have ever belonged to a gang, what was the one major reason you joined?"	"If you have ever belonged to a gang, what was the one major reason you joined?"	"If you have ever belonged to a gang, what was the one major reason you joined?"	"If you have ever belonged to a gang, what was the one major reason you joined?"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Doctor/Pharmacy"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Doctor/Pharmacy"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Doctor/Pharmacy"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Doctor/Pharmacy"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Family/Relatives"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Family/Relatives"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Family/Relatives"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Family/Relatives"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Friends"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Friends"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Friends"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Friends"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Home (e.g., Medicine Cabinet)"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Home (e.g., Medicine Cabinet)"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Home (e.g., Medicine Cabinet)"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Home (e.g., Medicine Cabinet)"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) I've never used prescription drugs to get high"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) I've never used prescription drugs to get high"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) I've never used prescription drugs to get high"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) I've never used prescription drugs to get high"



2004	2006	2008	2010	2012	2014	2016
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Other"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Other"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Other"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Other"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Outside the United States (e.g., Mexico, Canada)"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Outside the United States (e.g., Mexico, Canada)"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Outside the United States (e.g., Mexico, Canada)"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Outside the United States (e.g., Mexico, Canada)"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Over the Internet"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Over the Internet"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Over the Internet"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Over the Internet"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Parties"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Parties"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Parties"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) Parties"
			"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) School"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) School"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) School"	"If you have ever used prescription drugs in order to get high, not for a medical reason, how did you get them? (Mark all the apply.) School"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): I needed it, craved it, or am addicted"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): I needed it, craved it, or am addicted"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): I needed it, craved it, or am addicted"

2004	2006	2008	2010	2012	2014	2016
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): I was bored and needed something to do"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): I was bored and needed something to do"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): I was bored and needed something to do"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): Other (Please tell us other reasons you had for using substances in the space provided)"	<u>"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): Other"</u>	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): Other"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To be like an actor or musician/band that I admire"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To be like an actor or musician/band that I admire"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To be like an actor or musician/band that I admire"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To deal with the stress in my life"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To deal with the stress in my life"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To deal with the stress in my life"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To feel more grown up or prove that I am grown up"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To feel more grown up or prove that I am grown up"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To feel more grown up or prove that I am grown up"

2004	2006	2008	2010	2012	2014	2016
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To fit in with my friends"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To fit in with my friends"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To fit in with my friends"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To get back at my parents or to get my parent's attention"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To get back at my parents or to get my parent's attention"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To get back at my parents or to get my parent's attention"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To get high or to have a good feeling"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To get high or to have a good feeling"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To get high or to have a good feeling"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To have fun"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To have fun"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To have fun"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To help me feel normal"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To help me feel normal"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To help me feel normal"
				"If you used alcohol, tobacco, or other drugs in the past 30	"If you used alcohol, tobacco, or other drugs in the past 30	"If you used alcohol, tobacco, or other drugs in the past 30

2004	2006	2008	2010	2012	2014	2016
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To help me stay focused or think better"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To help me stay focused or think better"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To help me stay focused or think better"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To keep from feeling sad or down"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To keep from feeling sad or down"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To keep from feeling sad or down"
				"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To try something new or exciting"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To try something new or exciting"	"If you used alcohol, tobacco, or other drugs in the past 30 days, please tell us about some of your reasons for using (Mark all that apply): To try something new or exciting"
"If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?"	"If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?"	"If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?"	"If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?"	"If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?"	"If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?"	"If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?"
"If you wanted to get a handgun, how easy would it be for you to get one?"	"If you wanted to get a handgun, how easy would it be for you to get one?"	"If you wanted to get a handgun, how easy would it be for you to get one?"	"If you wanted to get a handgun, how easy would it be for you to get one?"	"If you wanted to get a handgun, how easy would it be for you to get one?"	"If you wanted to get a handgun, how easy would it be for you to get one?"	"If you wanted to get a handgun, how easy would it be for you to get one?"
"If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?"	"If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?"	"If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?"	"If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?"	"If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?"	"If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?"	"If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?"
"If you wanted to get some cigarettes, how easy would it be for you to get some?"	"If you wanted to get some cigarettes, how easy would it be for you to get some?"	"If you wanted to get some cigarettes, how easy would it be for you to get some?"	"If you wanted to get some cigarettes, how easy would it be for you to get some?"	"If you wanted to get some cigarettes, how easy would it be for you to get some?"	"If you wanted to get some cigarettes, how easy would it be for you to get some?"	"If you wanted to get some cigarettes, how easy would it be for you to get some?"
"If you wanted to get some marijuana, how easy would it be for you to get some?"	"If you wanted to get some marijuana, how easy would it be for you to get some?"	"If you wanted to get some marijuana, how easy would it be for you to get some?"	"If you wanted to get some marijuana, how easy would it be for you to get some?"	"If you wanted to get some marijuana, how easy would it be for you to get some?"	"If you wanted to get some marijuana, how easy would it be for you to get some?"	"If you wanted to get some marijuana, how easy would it be for you to get some?"

2004	2006	2008	2010	2012	2014	2016
	"On average, how much time do you spend after school each day at home with no adult present? (Count the hours between the end of school and when you go to bed.)"	"On average, how much time do you spend after school each day at home with no adult present? (Count the hours between the end of school and when you go to bed.)"		<u>"In a normal school week, how many days are you home after school for at least one hour without an adult there?"</u>	"In a normal school week, how many days are you home after school for at least one hour without an adult there?"	"In a normal school week, how many days are you home after school for at least one hour without an adult there?"
"In my school, students have lots of chances to help decide things like class activities and rules."	"In my school, students have lots of chances to help decide things like class activities and rules."	"In my school, students have lots of chances to help decide things like class activities and rules."	"In my school, students have lots of chances to help decide things like class activities and rules."	"In my school, students have lots of chances to help decide things like class activities and rules."	"In my school, students have lots of chances to help decide things like class activities and rules."	<u>"In my school, students have lots of chances to help decide things like class activities and rules."</u>
			"In the last 30 days, about how many times were you offered (a) alcohol?"	"In the last 30 days, about how many times were you offered (a) alcohol?"	"In the last 30 days, about how many times were you offered (a) alcohol?"	"In the last 30 days, about how many times were you offered (a) alcohol?"
			"In the last 30 days, about how many times were you offered (b) cigarettes?"	"In the last 30 days, about how many times were you offered (b) cigarettes?"	"In the last 30 days, about how many times were you offered (b) cigarettes?"	"In the last 30 days, about how many times were you offered (b) cigarettes?"
			"In the last 30 days, about how many times were you offered (c) marijuana?"	"In the last 30 days, about how many times were you offered (c) marijuana?"	"In the last 30 days, about how many times were you offered (c) marijuana?"	"In the last 30 days, about how many times were you offered (c) marijuana?"
						"In the last 30 days, about how many times were you offered (d) Rx drugs?"
			"In the last 30 days, about how many times were you offered (d) other drugs?"	"In the last 30 days, about how many times were you offered (d) other drugs?"	"In the last 30 days, about how many times were you offered (d) other drugs?"	"In the last 30 days, about how many times were you offered (e) other drugs?"
						"In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to: (a) Purchase alcohol?"
						"In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to: (b) Purchase prescription (Rx) drugs?"

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						"In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to: (c) Purchase illicit drugs (e.g. marijuana, meth, heroin)?"
						"In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to: (d) Purchase a gun, knife, or other weapon?"
						"In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to: (e) Support gang activities?"
						"In the last 30 days, how many times have you taken money that didn't belong to you or used someone else's credit card without their approval in order to: (f) Gamble or place a bet?"
			"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (a) say "No" without giving a reason why?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (a) say "No" without giving a reason why?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (a) say "No" without giving a reason why?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (a) say "No" without giving a reason why?"

2004	2006	2008	2010	2012	2014	2016
			"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (b) give an explanation or excuse to turn down the offer?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (b) give an explanation or excuse to turn down the offer?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (b) give an explanation or excuse to turn down the offer?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (b) give an explanation or excuse to turn down the offer?"
			"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (c) decide to leave the situation without accepting the offer?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (c) decide to leave the situation without accepting the offer?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (c) decide to leave the situation without accepting the offer?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (c) decide to leave the situation without accepting the offer?"
			"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (d) use some other way to not accept the alcohol or drugs?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (d) use some other way to not accept the alcohol or drugs?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (d) use some other way to not accept the alcohol or drugs?"	"In the last 30 days, how often did you respond in the following ways when alcohol, cigarettes, marijuana or other drugs were offered to you? (Fill in an answer for each way of responding) (d) use some other way to not accept the alcohol or drugs?"
			"In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana, or other drugs?"	"In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana, or other drugs?"	"In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana, or other drugs?"	"In the last 30 days, how often have you avoided people or places because you might be offered alcohol, cigarettes, marijuana, or other drugs?"
						"In the last month, how often have you felt: (a) that you were unable to control the important things in your life?"

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						"In the last month, how often have you felt: (b) confident about your abilities to handle your personal problems?"
						"In the last month, how often have you felt: (c) that things were going your way?"
						"In the last month, how often have you felt: (d) that difficulties were piling up so high that you could not overcome them?"
"It is all right to beat up people if they start the fight."	"It is all right to beat up people if they start the fight."	"It is all right to beat up people if they start the fight."	"It is all right to beat up people if they start the fight."	"It is all right to beat up people if they start the fight."	"It is all right to beat up people if they start the fight."	"It is all right to beat up people if they start the fight."
"It is important to be honest with your parents, even if they become upset or you get punished."	"It is important to be honest with your parents, even if they become upset or you get punished."	"It is important to be honest with your parents, even if they become upset or you get punished."	"It is important to be honest with your parents, even if they become upset or you get punished."	"It is important to be honest with your parents, even if they become upset or you get punished."	"It is important to be honest with your parents, even if they become upset or you get punished."	"It is important to be honest with your parents, even if they become upset or you get punished."
"My family has clear rules about alcohol and drug use."	"My family has clear rules about alcohol and drug use."	"My family has clear rules about alcohol and drug use."	"My family has clear rules about alcohol and drug use."	"My family has clear rules about alcohol and drug use."	"My family has clear rules about alcohol and drug use."	"My family has clear rules about alcohol and drug use."
"My neighbors notice when I am doing a good job and let me know about it."	"My neighbors notice when I am doing a good job and let me know about it."	"My neighbors notice when I am doing a good job and let me know about it."	"My neighbors notice when I am doing a good job and let me know about it."	"My neighbors notice when I am doing a good job and let me know about it."	"My neighbors notice when I am doing a good job and let me know about it."	"My neighbors notice when I am doing a good job and let me know about it."
"My parents ask if I've gotten my homework done."	"My parents ask if I've gotten my homework done."	"My parents ask if I've gotten my homework done."	"My parents ask if I've gotten my homework done."	"My parents ask if I've gotten my homework done."	"My parents ask if I've gotten my homework done."	"My parents ask if I've gotten my homework done."
"My parents ask me what I think before most family decisions affecting me are made."	"My parents ask me what I think before most family decisions affecting me are made."	"My parents ask me what I think before most family decisions affecting me are made."	"My parents ask me what I think before most family decisions affecting me are made."	"My parents ask me what I think before most family decisions affecting me are made."	"My parents ask me what I think before most family decisions affecting me are made."	"My parents ask me what I think before most family decisions affecting me are made."
"My parents give me lots of chances to do fun things with them."	"My parents give me lots of chances to do fun things with them."	"My parents give me lots of chances to do fun things with them."	"My parents give me lots of chances to do fun things with them."	"My parents give me lots of chances to do fun things with them."	"My parents give me lots of chances to do fun things with them."	"My parents give me lots of chances to do fun things with them."
"My parents notice when I am doing a good job and let me know about it."	"My parents notice when I am doing a good job and let me know about it."	"My parents notice when I am doing a good job and let me know about it."	"My parents notice when I am doing a good job and let me know about it."	"My parents notice when I am doing a good job and let me know about it."	"My parents notice when I am doing a good job and let me know about it."	"My parents notice when I am doing a good job and let me know about it."
"Would your parents know if you did not come home on time?"	"Would your parents know if you did not come home on time?"	"Would your parents know if you did not come home on time?"	"Would your parents know if you did not come home on time?"	"Would your parents know if you did not come home on time?"	"Would your parents know if you did not come home on time?"	"My parents would know if I did not come home on time."
"My teacher(s) notices when I am doing a good job and lets me know about it."	"My teacher(s) notices when I am doing a good job and lets me know about it."	"My teacher(s) notices when I am doing a good job and lets me know about it."	"My teacher(s) notices when I am doing a good job and lets me know about it."	"My teachers notice when I am doing a good job and let me know about it."	"My teachers notice when I am doing a good job and let me know about it."	"My teachers notice when I am doing a good job and let me know about it."



2004	2006	2008	2010	2012	2014	2016
"My teachers praise me when I work hard in school."	"My teachers praise me when I work hard in school."	"My teachers praise me when I work hard in school."	"My teachers praise me when I work hard in school."	"My teachers praise me when I work hard in school."	"My teachers praise me when I work hard in school."	"My teachers praise me when I work hard in school."
"Now thinking back over the past year in school, how often did you: (a) enjoy being in school?"	"Now thinking back over the past year in school, how often did you: (a) enjoy being in school?"	"Now thinking back over the past year in school, how often did you: (a) enjoy being in school?"	"Now thinking back over the past year in school, how often did you: (a) enjoy being in school?"	"Now thinking back over the past year in school, how often did you: (a) enjoy being in school?"	"Now thinking back over the past year in school, how often did you: (a) enjoy being in school?"	"Now thinking back over the past year in school, how often did you: (a) enjoy being in school?"
"Now thinking back over the past year in school, how often did you: (b) hate being in school?"	"Now thinking back over the past year in school, how often did you: (b) hate being in school?"	"Now thinking back over the past year in school, how often did you: (b) hate being in school?"	"Now thinking back over the past year in school, how often did you: (b) hate being in school?"	"Now thinking back over the past year in school, how often did you: (b) hate being in school?"	"Now thinking back over the past year in school, how often did you: (b) hate being in school?"	"Now thinking back over the past year in school, how often did you: (b) hate being in school?"
"Now thinking back over the past year in school, how often did you: (c) try to do your best work in school?"	"Now thinking back over the past year in school, how often did you: (c) try to do your best work in school?"	"Now thinking back over the past year in school, how often did you: (c) try to do your best work in school?"	"Now thinking back over the past year in school, how often did you: (c) try to do your best work in school?"	<u>"Now thinking back over the past year in school, how often did you: (c) try to do your best work?"</u>	"Now thinking back over the past year in school, how often did you: (c) try to do your best work?"	"Now thinking back over the past year in school, how often did you: (c) try to do your best work?"
"How often do you feel that the school work you are assigned is meaningful and important?"	"How often do you feel that the school work you are assigned is meaningful and important?"	"How often do you feel that the school work you are assigned is meaningful and important?"	"How often do you feel that the school work you are assigned is meaningful and important?"	"How often do you feel that the school work you are assigned is meaningful and important?"	"How often do you feel that the school work you are assigned is meaningful and important?"	<u>"Now thinking back over the past year in school, how often did you: (d) feel that the school work you were assigned was meaningful and important?"</u>
					"On how many occasions (if any) have you: drank beer, wine, or hard liquor at the same time you used prescription drugs (e.g., Oxycontin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) during the past 30 days?"	"On how many occasions (if any) have you: drank beer, wine, or hard liquor at the same time you used prescription drugs (e.g., Oxycontin, Vicodin, Valium, Xanax, Ritalin, Adderal, sleeping pills) during the past 30 days?"
"On how many occasions (if any) have you: had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?"	<u>"On how many occasions (if any) have you: had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?"</u>	"On how many occasions (if any) have you: had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?"	"On how many occasions (if any) have you: had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?"	"On how many occasions (if any) have you: had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?"	"On how many occasions (if any) have you: had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?"	"On how many occasions (if any) have you: had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?"
"On how many occasions (if any) have you: had beer, wine or hard liquor to drink during the past 30 days?"	<u>"On how many occasions (if any) have you: had beer, wine or hard liquor to drink during the past 30 days?"</u>	"On how many occasions (if any) have you: had beer, wine or hard liquor to drink during the past 30 days?"	"On how many occasions (if any) have you: had beer, wine or hard liquor to drink during the past 30 days?"	"On how many occasions (if any) have you: had beer, wine or hard liquor to drink during the past 30 days?"	"On how many occasions (if any) have you: had beer, wine or hard liquor to drink during the past 30 days?"	"On how many occasions (if any) have you: had beer, wine or hard liquor to drink during the past 30 days?"

[illegible]

[illegible]



2004	2006	2008	2010	2012	2014	2016
	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in the <b>past 30 days?</b> "
	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime?</b> "	"On how many occasions (if any) have you: used steroids or anabolic steroids such as (Anadrol, Oxandrin, Durabolin, Equipoise or Depotesterone) in your <b>lifetime?</b> "
				"On how many occasions (if any) have you: used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) during the <b>past 30 days?</b> "	<u>"On how many occasions (if any) have you: used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) during the <b>past 30 days?</b>"</u>	"On how many occasions (if any) have you: used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) during the <b>past 30 days?</b> "
				"On how many occasions (if any) have you: used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) in your <b>lifetime?</b> "	<u>"On how many occasions (if any) have you: used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) in your <b>lifetime?</b>"</u>	"On how many occasions (if any) have you: used synthetic drugs (such as Bath Salts like Ivory Wave or White Lightning or herbal incense products like K2, Spice, or Gold) in your <b>lifetime?</b> "
"On how many occasions (if any) have you: used stimulants ("amphetamines", "meth", "crystal", "crank") without a doctor telling you to take them, during the past 30 days?"	<u>"On how many occasions have you used methamphetamines (meth, speed, crank, crystal meth) in the <b>past 30 days?</b>"</u>	"On how many occasions have you used methamphetamines (meth, speed, crank, crystal meth) in the <b>past 30 days?</b> "	<u>"On how many occasions have you used methamphetamines (meth, crystal meth) in the <b>past 30 days?</b>"</u>	"On how many occasions have you used methamphetamines (meth, crystal meth) in the <b>past 30 days?</b> "	"On how many occasions have you used methamphetamines (meth, crystal meth) in the <b>past 30 days?</b> "	"On how many occasions have you used methamphetamines (meth, crystal meth) in the <b>past 30 days?</b> "
"On how many occasions (if any) have you: used stimulants ("amphetamines", "meth", "crystal", "crank") without a doctor telling you to take them, in your lifetime?"	<u>"On how many occasions have you used methamphetamines (meth, speed, crank, crystal meth) in your <b>lifetime?</b>"</u>	"On how many occasions have you used methamphetamines (meth, speed, crank, crystal meth) in your <b>lifetime?</b> "	<u>"On how many occasions have you used methamphetamines (meth, crystal meth) in your <b>lifetime?</b>"</u>	"On how many occasions have you used methamphetamines (meth, crystal meth) in your <b>lifetime?</b> "	"On how many occasions have you used methamphetamines (meth, crystal meth) in your <b>lifetime?</b> "	"On how many occasions have you used methamphetamines (meth, crystal meth) in your <b>lifetime?</b> "

2004	2006	2008	2010	2012	2014	2016
						"People have many different types of interactions with their peers at school. Please answer the following questions about your peer experiences in school during the last month. (a) How often do other students exclude you from activities?"
						"People have many different types of interactions with their peers at school. Please answer the following questions about your peer experiences in school during the last month. (b) How often are other students mean to you?"
						"People have many different types of interactions with their peers at school. Please answer the following questions about your peer experiences in school during the last month. (c) How often do other students push or hit you?"
						"People have many different types of interactions with their peers at school. Please answer the following questions about your peer experiences in school during the last month. (d) How often do other students make fun of you?"
"People in my family have serious arguments."	"People in my family have serious arguments."	"People in my family have serious arguments."	"People in my family have serious arguments."	"People in my family have serious arguments."	"People in my family have serious arguments."	"People in my family have serious arguments."
"People in my family often insult or yell at each other."	"People in my family often insult or yell at each other."	"People in my family often insult or yell at each other."	"People in my family often insult or yell at each other."	"People in my family often insult or yell at each other."	"People in my family often insult or yell at each other."	"People in my family often insult or yell at each other."

2004	2006	2008	2010	2012	2014	2016
						"Please indicate how much these statements describe you. (a) I expect good things to happen to me."
						"Please indicate how much these statements describe you. (b) I am excited about my future."
						"Please indicate how much these statements describe you. (c) I trust my future will turn out well."
						"Please indicate how much these statements describe you. (d) I develop step-by-step plans to reach my goals."
						"Please indicate how much these statements describe you. (e) I have goals in my life."
						"Please indicate how much these statements describe you. (f) If I set goals, I take action to reach them."
						"Please indicate how much these statements describe you. (g) It is important to me that I reach my goals."
						"Please indicate how much these statements describe you. (h) I know how to make my plans happen."
						"Please indicate how often this happens. (a) How often do you make plans to achieve your goals?"
						"Please indicate how often this happens. (b) How often do you have trouble figuring out how to make your goals happen?"

2004	2006	2008	2010	2012	2014	2016
				"Please mark all areas of stress that were related to your substance use below Community"	"Please mark all areas of stress that were related to your substance use below Community"	"Please mark all areas of stress that were related to your substance use below Community"
				"Please mark all areas of stress that were related to your substance use below Parents/family"	"Please mark all areas of stress that were related to your substance use below Parents/family"	"Please mark all areas of stress that were related to your substance use below Parents/family"
				"Please mark all areas of stress that were related to your substance use below Peers/Friends (e.g., fighting with friends, getting bullied, dealing with rumors, etc. ...)"	"Please mark all areas of stress that were related to your substance use below Peers/Friends (e.g., fighting with friends, getting bullied, dealing with rumors, etc. ...)"	"Please mark all areas of stress that were related to your substance use below Peers/Friends (e.g., fighting with friends, getting bullied, dealing with rumors, etc. ...)"
				"Please mark all areas of stress that were related to your substance use below School"	"Please mark all areas of stress that were related to your substance use below School"	"Please mark all areas of stress that were related to your substance use below School"
"Putting them all together, what were your grades like last year?"	"Putting them all together, what were your grades like last year?"	"Putting them all together, what were your grades like last year?"	"Putting them all together, what were your grades like last year?"	"Putting them all together, what were your grades like last year?"	"Putting them all together, what were your grades like last year?"	"Putting them all together, what were your grades like last year?"
"Teachers ask me to work on special classroom projects."	"Teachers ask me to work on special classroom projects."	"Teachers ask me to work on special classroom projects."	"Teachers ask me to work on special classroom projects."	"Teachers ask me to work on special classroom projects."	"Teachers ask me to work on special classroom projects."	"Teachers ask me to work on special classroom projects."
"The rules in my family are clear."	"The rules in my family are clear."	"The rules in my family are clear."	"The rules in my family are clear."	"The rules in my family are clear."	"The rules in my family are clear."	"The rules in my family are clear."
"The school lets my parents know when I have done something well."	"The school lets my parents know when I have done something well."	"The school lets my parents know when I have done something well."	"The school lets my parents know when I have done something well."	"The school lets my parents know when I have done something well."	"The school lets my parents know when I have done something well."	"The school lets my parents know when I have done something well."
"There are lots of adults in my neighborhood I could talk to about something important."	"There are lots of adults in my neighborhood I could talk to about something important."	"There are lots of adults in my neighborhood I could talk to about something important."	"There are lots of adults in my neighborhood I could talk to about something important."	"There are lots of adults in my neighborhood I could talk to about something important."	"There are lots of adults in my neighborhood I could talk to about something important."	"There are lots of adults in my neighborhood I could talk to about something important."
"There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."	"There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."	"There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."	"There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."	"There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."	"There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."	"There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class."
"There are people in my neighborhood who are proud of me when I do something well."	"There are people in my neighborhood who are proud of me when I do something well."	"There are people in my neighborhood who are proud of me when I do something well."	"There are people in my neighborhood who are proud of me when I do something well."	"There are people in my neighborhood who are proud of me when I do something well."	"There are people in my neighborhood who are proud of me when I do something well."	"There are people in my neighborhood who are proud of me when I do something well."
"There are people in my neighborhood who encourage me to do my best."	"There are people in my neighborhood who encourage me to do my best."	"There are people in my neighborhood who encourage me to do my best."	"There are people in my neighborhood who encourage me to do my best."	"There are people in my neighborhood who encourage me to do my best."	"There are people in my neighborhood who encourage me to do my best."	"There are people in my neighborhood who encourage me to do my best."



[illegible]



[illegible]



[illegible]

2004	2006	2008	2010	2012	2014	2016
"What are the chances you would be seen as cool if you: (d) defended someone who was being verbally abused at school?"	"What are the chances you would be seen as cool if you: (d) defended someone who was being verbally abused at school?"	"What are the chances you would be seen as cool if you: (d) defended someone who was being verbally abused at school?"	"What are the chances you would be seen as cool if you: (d) defended someone who was being verbally abused at school?"	"What are the chances you would be seen as cool if you: (d) defended someone who was being verbally abused at school?"	"What are the chances you would be seen as cool if you: (d) defended someone who was being verbally abused at school?"	"What are the chances you would be seen as cool if you: (d) defended someone who was being verbally abused at school?"
"What are the chances you would be seen as cool if you: (e) smoked marijuana?"	"What are the chances you would be seen as cool if you: (e) smoked marijuana?"	"What are the chances you would be seen as cool if you: (e) smoked marijuana?"	"What are the chances you would be seen as cool if you: (e) smoked marijuana?"	"What are the chances you would be seen as cool if you: (e) smoked marijuana?"	"What are the chances you would be seen as cool if you: (e) smoked marijuana?"	"What are the chances you would be seen as cool if you: (e) smoked marijuana?"
"What are the chances you would be seen as cool if you: (f) regularly volunteered to do community service?"	"What are the chances you would be seen as cool if you: (f) regularly volunteered to do community service?"	"What are the chances you would be seen as cool if you: (f) regularly volunteered to do community service?"	"What are the chances you would be seen as cool if you: (f) regularly volunteered to do community service?"	"What are the chances you would be seen as cool if you: (f) regularly volunteered to do community service?"	"What are the chances you would be seen as cool if you: (f) regularly volunteered to do community service?"	"What are the chances you would be seen as cool if you: (f) regularly volunteered to do community service?"
"What are the chances you would be seen as cool if you: (g) carried a handgun?"	"What are the chances you would be seen as cool if you: (g) carried a handgun?"	"What are the chances you would be seen as cool if you: (g) carried a handgun?"	"What are the chances you would be seen as cool if you: (g) carried a handgun?"	"What are the chances you would be seen as cool if you: (g) carried a handgun?"	"What are the chances you would be seen as cool if you: (g) carried a handgun?"	"What are the chances you would be seen as cool if you: (g) carried a handgun?"
						"What are the chances you would be seen as cool if you: (h) were a member of a gang?"
"What grade are you in?"	"What grade are you in?"	"What grade are you in?"	"What grade are you in?"	"What grade are you in?"	"What grade are you in?"	"What grade are you in?"
"What is the highest level of schooling completed by your mother?"	<u>"Think of the adults you live with. What is the highest level of schooling any of them completed?"</u>	"Think of the adults you live with. What is the highest level of schooling any of them completed?"		<u>"What is the highest level of education completed by your mother?"</u>	"What is the highest level of education completed by your mother?"	"What is the highest level of education completed by your mother?"
"Please choose the ONE answer that BEST describes what you consider yourself to be. American Indian/Native American, Eskimo, or Aleut"	"Please choose the ONE answer that BEST describes what you consider yourself to be. American Indian/Native American, Eskimo, or Aleut"	"Please choose the ONE answer that BEST describes what you consider yourself to be. American Indian/Native American, Eskimo, or Aleut"	"What is your race? (Mark all that apply.) American Indian or Alaska Native"	"What is your race? (Mark all that apply.) American Indian or Alaska Native"	"What is your race? (Mark all that apply.) American Indian or Alaska Native"	"What is your race? (Mark all that apply.) American Indian or Alaska Native"
"Please choose the ONE answer that BEST describes what you consider yourself to be. Asian"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Asian"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Asian"	"What is your race? (Mark all that apply.) Asian"	"What is your race? (Mark all that apply.) Asian"	"What is your race? (Mark all that apply.) Asian"	"What is your race? (Mark all that apply.) Asian"
"Please choose the ONE answer that BEST describes what you consider yourself to be. Black, or African American"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Black, or African American"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Black, or African American"	"What is your race? (Mark all that apply.) Black or African American"	"What is your race? (Mark all that apply.) Black or African American"	"What is your race? (Mark all that apply.) Black or African American"	"What is your race? (Mark all that apply.) Black or African American"

2004	2006	2008	2010	2012	2014	2016
"Please choose the ONE answer that BEST describes what you consider yourself to be. Pacific Islander"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Pacific Islander"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Pacific Islander"	"What is your race? (Mark all that apply.) Hawaiian or Other Pacific Islander"	"What is your race? (Mark all that apply.) Hawaiian or Other Pacific Islander"	"What is your race? (Mark all that apply.) Hawaiian or Other Pacific Islander"	"What is your race? (Mark all that apply.) Hawaiian or Other Pacific Islander"
"Please choose the ONE answer that BEST describes what you consider yourself to be. White, not of Hispanic origin"	"Please choose the ONE answer that BEST describes what you consider yourself to be. White, not of Hispanic origin"	"Please choose the ONE answer that BEST describes what you consider yourself to be. White, not of Hispanic origin"	<u>"What is your race? (Mark all that apply.) White"</u>	"What is your race? (Mark all that apply.) White"	"What is your race? (Mark all that apply.) White"	"What is your race? (Mark all that apply.) White"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty In country"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty In country"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty In country"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty Overseas--in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty Overseas--in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty Overseas--in a combat zone"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active duty Overseas--not in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active duty Overseas--not in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active duty Overseas--not in a combat zone"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Active Duty"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Died while serving in the military"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Died while serving in the military"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Died while serving in the military"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Former Military"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Former Military"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Former Military"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Neither of my parents have ever been in the military"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Neither of my parents have ever been in the military"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Neither of my parents have ever been in the military"

2004	2006	2008	2010	2012	2014	2016
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve In country"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve In country"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve In country"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Not Deployed"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Not Deployed"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Not Deployed"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Overseas--in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Overseas--in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Overseas--in a combat zone"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Overseas--not in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Overseas--not in a combat zone"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve Overseas--not in a combat zone"
				"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve"	"What, if any, is the current military status of your parent(s)? (Mark all that apply) Reserve"
"When I am not at home, one of my parents knows where I am and who I am with."	"When I am not at home, one of my parents knows where I am and who I am with."	"When I am not at home, one of my parents knows where I am and who I am with."	"When I am not at home, one of my parents knows where I am and who I am with."	"When I am not at home, one of my parents knows where I am and who I am with."	"When I am not at home, one of my parents knows where I am and who I am with."	"When I am not at home, one of my parents knows where I am and who I am with."
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Coaches/Instructors "	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Coaches/Instructors "	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Coaches/Instructors "



2004	2006	2008	2010	2012	2014	2016
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Counselors"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Counselors"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Counselors"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Friends"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Friends"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Friends"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Grandparents"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Grandparents"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Grandparents"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) I have no one I can talk to or go to for help"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) I have no one I can talk to or go to for help"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) I have no one I can talk to or go to for help"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Mentors"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Mentors"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Mentors"

2004	2006	2008	2010	2012	2014	2016
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Other adults"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Other adults"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Other adults"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Other relatives"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Other relatives"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Other relatives"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Parents/Step-parents"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Parents/Step-parents"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Parents/Step-parents"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Siblings"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Siblings"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Siblings"
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Teachers"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Teachers"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Teachers"

2004	2006	2008	2010	2012	2014	2016
				"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Tutors"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Tutors"	"Which of the following people do you feel comfortable going to for help when things go wrong or you when need someone to talk to about your problems? (Mark all that apply) Tutors"
						During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, prescription drugs, or illegal drugs? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians-- whether or not they live with you. (Mark all that apply) Yes, I talked with my parents about the dangers of marijuana use.
			How many times in the past year (12 months) have you: (I) been hit, slapped, pushed, shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?"	How many times in the past year (12 months) have you: (I) been hit, slapped, pushed, shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?"	How many times in the past year (12 months) have you: (I) been hit, slapped, pushed, shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?"	How many times in the past year (12 months) have you: (I) been hit, slapped, pushed, shoved, kicked or any other way physically assaulted by your boyfriend or girlfriend?"
"Please choose the ONE answer that BEST describes what you consider yourself to be. Other (Please specify)"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Other (Please specify)"	"Please choose the ONE answer that BEST describes what you consider yourself to be. Other (Please specify)"				
"What is the language you use most often at home?"	"What is the language you use most often at home?"	"What is the language you use most often at home?"	"What is the language you use most often at home?"	"What is the language you use most often at home?"		
				"Where were you and your parents born?"		
"Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply.) Mother"	<del>"Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.) Mother"</del>	"Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply.) Mother"	"Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.) Mother"	"Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.) Mother"	"Think of where you live most of the time. Which of the following people live there with you? (Mark all that apply.) Mother"	

2004	2006	2008	2010	2012	2014	2016
"How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?"						
"How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?"						
"What is the highest level of schooling completed by your father?"	<u>"Think of the adults you live with. What is the highest level of schooling any of them completed?"</u>	"Think of the adults you live with. What is the highest level of schooling any of them completed?"				
"Are your school grades better than the grades of most students in your class?"	"Are your school grades better than the grades of most students in your class?"	"Are your school grades better than the grades of most students in your class?"	"Are your school grades better than the grades of most students in your class?"	"Are your school grades better than the grades of most students in your class?"	"Are your school grades better than the grades of most students in your class?"	
"How old were you when you first: (e) used methamphetamines (meth, crystal, crank)?"	"How old were you when you first: (e) used methamphetamines (meth, crystal, crank)?"	"How old were you when you first: (e) used methamphetamines (meth, crystal, crank)?"	<u>"How old were you when you first: (e) used methamphetamines (meth, crystal)?"</u>	"How old were you when you first: (e) used methamphetamines (meth, crystal)?"		
"How old were you when you first: (f) got suspended from school?"	"How old were you when you first: (f) got suspended from school?"	"How old were you when you first: (f) got suspended from school?"	"How old were you when you first: (f) got suspended from school?"	"How old were you when you first: (f) got suspended from school?"		
"How old were you when you first: (g) got arrested?"	"How old were you when you first: (g) got arrested?"	"How old were you when you first: (g) got arrested?"	"How old were you when you first: (g) got arrested?"	"How old were you when you first: (g) got arrested?"		
"How old were you when you first: (h) carried a handgun?"	"How old were you when you first: (h) carried a handgun?"	"How old were you when you first: (h) carried a handgun?"	"How old were you when you first: (h) carried a handgun?"	"How old were you when you first: (h) carried a handgun?"		
"How many times have you done the following things: (a) done what feels good no matter what?"						
"How many times have you done the following things: (b) done something dangerous because someone dared you to do it?"						
"How many times have you done the following things: (c) done crazy things even if they are a little dangerous?"						

2004	2006	2008	2010	2012	2014	2016
"How many times in the past year (12 months) have you: (g) done extra work on your own for school?"	"How many times in the past year (12 months) have you: (g) done extra work on your own for school?"	"How many times in the past year (12 months) have you: (g) done extra work on your own for school?"	"How many times in the past year (12 months) have you: (g) done extra work on your own for school?"	"How many times in the past year (12 months) have you: (g) done extra work on your own for school?"	"How many times in the past year (12 months) have you: (g) done extra work on your own for school?"	
"How many times in the past year (12 months) have you: (i) attacked someone with a weapon?"						
"How many times in the past year (12 months) have you: (m) stolen or tried to steal something worth less than \$50?"						
"How many times in the past year (12 months) have you: (n) stolen or tried to steal something worth more than \$50?"						
"How many times in the past year (12 months) have you: (o) gone into or tried to go into a building to steal something?"						
"How many times in the past year (12 months) have you: (p) used a weapon or force to get money or other material items from someone?"						
"You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?"	"You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?"	"You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?"				

2004	2006	2008	2010	2012	2014	2016
"You are visiting another part of town and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?"	"You are visiting another part of town and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?"	"You are visiting another part of town and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?"				
"You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?"	"You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?"	"You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?"				
"It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, 'Oh, just going to hang out with some friends.' She says, 'No, you'll just get into trouble if you go out. Stay home tonight.' What would you do now?"	"It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, 'Oh, just going to hang out with some friends.' She says, 'No, you'll just get into trouble if you go out. Stay home tonight.' What would you do now?"	"It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say, 'Oh, just going to hang out with some friends.' She says, 'No, you'll just get into trouble if you go out. Stay home tonight.' What would you do now?"				
"How often do you attend religious services or activities?"	"How often do you attend religious services or activities?"	"How often do you attend religious services or activities?"				
	"How often in the past 12 months have you: (a) gambled at a casino?"	"How often in the past 12 months have you: (a) gambled at a casino?"	<u>"How often have you done the following for money, possessions, or anything of value: (a) played a slot machine, poker machine or other gambling machine?"</u>	"How often have you done the following for money, possessions, or anything of value: (a) played a slot machine, poker machine or other gambling machine?"	"How often have you done the following for money, possessions, or anything of value: (a) played a slot machine, poker machine or other gambling machine?"	

2004	2006	2008	2010	2012	2014	2016
			"How often have you done the following for money, possessions, or anything of value: (e) bought a raffle ticket?"	"How often have you done the following for money, possessions, or anything of value: (e) bought a raffle ticket?"	"How often have you done the following for money, possessions, or anything of value: (e) bought a raffle ticket?"	
	"How often in the past 12 months have you: (e) bet money on horse races?"	"How often in the past 12 months have you: (e) bet money on horse races?"	<u>"How often have you done the following for money, possessions, or anything of value: (i) bet on a horse or other animal race?"</u>	"How often have you done the following for money, possessions, or anything of value: (j) bet on a horse or other animal race?"	"How often have you done the following for money, possessions, or anything of value: (j) bet on a horse or other animal race?"	
	"How often in the past 12 months have you: (f) played bingo for money or prizes?"	"How often in the past 12 months have you: (f) played bingo for money or prizes?"	<u>"How often have you done the following for money, possessions, or anything of value: (f) played bingo?"</u>	"How often have you done the following for money, possessions, or anything of value: (f) played bingo?"	"How often have you done the following for money, possessions, or anything of value: (f) played bingo?"	
	"How often in the past 12 months have you: (g) gambled on the Internet?"	"How often in the past 12 months have you: (g) gambled on the Internet?"	<u>"How often have you done the following for money, possessions, or anything of value: (g) gambled on the internet?"</u>	"How often have you done the following for money, possessions, or anything of value: (g) gambled on the internet?"	"How often have you done the following for money, possessions, or anything of value: (g) gambled on the internet?"	
"Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: (l) regularly attended religious services?"	"Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: (l) regularly attended religious services?"	"Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: (l) regularly attended religious services?"				
"It is important to think before you act."						
"Sometimes I think that life is not worth it."	"Sometimes I think that life is not worth it."	"Sometimes I think that life is not worth it."				
"At times I think I am no good at all."	"At times I think I am no good at all."	"At times I think I am no good at all."				
"All in all, I am inclined to think that I am a failure."	"All in all, I am inclined to think that I am a failure."	"All in all, I am inclined to think that I am a failure."				
"In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?"	"In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?"	"In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?"				

2004	2006	2008	2010	2012	2014	2016
"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (a) smoke cigarettes."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (a) smoke cigarettes."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (a) smoke cigarettes."				
"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (b) drink beer, wine, or liquor."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (b) drink beer, wine, or liquor."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (b) drink beer, wine, or liquor."				
"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (c) smoke marijuana."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (c) smoke marijuana."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (c) smoke marijuana."				
"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (d) use LSD, cocaine, amphetamines or another illegal drug."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (d) use LSD, cocaine, amphetamines or another illegal drug."	"Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statement may be for you. WHEN I AM AN ADULT I WILL: (d) use LSD, cocaine, amphetamines or another illegal drug."				
"During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?"	"During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?"	"During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?"	"During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?"			
	"Does anyone who lives with you now smoke cigarettes? (Mark all that apply.)"	"Does anyone who lives with you now smoke cigarettes? (Mark all that apply.)"	"Does anyone who lives with you now smoke cigarettes? (Mark all that apply.)"			
	"Which statement best describes the rules about smoking where you live?"	"Which statement best describes the rules about smoking where you live?"	"Which statement best describes the rules about smoking where you live?"			



2004	2006	2008	2010	2012	2014	2016
"Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?"	"Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?"	"Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?"	"Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?"	"Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?"		
				"On how many occasions (if any) have you: used other "club" drugs (such as Special K, Roofies, GHB) or Rohypnol in your <b>lifetime</b> ?"		
				"On how many occasions (if any) have you: used other "club" drugs (such as Special K, Roofies, GHB) or Rohypnol in the <b>past 30 days</b> ?"		
	"On how many occasions (if any) have you: used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in your <b>lifetime</b> ?"	"On how many occasions (if any) have you: used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in your <b>lifetime</b> ?"				
	"On how many occasions (if any) have you: used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, during the <b>past 30 days</b> ?"	"On how many occasions (if any) have you: used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, during the <b>past 30 days</b> ?"				
"How much do you think people risk harming themselves (physically or in other ways) if they: (b) try marijuana once or twice?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (b) try marijuana once or twice?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (b) try marijuana once or twice?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (b) try marijuana once or twice?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (b) try marijuana once or twice?"	"How much do you think people risk harming themselves (physically or in other ways) if they: (b) try marijuana once or twice?"	
"If a kid smoked cigarettes in your neighborhood, would he or she be caught by the police?"						

2004	2006	2008	2010	2012	2014	2016
"Are you currently on probation, or assigned a probation officer with Juvenile Court?"	"Are you currently on probation, or assigned a probation officer with Juvenile Court?"	"Are you currently on probation, or assigned a probation officer with Juvenile Court?"				
"If you have ever belonged to a gang, did the gang have a name?"	"If you have ever belonged to a gang, did the gang have a name?"	"If you have ever belonged to a gang, did the gang have a name?"	"If you have ever belonged to a gang, did the gang have a name?"	"If you have ever belonged to a gang, did the gang have a name?"		
"How many times have you changed homes since kindergarten?"	"How many times have you changed homes since kindergarten?"	"How many times have you changed homes since kindergarten?"				
"Have you changed homes in the past year (the last 12 months)?"	"Have you changed homes in the past year (the last 12 months)?"	"Have you changed homes in the past year (the last 12 months)?"				
"Which of the following activities for people your age are available in your community?"	"Which of the following activities for people your age are available in your community?"	"Which of the following activities for people your age are available in your community?"				
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Sports"	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Sports"	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Sports"	
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Music"	<u>"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Performing arts (such as band, dance, drama, chorus)"</u>	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Performing arts (such as band, dance, drama, chorus)"	
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Drama"	<u>"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Performing arts (such as band, dance, drama, chorus)"</u>	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Performing arts (such as band, dance, drama, chorus)"	
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Foreign Language Club"	<u>"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Academic clubs (such as language, math, and science clubs)"</u>	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Academic clubs (such as language, math, and science clubs)"	

2004	2006	2008	2010	2012	2014	2016
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Student Council/Government"	<del>"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Student government or student council"</del>	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Student government or student council"	
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Newspaper/Yearbook"	<del>"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Newspaper or yearbook"</del>	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Newspaper or yearbook"	
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Mentoring or Tutoring"	<del>"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Volunteering, service, or mentoring"</del>	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Volunteering, service, or mentoring"	
				"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Homework help or tutoring to help your grades"	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Homework help or tutoring to help your grades"	
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Other school group or club"	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Other school group or club"	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) Other school group or club"	
			"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) I am not involved in any school-sponsored activities"	<del>"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) I do not participate in an organized activity at school"</del>	"Which school-sponsored activities are you involved in during after school hours? (Mark all that apply) I do not participate in an organized activity at school"	
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Sports"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Sports"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Sports"	

2004	2006	2008	2010	2012	2014	2016
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Religious group"			
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Music/Dance/Drama"	<del>"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Performing arts (such as band, dance, drama, chorus)"</del>	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Performing arts (such as band, dance, drama, chorus)"	
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Scouts/Campfire"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Scouts/Campfire"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Scouts/Campfire"	
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Boys and Girls Club/Junior Achievement/YMCA"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Boys and Girls Club/Junior Achievement/YMCA"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Boys and Girls Club/Junior Achievement/YMCA"	
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Big Brothers Big Sisters or other mentoring program"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Big Brothers Big Sisters or other mentoring program"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Big Brothers Big Sisters or other mentoring program"	
				"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) 4-H/FFA (Future Farmers of America)"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) 4-H/FFA (Future Farmers of America)"	
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Other after school activity"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Other after school activity"	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) Other after school activity"	

2004	2006	2008	2010	2012	2014	2016
			"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) I am not involved in after school activities that are not school-sponsored"	<u>"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) I do not participate in an organized activity after school"</u>	"Which after-school activities, that are not school-sponsored, are you involved in? (Mark all that apply) I do not participate in an organized activity after school"	
"Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?"	"Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?"	"Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?"				
"How many times you changed schools since kindergarten (including changing from elementary to middle and middle to high school)?"	"How many times you changed schools since kindergarten (including changing from elementary to middle and middle to high school)?"	"How many times you changed schools since kindergarten (including changing from elementary to middle and middle to high school)?"				
"How much does each of the following statements describe your neighborhood: (a) crime and/or drug selling"	"How much does each of the following statements describe your neighborhood: (a) crime and/or drug selling"	"How much does each of the following statements describe your neighborhood: (a) crime and/or drug selling"				
"How much does each of the following statements describe your neighborhood: (b) fights"	"How much does each of the following statements describe your neighborhood: (b) fights"	"How much does each of the following statements describe your neighborhood: (b) fights"				
"How much does each of the following statements describe your neighborhood: (c) lots of empty or abandoned buildings"	"How much does each of the following statements describe your neighborhood: (c) lots of empty or abandoned buildings"	"How much does each of the following statements describe your neighborhood: (c) lots of empty or abandoned buildings"				
"How much does each of the following statements describe your neighborhood: (d) lots of graffiti"	"How much does each of the following statements describe your neighborhood: (d) lots of graffiti"	"How much does each of the following statements describe your neighborhood: (d) lots of graffiti"				
"Have any of your brothers or sisters ever: (e) been suspended or expelled from school?"	"Have any of your brothers or sisters ever: (e) been suspended or expelled from school?"	"Have any of your brothers or sisters ever: (e) been suspended or expelled from school?"	"Have any of your brothers or sisters ever: (e) been suspended or expelled from school?"	"Have any of your brothers or sisters ever: (e) been suspended or expelled from school?"	"Have any of your brothers or sisters ever: (e) been suspended or expelled from school?"	

2004	2006	2008	2010	2012	2014	2016
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Foster Parent(s)"			
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Aunt"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Aunt"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Aunt"	
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Uncle"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Uncle"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Uncle"	
			"Have any of your relatives previously been in prison or jail? (Mark all that apply) Other Children"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Other Children"	"Have any of your relatives previously been in prison or jail? (Mark all that apply) Other Children"	
				"Are any of your relatives currently in prison or jail? (Mark all that apply) No one has been in prison or jail"	"Are any of your relatives currently in prison or jail? (Mark all that apply) No one has been in prison or jail"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Mother"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Mother"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Mother"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepmother"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepmother"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepmother"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Father"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Father"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Father"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepfather"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepfather"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepfather"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Foster Parent(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Foster Parent(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Foster Parent(s)"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Grandparent(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Grandparent(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Grandparent(s)"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Aunt"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Aunt"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Aunt"	

2004	2006	2008	2010	2012	2014	2016
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Uncle"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Uncle"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Uncle"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Other Adult(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Other Adult(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Other Adult(s)"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Brother(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Brother(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Brother(s)"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepbrother(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepbrother(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepbrother(s)"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Sister(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Sister(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Sister(s)"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepsister(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepsister(s)"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Stepsister(s)"	
			"Are any of your relatives currently in prison or jail? (Mark all that apply) Other Children"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Other Children"	"Are any of your relatives currently in prison or jail? (Mark all that apply) Other Children"	
"My family has clear rules about cigarettes and tobacco use."						
"To your knowledge, can someone (juvenile or adult) who carried a concealed but unloaded gun in the street be convicted of a weapons offense?"						
"To your knowledge, can someone (juvenile or adult) who has ever been convicted of a felony legally carry a gun?"						
"To your knowledge, are there federal penalties for carrying a gun?"						

2004	2006	2008	2010	2012	2014	2016
"Have you ever heard of Project Safe Neighborhoods (PSN)?"	<u>"Have you ever heard of the gun violence prevention program or Project Safe Neighborhoods (PSN)?"</u>	"Have you ever heard of the gun violence prevention program or Project Safe Neighborhoods (PSN)?"	<u>"Have you ever heard of the gun violence prevention program, Project Safe Neighborhoods (PSN)?"</u>			
"How did you hear about Project Safe Neighborhoods?" ( T.V. Radio Billboard Other Have not heard of PSN)	<u>"How did you hear about the gun violence prevention program or Project Safe Neighborhoods (PSN)?"</u>	"How did you hear about the gun violence prevention program or Project Safe Neighborhoods (PSN)?"	<u>"How did you hear about the gun violence prevention program, Project Safe Neighborhoods? (Mark all that apply.)"</u>			
"How honest were you in filling out this survey?"	"How honest were you in filling out this survey?"	"How honest were you in filling out this survey?"	"How honest were you in filling out this survey?"			



## **An End to Suicide in Arizona 2018 State Plan**

### **EXECUTIVE SUMMARY**

According to officials at the World Health Organization (WHO), more than 800,000 people die by suicide each year globally; many more make an attempt. Suicide remains the second leading cause of death among 15-29 year olds worldwide; a suicide happens once every 20 seconds. It is estimated for every completed suicide, there are 20 others who have attempted.

In Arizona, the latest data shows 1320 Arizonans died by suicide in 2015.

In 2016, there were 1310 deaths. Maricopa County had the highest rate of suicide with 683 deaths. State wide, there were 292 suicides by women, and 1018 by men. The youngest suicide was age 9; the oldest suicide was age 96. The majority of suicides were completed with a gun.

Suicide is not just a behavioral health concern. Suicide may be linked to depression and other mental illnesses, but the majority of those who have a behavioral health illness do not commit suicide. Suicide touches every family and community in Arizona, regardless of diagnoses, zip codes, ethnicities, or faith.

Suicide is the second leading cause of “years of potential life lost” in our state for American Indians. Also of grave concern are suicides among our increasing populations of retirees and veterans.

In 2017, AHCCCS staff: hosted quarterly Four Corner calls among suicide prevention professionals, organized suicide prevention month events and social media posts, worked with Medicaid health plans on suicide prevention plans for their members, collaborated with groups state-wide with the Be Connected movement to prevent military suicides, promoted the Zero Suicide best practice framework at public events, and partnered with community organizations to discuss suicides in their neighborhoods and how we could work better together to prevent future deaths.

The 2018 state plan is a guideline for activities to prevent suicide in Arizona. This plan has been created with guidance and using the framework from the Substance Abuse and Mental Health Administration (SAMHSA) and the National Action Alliance’s plan for Zero Suicide.

### **HISTORY**

The 2018 *End to Suicide in Arizona State Plan* follows the changes incorporated in the recommendations from the 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action, a joint report from the U.S. Surgeon General and the National Action Alliance for Suicide Prevention: [http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full\\_report-rev.pdf](http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf)

Also of note, on July 1, 2016, all behavioral health services in the state of Arizona were transferred from the Arizona Department of Health Services (ADHS) to the Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid Agency. Suicide prevention is now managed by AHCCCS staff, in partnership with Arizona Department of Health Services.

### **2018 STATE PLAN**

The *2018 End to Suicide in Arizona State Plan* provides recommendations including strategic directions, objectives and strategies specific to our state. The four strategic directions are the same as those given in the National Strategy with the goals, objectives, and strategies closely following the national plan. The statewide strategies identified in the plan are those that can be directly supported by the Arizona Suicide Prevention Coalition and AHCCCS.

This plan was submitted to the Arizona Coalition for Suicide Prevention and other community partners for comment and final review. As such, this plan is presented in collaboration with the Coalition, on behalf of the citizens of Arizona.

Together, our mission is to improve the health and wellbeing of all Arizonans by eliminating suicide.

### **KEY COMPONENTS**

Suicide prevention should be community-based; the effort to reduce stigma associated with suicide, and/or asking for help to address mental illness needs to be communal. Key mental health and suicide prevention terms used in this document follow definitions in the National Strategy for Suicide Prevention:

<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report-rev.pdf>

### **STRATEGIC DIRECTIONS:**

1. Healthy individuals and communities
2. Ready access to prevention resources for clinicians and communities
3. Treatment and support services available to clinicians, communities, survivors
4. Continued evaluation and monitoring of prevention programming

A 2018 calendar is included in the index with a preliminary list of activities related to the following goals, objectives, and immediate points of action. As the year progresses, updates will be available on the AHCCCS blog.

### **GOALS:**

1. Reduce the number of suicides in Arizona to zero through coordinated prevention activities
2. Develop broad-base support for the Zero Suicide model
3. Reduce stigma related to suicide
4. Promote responsible media reporting of suicide
5. Promote efforts to reduce access to lethal means of suicide among those with identified suicide risk
6. Provide training to schools, community, clinical, and behavioral health service providers on the prevention of suicide and related behaviors
7. Promote suicide prevention as a core component of health care services
8. Promote suicide prevention best practices among Arizona's largest health care providers for patients and staff
9. Provide care and support to individuals affected by suicide deaths or suicide attempts and implement community best practice-based postvention strategies to help prevent further suicides
10. Increase the timeliness and usefulness of national, state, tribal, and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action

11. Improve timeliness of data collection and analysis regarding suicide deaths
12. Evaluate the impact and effectiveness of suicide prevention interventions and systems, and synthesize and disseminate findings
13. Coordinate statewide calendar of suicide prevention activities, fostering a collaborative community of support

**GOAL 1.** Reduce the number of suicides in Arizona to zero through coordinated prevention activities

**OBJECTIVE 1.1:** Integrate zero suicide prevention into the core values, culture, leadership, conversation and work of a broad range of organizations and programs with a role to support suicide prevention activities.

STRATEGY 1.1.1: Implement programs and policies to build social connectedness and promote positive mental and emotional health.

STRATEGY 1.1.2: Implement organizational changes to promote mental and emotional health in the workforce.

STRATEGY 1.1.3: Increase the number of local, state, tribal, professional, and faith-based groups that integrate suicide prevention activities into their programs.

**OBJECTIVE 1.2:** Establish effective, sustainable, and collaborative suicide prevention programming at the state, county, tribal, and local levels.

STRATEGY 1.2.1: AHCCCS, in collaboration with the Arizona Coalition for Suicide Prevention, will coordinate and convene public and private stakeholders, assess needs and resources, and update and implement a comprehensive strategic state suicide prevention plan annually.

STRATEGY 1.2.2: Through the support AHCCCS, in collaboration with the Arizona Coalition for Suicide Prevention, county health departments and representatives from each RBHA will participate in local coalitions of stakeholders to promote and implement comprehensive suicide prevention efforts at the community level.

**OBJECTIVE 1.3:** Sustain and strengthen collaborations across agencies and organizations to advance suicide prevention.

STRATEGY 1.3.1: Strengthen partnerships with agencies that serve individuals at higher risk of suicide, such as military, veterans, substance abuse, foster care, juvenile justice, youth, elderly, American Indian, middle-aged white males, mental health consumers, suicide attempt survivors, those bereaved by suicide, GLBTQ2S (gay/lesbian/bisexual/transgender/questioning/two-spirited people), and other higher risk groups.

STRATEGY 1.3.2: Educate local, state, professional, volunteer and faith-based organizations about the importance of integrating suicide prevention activities into their programs, and distribute specific suggestions and examples of integration.

STRATEGY 1.3.3: Collaborate with ADHS' injury and violence prevention committee

**OBJECTIVE 1.4:** Integrate Zero Suicide into all relevant health care policy efforts.

STRATEGY 1.4.1: Encourage businesses and employers to ensure that mental health services are included as a benefit in health plans and encourage employees to use these services as needed.

**AHCCCS 2018 Actions:** AHCCCS will organize regional meetings of suicide prevention stakeholders to discuss the Zero Suicide model and successful prevention activities. This will include coordination of Zero Suicide prevention plans by the regional behavioral health authorities, veteran groups, 22 American Indian tribes in Arizona, state universities, hospital systems, faith organizations, and major employers. AHCCCS will work with each of these entities to create and manage such plans. AHCCCS will also work with acute healthcare providers to review suicide prevention planning.

**GOAL 2.** Develop broad-base support for the Zero Suicide model.

**OBJECTIVE 2.1:** Develop, implement, and evaluate communication efforts designed to reach defined segments of the population.

STRATEGY 2.1.1: Develop and implement an effective communications strategy for defined higher risk audiences and school personnel promoting suicide prevention, mental health, and emotional well-being, incorporating traditional and new media.

**OBJECTIVE 2.2:** Reach policymakers with dedicated communication efforts.

STRATEGY 2.2.1: Increase policymakers' understanding of suicide, its impact on constituents and stakeholders, and effective suicide prevention efforts.

**OBJECTIVE 2.3:** Increase communication efforts in mass and social media that promote positive messages and support safe crisis intervention strategies.

STRATEGY 2.3.1: Incorporate emerging technologies in suicide prevention programs and communication strategies, using best practices guidelines, and link to Teen LifeLine.

STRATEGY 2.3.2: Incorporate positive messages and safe crisis intervention information in suicide prevention communication programs.

**OBJECTIVE 2.4:** Increase knowledge of risk factors and warning signs for suicide and how to connect individuals in crisis with assistance and care.

STRATEGY 2.4.1: Increase public awareness of the role of the national and local crisis lines in providing services and support to individuals in crisis.

STRATEGY 2.4.2: Increase the use of new and emerging technologies such as tele-health, chat, text services, websites, mobile applications, AHCCCS social media, and online support groups for suicide prevention communications.

**AHCCCS 2018 Actions:** AHCCCS will report on state Zero Suicide prevention efforts using the AHCCCS website and will report activities from partners statewide. AHCCCS will continue to encourage Medicaid health plans statewide to adopt the Zero Suicide framework.

**GOAL 3.** Reduce stigma related to suicide

**OBJECTIVE 3.1:** Promote effective programs and practices that increase protection from suicide risk. STRATEGY 3.1.1: Provide opportunities for social participation and inclusion for those who may be isolated or at risk.

STRATEGY 3.1.2: Implement programs and policies to prevent abuse, bullying, violence, and social marginalization or exclusion.

STRATEGY 3.1.3: Encourage individuals and families to build strong, positive relationships with family and friends.

STRATEGY 3.1.4: Encourage individuals and families to become involved in their community's volunteer efforts (e.g. mentor or tutor youth, join a faith or spiritual community, reach out to older adults in the community.)

**OBJECTIVE 3.2:** Reduce prejudice, discrimination or stigma associated with suicidal behaviors, and mental health and substance use disorders.

STRATEGY 3.2.1: Promote mental health, increase understanding of mental and substance abuse disorders and eliminate barriers to accessing help through broad communications, public education, and public policy efforts.

STRATEGY 3.2.2: Increase funding and access to mental health services in an effort to reduce suicide attempts, hospitalizations, or incarcerations due to mental health related behaviors.

**OBJECTIVE 3.3:** Promote the understanding that recovery from mental health illness and substance use disorders is possible for all.

STRATEGY 3.3.1: Communicate messages of resilience, hope, and recovery to communities, patients, clients, and their families with mental health and substance use disorders.

<http://suicidepreventionmessaging.actionallianceforsuicideprevention.org/>

**AHCCCS 2018 Actions:** AHCCCS will coordinate suicide stigma reduction activities during the month of September—suicide prevention month.

AHCCCS will also work with the Spanish-speaking population for the creation of Spanish support groups for survivors and loss survivors.

#### **GOAL 4.** Promote responsible media reporting of suicide

**OBJECTIVE 4.1:** Encourage and recognize news and online organizations that develop and implement policies and practices addressing the safe and responsible reporting of suicide and other related behaviors.

STRATEGY 4.1.1: Disseminate *Recommendations for Reporting on Suicide* to news and online organizations. <http://reportingonsuicide.org>

STRATEGY 4.1.2: Encourage communication and feedback to news and online organizations in response to stories related to suicide, noting when they are appropriate and/or inappropriate, utilizing a variety of communications such as letters to the editor, op-eds, articles, online article comments, personal contacts, and phone calls.

STRATEGY 4.1.3: Develop a sample response template for recommendations to media and a procedure for dissemination of the recommendations.

STRATEGY 4.1.4: Recognize selected members of the news media industry who follow safe messaging guidelines at suicide prevention symposiums and regional meetings/summits.

**OBJECTIVE 4.2:** Encourage and recognize members of the entertainment industry who follow recommendations regarding the appropriate representation of suicide and other related behaviors. STRATEGY 4.2.1: Develop a sample response template for recommendations to the entertainment industry and a procedure for dissemination of the recommendations.

**OBJECTIVE 4.3:** Promote and disseminate national guidelines on the safety of online content for new and emerging communication technologies and applications.

STRATEGY 4.3.1: Encourage statewide groups, local coalitions, and gatekeepers to monitor and respond to the safety of online content and encourage the use of national guidelines on safe messaging and suicide prevention.

**OBJECTIVE 4.4:** Disseminate national guidelines for journalism and mass communication schools regarding how to address consistent and safe messaging on suicide and related behaviors in their curricula.

STRATEGY 4.4.1: Develop a distribution list of journalism and mass communications schools in Arizona and disseminate the national guidelines.

**AHCCCS 2018 actions:** AHCCCS will work with and look for opportunities to discuss suicide prevention efforts with local and national media.

#### **GOAL 5.** Promote efforts to reduce access to lethal means of suicide among those with identified suicide risk

**OBJECTIVE 5.1:** Encourage providers who interact with individuals and groups at risk for suicide to routinely assess for access to lethal means.

STRATEGY 5.1.1: Sponsor trainings and disseminate information on means restriction to mental health and healthcare providers, professional associations, patients, and their families.

STRATEGY 5.1.2: Incorporate lethal means counseling into suicide risk assessment protocols and address means restriction in safety plans.

STRATEGY 5.1.3: Sponsor medication take-back days and ongoing methods for the disposal of unwanted medications (e.g. secure collection kiosks at police departments or pharmacies).

STRATEGY 5.1.4: Encourage individuals and families to dispose of unused medications, particularly those that are toxic or abuse-prone, and take additional measures (e.g. medication lock box) if a member of the household is at high risk for suicide.

STRATEGY 5.1.5: Educate clergy, parent groups, schools, juvenile justice personnel, rehabilitation centers, defense and divorce attorneys, healthcare providers, and others about the importance of promoting efforts to reduce access to lethal means among individuals at risk for suicide.

STRATEGY 5.1.6: Encourage all individuals and families to store household firearms locked and unloaded with ammunition locked separately.

STRATEGY 5.1.7: For households with a member at high risk for suicide, take additional measures such as recommendations in the Means Matter website

[hsph.harvard.edu/means-matter/](https://hsph.harvard.edu/means-matter/)

**OBJECTIVE 5.2:** Partner with firearm dealers, gun owners, concealed handgun trainers and law enforcement to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

STRATEGY 5.2.1: Develop a list of potential firearm suicide safe advocacy groups in Arizona, such as gun retailers, shooting clubs and ranges, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations, and veterans groups.

STRATEGY 5.2.2: Initiate partnerships with firearm advocacy groups (e.g. retailers, shooting clubs, manufacturers, firearm retail insurers, concealed handgun instructors, law enforcement, farm and ranch associations and veterans groups) to increase suicide prevention awareness.

STRATEGY 5.2.3: Develop and implement pilot community projects to promote gun safety and suicide safe homes, incorporating the National Action Alliance's Zero Suicide recommendations.

<http://zerosuicide.actionallianceforsuicideprevention.org>

**OBJECTIVE 5.3:** Encourage the implementation of safety technologies to reduce access to lethal means.

STRATEGY 5.3.1: Promote safety technologies to reduce access to lethal means (e.g. reducing carbon monoxide, restricting medication pack sizes, pill dispensing lockboxes, barriers to bridges.)

**AHCCCS 2018 Actions:** AHCCCS will work with community partners to advertise medication take-back days and the dangers of prescription medications left unattended. Additionally, AHCCCS supports community partners working with firearm vendors and advocacy groups to provide



suicide prevention materials and education.

**GOAL 6.** Provide training to schools, community, clinical, and behavioral health service providers on the prevention of suicide and related behaviors

**OBJECTIVE 6.1:** Provide training to community groups in the prevention of suicide and related behaviors.

STRATEGY 6.1.1: AHCCCS will promote the use of best practice programs and the Zero Suicide model.

STRATEGY 6.1.2: AHCCCS will support the Arizona Coalition for Suicide Prevention and Teen Lifeline on their work with schools in Arizona concerning suicide prevention, including helping to provide technical assistance to interested school districts in the creation of suicide prevention plans. [store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669](https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669)

**OBJECTIVE 6.2:** Provide training to all health care providers, including mental health, substance abuse and behavioral health, on the recognition, assessment, and management of risk factors, warning signs, and the delivery of effective clinical care for people with suicide risk.

STRATEGY 6.2.1: Increase the capacity of health care providers to deliver suicide prevention services in a linguistically and culturally appropriate way.

STRATEGY 6.2.2: Increase the capacity of healthcare providers to deliver routine suicide prevention screening and services using best practice guidelines.

**OBJECTIVE 6.3:** Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by all health professions, including graduate and continuing education. STRATEGY 6.3.1: Integrate core suicide prevention competencies into relevant curricula and continuing education programs (e.g. nursing, medicine, allied health, pharmacy, social work, education, counseling, therapists.)

**OBJECTIVE 6.4:** Promote the adoption of core education and training guidelines on the prevention of suicide and related behaviors by credentialing and accreditation bodies.

STRATEGY 6.4.1: Review current core requirements for credentialing and accreditation bodies and make recommendations regarding suicide prevention and intervention guidelines to their curricula.

**OBJECTIVE 6.5:** Develop and implement protocols, programs, and policies for clinicians and clinical supervisors, first responders, crisis staff, and others on how to implement effective strategies for communicating and collaboratively managing suicide risk.

STRATEGY 6.5.1: Add suicide risk-specific protocols to programs and policies for mental health clinicians, supervisors, first responders, and their support staff.

STRATEGY 6.5.2: Enhance effective communication and coordination among mental health clinicians, supervisors, first responders, their support staff, and others on responding to clients at imminent risk.

**AHCCCS 2018 Actions:** AHCCCS will provide support to behavioral health providers concerning recognizing suicide behaviors in members and how to prevent suicide. AHCCCS will encourage behavioral health providers and integrated health providers to ask specific questions about depression and suicidal thoughts. AHCCCS and community partners will also encourage behavioral health providers to ask their members who are veterans those specific questions about depression and suicidal thoughts, to better

coordinate services with veteran service organizations including the Veterans Administration. Additionally, AHCCCS customer service staff will be trained in ASIST to recognize suicidal language and create safety plans for members at risk.

**GOAL 7.** Promote suicide prevention as a core component of health care services

**OBJECTIVE 7.1:** Promote the adoption of Zero Suicide as an aspirational goal by health care and community support systems that provide services and support to defined patient populations.

STRATEGY 7.1.1: Promote [zerosuicide.com](http://zerosuicide.com) website in publications and communications about treatment and support services.

STRATEGY 7.1.2: Educate providers of health care and community support systems about adopting zero suicide as an aspirational goal, and promote the organizational readiness survey of the National Action Alliance for Suicide Prevention.

**OBJECTIVE 7.2:** Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive, and least restrictive settings.

**OBJECTIVE 7.3:** Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

STRATEGY 7.3.1: Advocate for funding for prevention and postvention for clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

**OBJECTIVE 7.4:** Promote continuity of care and the safety and well-being of all patients treated for suicide risk in emergency departments or hospital inpatient units.

STRATEGY 7.4.1: Promote the use of safety planning and other best practices for emergency department care as highlighted in the Suicide Prevention Resource Center's Best Practices Registry [sprc.org/bpr](http://sprc.org/bpr)

**OBJECTIVE 7.5:** Encourage healthcare delivery systems to incorporate suicide prevention and appropriate responses to suicide attempts as indicators of continuous quality improvement efforts.

**OBJECTIVE 7.6:** Establish linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.

STRATEGY 7.6.1: AHCCCS and the Arizona Coalition for Suicide Prevention will promote suicide prevention regional summits to enhance linkages among providers of primary care, mental health and substance abuse services and community-based programs, including peer support programs.

**OBJECTIVE 7.7:** Coordinate services among suicide prevention and intervention programs, health care systems, and accredited local crisis centers.

**OBJECTIVE 7.8:** Develop collaborations between emergency departments and other health care providers to provide safe alternatives to emergency department care and hospitalization when appropriate, and to promote rapid follow-up and ongoing care after discharge.

STRATEGY 7.8.1: Promote rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts, and letters.

**AHCCCS 2018 Actions:** AHCCCS will work with healthcare entities statewide to provide training for staff concerning suicide prevention among patients and staff. AHCCCS will encourage healthcare providers to have policies on the discharge of suicidal patients.

**GOAL 8.** Promote suicide prevention best practices among Arizona's largest health care providers for patients and staff



**OBJECTIVE 8.1:** Promote national guidelines for the assessment of suicide risk among persons receiving care in all settings.

STRATEGY 8.1.1: Educate providers about best practice-based toolkits and ways to implement the national guidelines for the assessment of suicide risk among persons receiving care in all settings, which can be found on the Suicide Prevention Resource Center's Best Practices Registry, [sprc.org/bpr](http://sprc.org/bpr)

**OBJECTIVE 8.2:** Disseminate and implement best practice-based guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, such as guidelines posted on the best practices registry at [sprc.org/bpr](http://sprc.org/bpr)

STRATEGY 8.2.1: Educate providers about the best practice-based national guidelines for clinical practice and continuity of care for providers who treat persons with suicide risk, which can be found on the Suicide Prevention Resource Center's Best Practices Registry, [sprc.org/bpr](http://sprc.org/bpr)

**OBJECTIVE 8.3:** Promote the safe disclosure of suicidal thoughts and behaviors by all patients.

STRATEGY 8.3.1: The Arizona Coalition for Suicide Prevention will advocate to eliminate penalties for suicide attempts from insurance providers.

STRATEGY 8.3.2: AHCCCS and community partners will educate providers about safe and effective guidelines for conducting safe suicide risk assessments such as the Chronological Assessment of Suicide Events (CASE approach - [suicideassessment.com](http://suicideassessment.com)), Columbia Suicide Severity Rating Scale (CSSRS - [cssrs.columbia.edu/](http://cssrs.columbia.edu/)), Assessing and Managing Suicide Risk (AMSR - [sprc.org/training-institute/amr](http://sprc.org/training-institute/amr)), Collaborative Assessment and Management of Suicidality (CAMS - [psychology.cua.edu/faculty/jobes.cfm](http://psychology.cua.edu/faculty/jobes.cfm)), and other programs identified on the Suicide Prevention Resource Center's best practice registry, <http://www.sprc.org/bpr>, beginning with local mental health authorities, by 2018.

**OBJECTIVE 8.4:** Adopt and implement guidelines to effectively engage families and concerned others, when appropriate, throughout entire episodes of care for persons with suicide risk.

STRATEGY 8.4.1: Engage families and those at risk of suicide about the importance of including families and concerned others in the safety planning process.

**OBJECTIVE 8.5:** Adopt and implement policies and procedures to assess suicide risk and intervene to promote safety and reduce suicidal behaviors among patients receiving care for mental health and/or substance use disorders.

STRATEGY 8.5.1: Promote best practice risk stratification systems and pathways of clinical care.

**OBJECTIVE 8.6:** Promote standardized protocols for use within emergency departments based on common clinical presentation to allow for more differentiated responses based on risk profiles and assessed clinical needs.

**OBJECTIVE 8.7:** Promote guidelines on the documentation of assessment and treatment of suicide risk and establish a training and technical assistance capacity to assist providers with implementation.

STRATEGY 8.7.1: Promote best practice-based recommendations such as those identified in suicide prevention and resources for primary care by the Suicide Prevention Resource Center ([sprc.org](http://sprc.org)) and SAMHSA ([samhsa.gov](http://samhsa.gov)) related to assessment and treatment of those identified with suicidal thoughts and behaviors. Example: Recognizing and Responding to Suicide Risk in Primary Care, [sprc.org/bpr/section-III/recognizing-and-responding-suicide-risk-primary-care-rrsr-pc](http://sprc.org/bpr/section-III/recognizing-and-responding-suicide-risk-primary-care-rrsr-pc).

**AHCCCS 2018 Actions:** AHCCCS will continue to network with Medicaid health plans and encourage the implementation of the Zero Suicide framework.

**GOAL 9.** Provide care and support to individuals affected by suicide deaths or suicide attempts and implement community best practice-based postvention strategies to help prevent further suicides

**OBJECTIVE 9.1:** Promote guidelines for effective comprehensive support programs for individuals with lived experience, including those bereaved by suicide and survivors of suicide attempts, and promote the full implementation of these guidelines at the state, county, tribal, and community levels.

[actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf](http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf)

**STRATEGY 9.1.1:** AHCCCS will add links and/or information on best-practice support programs or guidelines for postvention strategies to the state website.

**OBJECTIVE 9.2:** Provide appropriate clinical care to individuals affected by a suicide attempt or bereaved by suicide, including trauma treatment and care for complicated grief.

**STRATEGY 9.2.1:** Disseminate guidelines on trauma informed care to clinicians, agencies, and first responders. [samhsa.gov/traumajustice/traumadefinition/guidelines.aspx](http://samhsa.gov/traumajustice/traumadefinition/guidelines.aspx)

**STRATEGY 9.2.2:** AHCCCS will collaborate with state initiatives on trauma informed care and systems of care to include suicide prevention and postvention.

**OBJECTIVE 9.3:** Engage suicide attempt survivors and those bereaved by suicide in suicide prevention planning, including support services, treatment, community suicide prevention education, and promote guidelines and protocols for support groups for suicide attempt survivors and those bereaved by suicide.

**STRATEGY 9.3.1:** AHCCCS will promote the development of follow-up services for attempt survivors, and those bereaved by suicide, in emergency departments and other community providers after a suicide attempt or death by suicide. Follow-up may include phone calls, post cards, email, or texts at intervals with caring messages and contact information for help.

**STRATEGY 9.3.2:** AHCCCS will promote inclusion of people with lived experience, including suicide attempt survivors and those bereaved by suicide, in local, regional, and state initiatives.

**OBJECTIVE 9.4:** Promote community postvention best practice-based policies and programs to help prevent suicide clusters and contagion.

**STRATEGY 9.4.1:** Inform communities and school districts about support for postvention including how to address suicide clusters and contagion through the local mental health authority suicide prevention coordinator, local suicide prevention coalitions, and the state suicide prevention coordinator.

**OBJECTIVE 9.5:** Adopt, disseminate, implement, and evaluate guidelines for communities to respond effectively to suicide clusters and contagion within their cultural context, and support implementation with education, training, and consultation.

**STRATEGY 9.5.1:** Support and encourage communities to develop a LOSS Team (Local Outreach to Suicide Survivors), trainings, support groups, and offer best practice-based bibliotherapy and other resources. [lossteam.com/About-LOSSteam-2010.shtml](http://lossteam.com/About-LOSSteam-2010.shtml)

**STRATEGY 9.5.2:** Provide support for open and direct talk about suicide postvention through best practice-based presentations, debriefing, and counseling.

STRATEGY 9.5.3: Provide support to schools and school districts for training and facilitated discussions with teachers, administrators, support staff, and parents after a suicide loss.

STRATEGY 9.5.4: Provide support to students after a suicide loss in one-to-one or small group discussions only.

STRATEGY 9.5.5: Provide awareness about the need for best practice supports to medical examiner officers, victim services groups, first responders, funeral homes and faith-based organizations for those bereaved by suicide deaths or affected by suicide attempts.

STRATEGY 9.5.6: Disseminate guidelines about best practices for online and social media after suicide attempt or loss.

STRATEGY 9.5.7: Develop or disseminate best practice based support materials targeted to youth after a suicide loss.

STRATEGY 9.5.8: Encourage safe messaging training for all individuals and organizations involved in prevention, intervention and postvention activities. [SuicidePreventionMessaging.org](http://SuicidePreventionMessaging.org)

**OBJECTIVE 9.6:** Provide health care providers, first responders, and others with best practice-based care and support when a patient under their care, or a colleague, dies by suicide.

STRATEGY 9.6.1: Provide support (including training, facilitated discussions, and counseling support) to professional caregivers in communities and schools after a patient or a colleague dies by suicide.

STRATEGY 9.6.2: Consider utilizing hospital or health care organizations' regular communications to inform other providers about increased suicide risk and potential clusters.

**AHCCCS 2018 Actions:** AHCCCS will encourage healthcare providers to reach out to those who have attempted suicide within 24 hours after discharge. AHCCCS will encourage loss and attempt survivor participation in suicide prevention policy creation and at the quarterly suicide prevention meetings statewide.

**GOAL 10.** Increase the timeliness and usefulness of national, state, tribal, and local surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action

**OBJECTIVE 10.1:** Improve the timeliness of reporting vital records data at state, county, local, school, and higher education levels.

STRATEGY 10.1.1: Improve capacity for state epidemiologists and the state suicide prevention coordinator to review and report suicide data

**OBJECTIVE 10.2:** Improve the usefulness and quality of suicide related data, including death, attempt, ideation, and exposure to suicide.

STRATEGY 11.2.1: Promote a mechanism in Arizona to collect and disseminate suicide attempt data. **OBJECTIVE 10.3:** Improve and expand state, county, tribal, and local public health capacity to routinely collect, analyze, report, and use suicide-related data to implement prevention efforts and inform policy decisions.

STRATEGY 10.3.1: As allowed by law, encourage government entities to enter into memorandums of understanding to share suicide data that does not name a deceased person.

**OBJECTIVE 10.4:** Increase the number of national and state representative surveys and other data collection instruments that include questions on suicidal behaviors, related risk factors, and exposure to suicide.

STRATEGY 10.4.1: AHCCCS will review and make recommendations for the addition of questions to the Arizona Behavioral Risk Factor Surveillance System Survey related to suicide prevention and gay/lesbian/bisexual/transgender/two-spirited adults.

STRATEGY 10.4.2: AHCCCS will collaborate with Arizona State University on the state's data included in the National Violent Death Reporting System.

**AHCCCS 2018 Actions:** AHCCCS will encourage the White River Apache Reservation to provide technical assistance to other Arizona American Indian tribes concerning suicide surveillance. AHCCCS will continue to develop relationships with Vital Records at ADHS to determine outbreaks of suicide.

## **GOAL 11.** Improve timeliness of data collection regarding suicide deaths

**OBJECTIVE 11.1:** Develop an Arizona suicide prevention research agenda with comprehensive input from multiple stakeholders.

STRATEGY 11.1.1: Form partnerships with higher education to promote and support suicide prevention research, including support of the National Violent Death Reporting System (NVDRS) -- new to Arizona: <http://www.cdc.gov/violenceprevention/nvdrs/stateprofiles.html>

STRATEGY 11.1.2: Consult with the research prioritization task force of the National Action Alliance for Suicide Prevention on how Arizona can develop a mechanism to prioritize state research.

**OBJECTIVE 11.2:** Disseminate national and Arizona-based suicide prevention research agenda.

STRATEGY 11.2.1: Encourage Arizona researchers to apply for national grants and research opportunities on suicide prevention, intervention, and postvention.

STRATEGY 11.2.2: Encourage suicide prevention researchers to inform the AHCCCS about their articles and research projects so that their results can be shared statewide.

**Objective 11.3:** Promote the timely dissemination of suicide prevention research findings.

STRATEGY 11.3.1: Provide timely dissemination of suicide research findings through links on the AHCCCS website, Facebook, newsletters, Twitter, and other social media.

**OBJECTIVE 11.4:** Support a repository of research resources to help increase the amount and quality of research on suicide prevention and care in the aftermath of suicidal behaviors.

STRATEGY 11.4.1: Provide links to repositories of national suicide prevention, intervention and postvention toolkits and websites.

**OBJECTIVE 11.5:** Encourage Arizona foundations to support suicide prevention research.

**AHCCCS 2018 Actions:** AHCCCS will foster relationships with state and private universities in Arizona to promote the research of suicide prevention and will support the work of Arizona State University (ASU) with the NVDRS. AHCCCS will outreach medical examiners and funeral home directors to have conversations about accuracy of death data and will encourage and promote grant writing technical assistance for entities needing help in applying for suicide research funding. AHCCCS will continue to participate in the Be Connected suicide prevention group of the three Arizona VA hospitals to be active in the conversation about veterans and suicide.

## **GOAL 12.** Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

**OBJECTIVE 12.1:** Evaluate the effectiveness of suicide prevention interventions in Arizona.

STRATEGY 12.1.1: AHCCCS will publicize evaluation results of best practice-based suicide prevention projects, including the Zero Suicide pilot project.

**OBJECTIVE 12.2:** Assess, synthesize, and disseminate the evidence in support of suicide prevention interventions in Arizona.

**OBJECTIVE 12.3:** Examine how suicide prevention efforts are implemented in different states/counties and communities to identify the types of delivery structures that may be most efficient and effective.

AHCCCS 2018 Actions: AHCCCS will work with other SAMHSA Region 9 state suicide prevention coordinators to share information about state plans, successful programming and noted trends via the Four Corners regional quarterly call.

**GOAL 13.** Coordinate a statewide calendar of suicide prevention activities, fostering a collaborative community of support.

**OBJECTIVE 13.1:** Organize a statewide calendar, promoted by AHCCCS.

STRATEGY 13.1.1: Collaborate with as many community stakeholders as possible to keep an up-to-date calendar of community events related to suicide prevention and awareness.

AHCCCS 2018 Actions: AHCCCS will gather suicide prevention event information and disseminate this information through its social media channels.

## *WHAT COMMUNITIES CAN DO TO ADVANCE THE STATEWIDE GOALS*

### **STRATEGIC DIRECTION 1—HEALTHY AND EMPOWERED INDIVIDUALS, FAMILIES AND COMMUNITIES**

- Participate in local coalitions of stakeholders to promote and implement comprehensive suicide prevention efforts at the community level. For more information, email: [kelli.donley@azahcccs.gov](mailto:kelli.donley@azahcccs.gov)
- Develop and implement communication strategies that convey messages of help, hope, and resiliency. [suicidepreventionmessaging.org/](http://suicidepreventionmessaging.org/)
- Provide opportunities for social participation and inclusion for those who may be isolated or at risk.
- Include those with lived experience such as attempt survivors and those bereaved by suicide for planning and implementation of programs.
- Consider sharing recommendations for reporting on suicide and safe messaging to media and encourage communication and feedback to news and online communities in response to local stories related to suicide. [suicidepreventionmessaging.org/](http://suicidepreventionmessaging.org/)

### **STRATEGIC DIRECTION 2—CLINICAL AND COMMUNITY PREVENTIVE SERVICES**

- Implement suicide prevention programs that address the needs of groups at risk for suicide and that are culturally, linguistically, and age appropriate.
- Initiate partnership with firearm advocacy groups (e.g. retailers, shooting and hunting clubs, manufacturers, firearm retail insurers) to increase suicide awareness. [hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/](http://hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/)
- Educate first responders, clergy, parent groups, schools, juvenile justice personnel, rehabilitation centers, defense and divorce attorneys, and others about the importance of promoting efforts to reduce access to lethal means among individuals at risk for suicide. [hsph.harvard.edu/means-matter/](http://hsph.harvard.edu/means-matter/) and [sprc.org/search/apachesolr\\_search/means%20matters?filters=](http://sprc.org/search/apachesolr_search/means%20matters?filters=)
- Advocate with your local hospital, emergency departments and other health care providers to provide follow up connections through rapid enhanced programs for immediate care after discharge, such as caring letters, postcards, texts and letters. [bjp.rcpsych.org/content/197/1/5.full](http://bjp.rcpsych.org/content/197/1/5.full)

### **STRATEGIC DIRECTION 3—TREATMENT AND SUPPORT SERVICES**

- Coordinate the services of community-based and peer-support programs with the support available from local providers of mental health and substance abuse services to better serve individuals at risk for suicide.
- Consider providing support services for those with lived experience such as suicide attempt survivors and those bereaved by suicide.

### **STRATEGIC DIRECTION 4 —SURVEILLANCE RESEARCH, AND EVALUATION**

- Work with a local university to evaluate your suicide prevention program



## RESOURCES:

2012 National Strategy for Suicide Prevention -

<http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/>.

After a Suicide: A Toolkit for Schools

<https://www.afsp.org/coping-with-suicide-loss/education-training/after-a-suicide-a-toolkit-for-schools>

Assessing and Managing Suicide Risk (AMSR)

<http://www.sprc.org/training-institute/amsr>

Best Practices Registry, Suicide Prevention Resource Center

<http://www.sprc.org/bpr>

Counseling on Access to Lethal Means Project (CALM)

<http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/> Center for Elimination of Disproportionality and Disparities

[http://www.hhsc.state.tx.us/hhsc\\_projects/cedd/](http://www.hhsc.state.tx.us/hhsc_projects/cedd/)

Chronological Assessment of Suicide Events (CASE approach - [www.suicideassessment.com](http://www.suicideassessment.com)),

Clinical Workplace Preparedness and Comprehensive Blueprint for Workplace Suicide

Prevention <http://actionallianceforsuicideprevention.org/task-force/workplace/cspp/training>

Collaborative Assessment and Management of Suicidality (CAMS)

<http://psychology.cua.edu/faculty/jobes.cfm>

Columbia Suicide Severity Rating Scale

(CSSRS) <http://www.cssrs.columbia.edu/>

Framework for Successful Messaging

[www.SuicidePreventionMessaging.org](http://www.SuicidePreventionMessaging.org)

LOSS Team Postvention Workshops and Trainings

[http://www.lossteam.com/About-LOSSteam-](http://www.lossteam.com/About-LOSSteam-2010.shtml)

[2010.shtml](http://www.lossteam.com/About-LOSSteam-2010.shtml) Means Matters, Harvard School of Public

Health

<http://www.hsph.harvard.edu/means-matter/examples-of-means-restriction-programs/>

National Registry of Evidence-Based Prevention Programs

<http://nrepp.samhsa.gov>

National Suicide Prevention Lifeline, 1-800-273-8255

<http://www.suicidepreventionlifeline.org>

Preventing Suicide: A Toolkit for Schools

<http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

Recommendations for Reporting on Suicide

<http://reportingonsuicide.org>

Self-Directed Violence Surveillance Uniform Definition and Recommended Data Elements

<http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>

Suggested Guidelines for Implementation of a Trauma-informed

Approach

<http://www.samhsa.gov/traumajustice/traumadefinition/guidelines.aspx>

x

The Way Forward - Pathways to hope, recovery, and wellness with insights from lived experience

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf>

Zero Suicide in Health and Behavioral Health Care

<http://zerosuicide.actionallianceforsuicideprevention.org>

PARTNERS:

- Area Agencies on Aging, statewide
- Arizona Coalition to End Sexual and Domestic Violence
- Arizona Coalition for Military Families
- Arizona Coalition for Suicide Prevention
- Arizona Department of Veteran Services
- ASU – Center for Applied Behavioral Health Policy
- ADHS
- Phoenix VA Hospital administration
- Senator John McCain’s staff
- Teen Lifeline
- Mercy Maricopa Integrated Care
- Health Choice Integrated Care
- Cenpatico Integrated Care
- Native Americans for Community Action
- West Yavapai Guidance Center/Verde Valley Suicide Prevention Coalition
- University of Arizona Medical Center



## 2018 CALENDAR OF EVENTS:

AHCCCS Regional Suicide Prevention Community Conversations  
Tucson, Phoenix, Flagstaff  
February May August November  
Locations to be determined

Arizona Suicide Prevention Coalition: Second Tuesday of the month  
JFCS  
2033 N. 7<sup>th</sup> St. Phoenix, AZ  
Dial in: 1-619-326-2772 #5131264

Yavapai Suicide Prevention Coalition Second Wednesday of the Month  
3:30-4:30 pm  
Location varies  
John Schuderer [jschuderer@cableone.net](mailto:jschuderer@cableone.net)

Survivors of Suicide Support Group  
Last Tuesday, monthly  
8:30 pm  
Christ Lutheran Church  
25 Chapel Rd  
Sedona, AZ 86336

September:  
Suicide Prevention Month

October:  
17-18th  
Zero Suicide Introductory Workshop  
Native Americans for Community Action  
[www.nacainc.org](http://www.nacainc.org)

December:  
Out of Darkness Suicide Prevention walk, Phoenix

# SUICIDE: FACTS & FIGURES

Suicide is a preventable public health problem and a leading cause of death in the United States. More investment in suicide prevention, education and research will prevent the untimely deaths of thousands of Americans each year.

## SUICIDE – BASIC FACTS

An American dies by suicide every **11.89 minutes**<sup>i</sup>



Americans attempt suicide an estimated **1.1 MILLION** times annually<sup>iii</sup>

**90%** of those who die by suicide had a diagnosable psychiatric disorder at the time of their death<sup>ii</sup>



In 2015, firearms were the most common method of death by suicide, accounting for nearly half (**49.8%**) of all suicide deaths.



For every **woman** who dies by suicide, more than three **men** die by suicide. Women are 3x more likely to attempt suicide<sup>i</sup>

More than **44,000** Americans die by suicide every year.<sup>i</sup> Suicide is the **10th leading cause of death**<sup>i</sup> in the United States

- **2nd** leading cause of death for ages 1-44
- **5th** leading cause of death for ages 45-59
- The suicide rate among American Indian/Alaska Native adolescents and young adults ages 15-24 is **1.5 times** the national average



Veterans comprise **18%** of suicides<sup>iv</sup>

## SUICIDE – THE COST

**\$51 BILLION**

The combined medical and work loss costs in the United States each year<sup>i</sup>

More than **1.6 MILLION** years of life are lost annually to suicide<sup>i</sup>

<sup>i</sup> 2015 data, released December 2016, CDC Web Based Injury Statistics Query and Reporting System (WISQARS)

<sup>ii</sup> National Center for Health Statistics for the year 2006

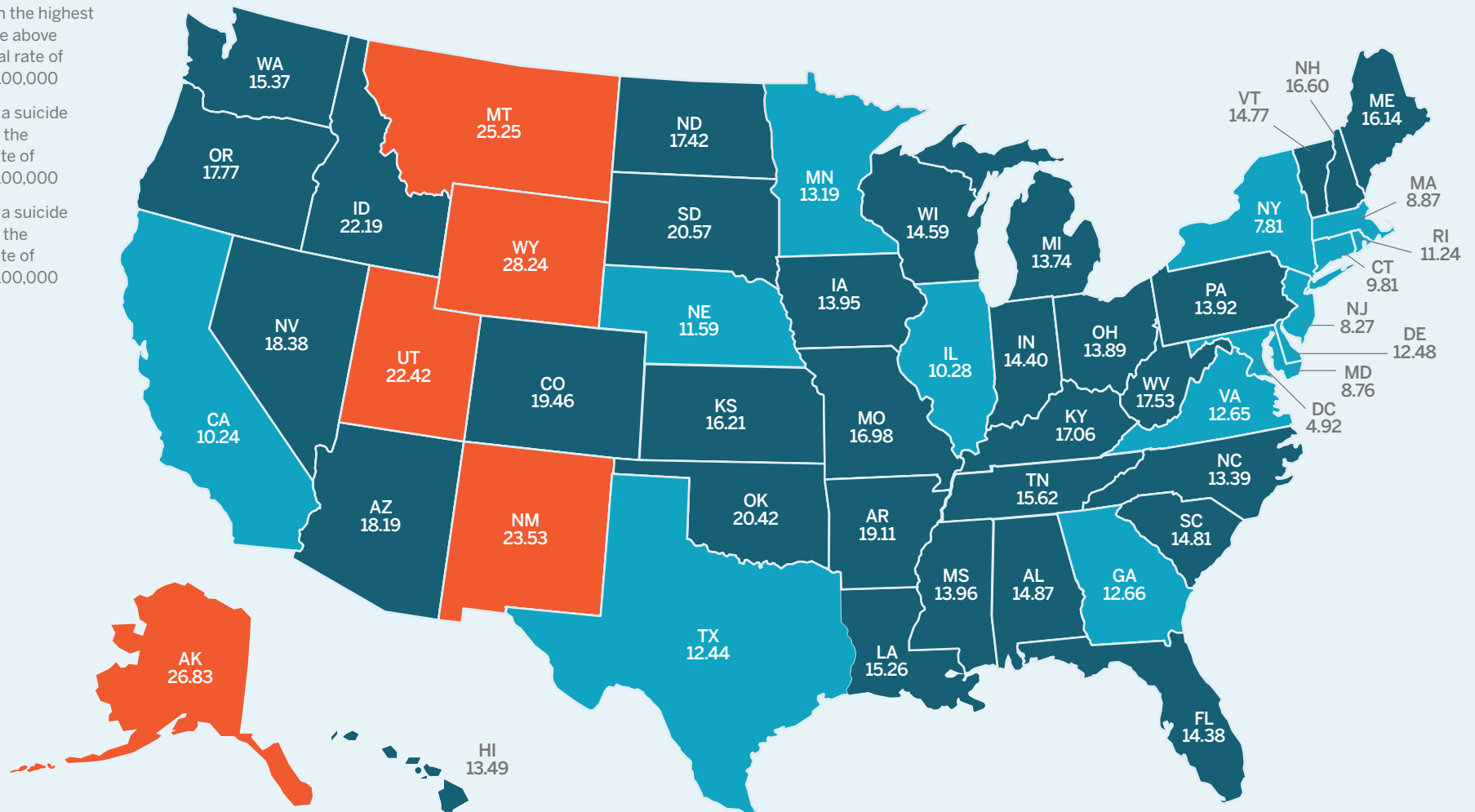
<sup>iii</sup> Centers for Disease Control and Prevention. Suicide – Facts at a Glance

<sup>iv</sup> Department of Veterans Affairs 2016 Facts about Veteran Suicide



## SUICIDE DEATH RATES

- States with the highest suicide rate above the national rate of 13.26 per 100,000
- State with a suicide rate above the national rate of 13.26 per 100,000
- State with a suicide rate below the national rate of 13.26 per 100,000



2015 data, released December 2016, CDC Web Based Injury Statistics Query and Reporting System (WISQARS)



AMERICAN FOUNDATION FOR  
Suicide Prevention

Arizona Health Care Cost Containment System  
Division of Health Care Management

**Substance Abuse Prevention and  
Treatment  
Case File Review Findings  
FY 2016**

*August 2017*



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## 1. Introduction

Health Services Advisory Group, Inc. (HSAG), an Arizona-based external quality review organization (EQRO), was contracted by the Arizona Health Care Cost Containment System (AHCCCS), Division of Health Care Management (DHCM), to conduct a case file review of behavioral health records. Behavioral health records vary per case file. The case files may include, but are not limited to, the following documents:

- Demographic information
- Initial assessment
- Risk assessment
- Individual service plan
- American Society of Addiction Medicine (ASAM) Patient Placement Criteria
- Medication record
- Progress notes that may include:
  - Case management records
  - Therapy records, including group, individual and family therapy
  - Outreach documentation
  - Correspondence
- Crisis plan
- Substance abuse testing reports
- Discharge summary report

The case file review is a requirement of the Substance Abuse Prevention and Treatment Block Grant (SABG), which is administered through the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA awarded the SABG to AHCCCS. AHCCCS has chosen to fulfill its requirement by reviewing the case files of individuals enrolled in substance abuse treatment programs, which are contracted through the Regional Behavioral Health Authorities (RBHAs). AHCCCS/DHCM contracts with RBHAs across the State to deliver a range of behavioral health services. The grant requires the State to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers that receive funds from the block grant. AHCCCS/DHCM fulfills this requirement by reviewing substance use treatment programs that are contracted through the RBHAs. The objective of the review was to determine the extent to which substance abuse treatment programs use nationally recognized best practices in the areas of screening, assessment, treatment, engagement, and retention in accordance with the terms of their contracts and State and federal regulations. In addition, the case file review included the collection of data pertaining to National Outcome Measures (NOMs).

AHCCCS/DHCM developed, implemented, and validated the sampling methodology for the case file review. Members of the study population and sampling frame identified by AHCCCS/DHCM were:

- Substance abuse clients with a substance abuse treatment service and episode of care (EOC) during fiscal year 2016: July 1, 2015, through June 30, 2016.
- Disenrolled from the Arizona behavioral health system with an EOC date prior to June 30, 2016.
- At least 18 years of age during the treatment episode.
- Within Behavioral Health Category G, which refers to adults who received substance abuse services and were not diagnosed with a serious mental illness.
- Disenrolled due to completing treatment, declining further service, or lack of contact.
- Not enrolled in a Tribal Behavioral Health Authority.

The study population excluded members who:

- Did not have any service encounters during the treatment episode.
- Only had a crisis encounter during the treatment episode.
- Only had assessment services during the treatment episode.
- Did not have any counseling encounters during the treatment episode.
- Only had a detoxification hospitalization encounter during the treatment episode.

AHCCCS/DHCM randomly selected 250 cases from the eligible population (200 cases for review, plus 50 oversample cases, if needed).

AHCCCS/DHCM developed the case file review tool, which HSAG converted to an electronic format. The data collection tool contained clinical measures ranging from assessments to discharge planning and re-engagement. In addition, the tool included the collection of NOMs. Experienced HSAG behavioral health record reviewers conducted the case file reviews. The reviewers abstracted behavioral health charts on-site at HSAG.

Due to changes in the sampling methodology, the data collection tool, and contracted RBHAs, caution should be exercised when comparing findings across years.

Table 1-1 depicts the distribution of the case file review sample by RBHA, gender, and age.

**Table 1-1—Demographic Table**

RBHA	Sample Cases	Percent of Sample	Gender				Age (Years)	
			Female		Male			
			N	%	N	%	Mean	Median
Cenpatico Integrated Care	67	33.5%	26	38.8%	41	61.2%	34.3	32
Health Choice Integrated Care	65	32.5%	28	43.1%	37	56.9%	34.1	31
Mercy Maricopa Integrated Care	68	34.0%	22	32.4%	46	67.6%	34.1	31
Total	200	100.0%	76	38.0%	124	62.0%	34.2	31

Table 1-2 and Figure 1-1 illustrate the distribution of the case file review sample by RBHA and reason for closure.

**Table 1-2—Distribution Based on Reason for Closure**

RBHA	Sample Cases	Client Declined Further Service		Lack of Contact		Treatment Completion		Missing	
		N	%	N	%	N	%	N	%
Cenpatico Integrated Care	67	16	23.9%	32	47.8%	16	23.9%	3	4.5%
Health Choice Integrated Care	65	13	20.0%	32	49.2%	20	30.8%	0	0.0%
Mercy Maricopa Integrated Care	68	24	35.3%	25	36.8%	16	23.5%	3	4.4%
<b>Total</b>	<b>200</b>	<b>53</b>	<b>26.5%</b>	<b>89</b>	<b>44.5%</b>	<b>52</b>	<b>26.0%</b>	<b>6</b>	<b>3.0%</b>

Note: Due to rounding, the sum of the percentages in each row may not equal 100 percent.

**Figure 1-1—Distribution Based on Reason for Closure**

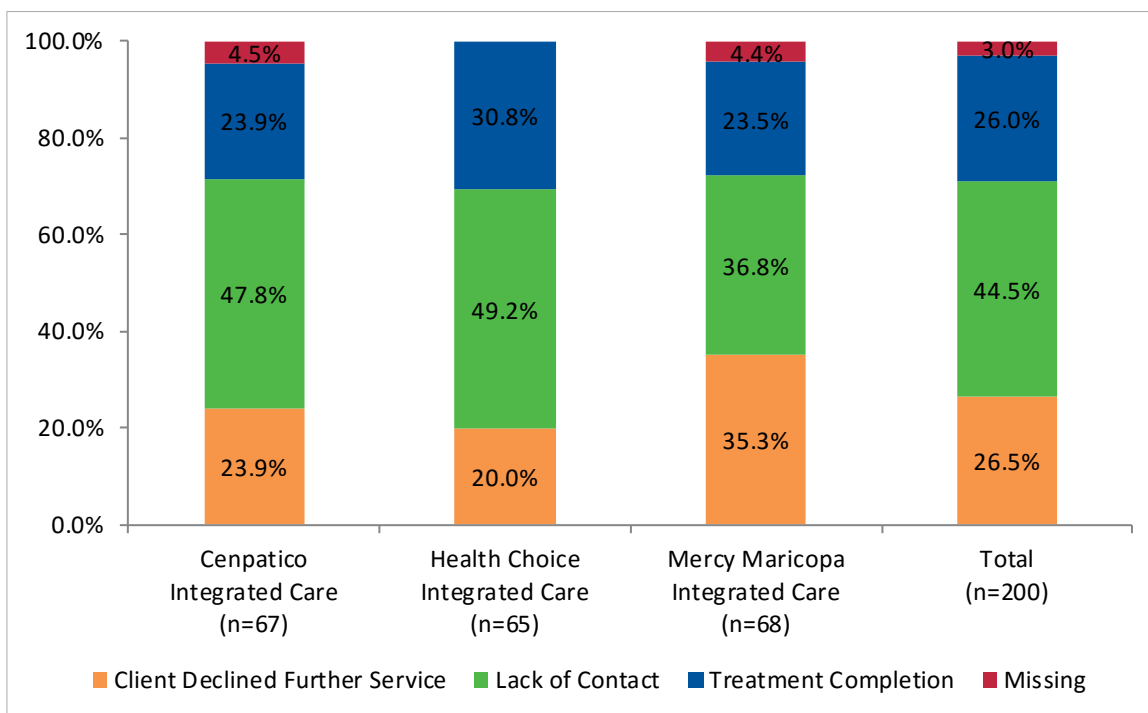




Table 1-3 displays the case file review sample by RBHA and the top three referral sources.

**Table 1-3—Top Three Referral Sources\***

RBHA	Sample Cases	Referral Sources	N	%
Cenpatico Integrated Care	67	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	31	46.3%
		Self/Family/Friend	15	22.4%
		Arizona Department of Economic Security (Non-urgent DCS; DDD, RSA)	13	19.4%
Health Choice Integrated Care	65	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	33	50.8%
		Self/Family/Friend	23	35.4%
		Arizona Department of Economic Security (Non-urgent DCS; DDD, RSA)	5	7.7%
Mercy Maricopa Integrated Care	68	Self/Family/Friend	33	48.5%
		Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	24	35.3%
		Other Behavioral Health Provider	4	5.9%
<b>Total</b>	200	Criminal Justice/Correctional (AOC-Probation, ADOC, ADJC, Jail, etc.)	<b>88</b>	<b>44.0%</b>
		Self/Family/Friend	<b>71</b>	<b>35.5%</b>
		Arizona Department of Economic Security (Non-urgent DCS; DDD, RSA)	<b>18</b>	<b>9.0%</b>
		Other Behavioral Health Provider	<b>4</b>	<b>5.9%</b>

\*AOC=Administrative Office of the Courts; ADOC = Arizona Department of Corrections; ADJC = Arizona Department of Juvenile Corrections; DCS=Department of Child Safety; DDD = Division of Developmental Disabilities; RSA = Rehabilitation Services Administration

## 2. Aggregate Case File Review Findings

Table 2-1 and Table 2-2 represent the aggregate case file review findings for the three AHCCCS/DHCM-contracted RBHAs.

To measure performance across measures I through VII, a “Yes” answer was scored as one point and a “No” answer was scored as zero points. For each indicator, the denominator was defined as the sum of all “Yes” and “No” answers such that the “% of YES” column represents the sum of all “Yes” answers divided by the denominator. Answers of “NA” (not applicable) and “No Documentation” were excluded from the denominator to ensure that only applicable cases were evaluated in the measure’s performance. However, the total number of “NA” and “No Documentation” answers is provided in the “# of NA” and “# of No Documentation” columns. An asterisk (\*) represents a standard for which the “NA” or “No Documentation” response was not an option. A caret (^) represents questions for which the reviewers could select more than one response.

Due to the variation in the denominator size of the individual indicators, caution should be used when interpreting the findings. The aggregate results for Measure VIII are presented in Table 2-2 and Figure 2-1.

Questions II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VII.C (other) were for informational purposes and were therefore excluded from scoring.

Table 2-1—Substance Abuse Prevention and Treatment

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
<b>I</b>	<b>Intake/Treatment Planning</b>					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	200	195	97.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	195	191	97.9%	*	*
	2. Describe the intensity/frequency of substance use?	195	187	95.9%	*	*
	3. Include the effect of substance use on daily functioning?	195	171	87.7%	*	*
	4. Include the effect of substance use on interpersonal relationships?	195	167	85.6%	*	*
	5. Was a risk assessment completed?	195	186	95.4%	*	*
	6. Document screening for tuberculosis (TB)?	195	48	24.6%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	195	179	91.8%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	198	192	97.0%	2	*
	ISP:					
	1. Developed with participation of the family/support network?	129	61	47.3%	63	*
	2. Congruent with the diagnosis(es) and presenting concern(s)?	192	190	99.0%	*	*
	3. Addressed the unique cultural preferences of the individual?	192	184	95.8%	*	*
<b>II</b>	<b>Placement Criteria</b>					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	200	170	85.0%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	170	1	0.6%	*	*
	OMT: Opioid Maintenance Therapy	170	8	4.7%	*	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Level I: Outpatient Treatment	170	106	62.4%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	170	22	12.9%	*	*
	Level III: Residential/Inpatient Treatment	170	33	19.4%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	170	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	170	144	84.7%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	200	126	63.0%	*	*
<b>III</b>	<b>Best Practices</b>					
	A. Were evidence-based practices used in treatment?	144	138	95.8%	*	56
	1. The following evidence-based practices were used in treatment: ^					
	Contingency management	138	3	2.2%	*	*
	Matrix	138	81	58.7%	*	*
	Seeking safety	138	19	13.8%	*	*
	Other	138	97	70.3%	*	*
	B. Medication assisted treatment	200	24	12.0%	*	*
	1. The following medication was used in treatment: ^					
	Disulfiram (Antabuse)	24	0	0.0%	*	*
	Buprenorphine	24	3	12.5%	*	*
	Acamprosate (Campral)	24	0	0.0%	*	*
	Naltrexone	24	1	4.2%	*	*
	Suboxone	24	2	8.3%	*	*
	Subutex	24	2	8.3%	*	*
	Methadone	24	18	75.0%	*	*
	Levo-alpha-acetylmethadol (LAAM)	24	0	0.0%	*	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Naltrexone, long-acting injectable (Vivitrol)	24	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	200	114	57.0%	*	*
	D. Was peer support used as part of treatment?	173	70	40.5%	27	*
	E. Was there evidence of obtaining the individual's feedback regarding the fit of services and incorporating information to enhance what is working and changing what is not working (e.g., client-directed, outcome-informed treatment)?	200	119	59.5%	*	*
<b>IV</b>	<b>Treatment/Support Services/Rehabilitation Services</b>					
	A. The following services were used in treatment: <sup>^</sup>					
	Individual counseling/therapy	200	141	70.5%	*	*
	Group counseling/therapy	200	147	73.5%	*	*
	Family counseling/therapy	200	27	13.5%	*	*
	Case management	200	173	86.5%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	184	153	83.2%	16	*
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	200	84	42.0%	*	*
	6–10 sessions	200	27	13.5%	*	*
	11 sessions or more	200	89	44.5%	*	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:					
	No documentation	200	164	82.0%	*	*
	1–4 times during treatment	200	18	9.0%	*	*
	5–12 times during treatment	200	10	5.0%	*	*
	13–20 times during treatment	200	4	2.0%	*	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	21 or more times during treatment	200	4	2.0%	*	*
	E. If symptomatic improvement was not evident (e.g., decrease in the frequency of target substance use), did the provider revise the treatment approach and/or seek consultation in order to facilitate symptomatic improvement?	71	53	74.6%	129	*
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	112	76	67.9%	88	*
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual's interest in becoming involved in such a program was explored?	125	66	52.8%	75	*
	H. If the individual was not involved with a meaningful community activity, was there evidence that the individual's interest in such an activity was explored?	134	61	45.5%	66	*
	I. Does the documentation reflect that substance abuse services were provided?	200	179	89.5%	*	*
<b>V</b>	<b>Gender Specific (female only)</b>					
	A. If there was a history of domestic violence, was a safety plan completed?	18	11	61.1%	58	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	10	7	70.0%	66	*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	10	6	60.0%	66	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	8	3	37.5%	68	*
	E. If the female had dependent children, was child care addressed?	34	21	61.8%	42	*
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	63	13	20.6%	13	*

Aggregate Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
<b>VI</b>	<b>Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)</b>					
	A. Was a relapse prevention plan completed?	136	74	54.4%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	141	92	65.2%	*	*
	C. Was there active coordination with other involved agencies?	100	74	74.0%	40	*
<b>VII</b>	<b>Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)</b>					
	The following efforts were documented:					
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	153	118	77.1%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	113	83	73.5%	38	*
	C. Were other attempts made to re-engage the individual, such as:^					
	Home visit	109	25	22.9%	43	*
	Call emergency contact(s)	110	40	36.4%	39	*
	Contacting other involved agencies	103	48	46.6%	46	*
	Other	144	39	27.1%	*	*

\*Not an option for this question.

^Reviewers could select more than one response to this question.

**Measure I—Intake/Treatment Planning****Initial Behavioral Health Assessment**

- 97.5 percent of the sampled behavioral health records contained evidence that a behavioral health assessment was completed within the required period of 45 days from the individual's initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial assessment (I.A.1–7) ranged from 24.6 percent to 97.9 percent.
- 24.6 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- 91.8 percent of the behavioral health assessments contained documentation of screening for emotional and/or physical abuse/trauma issues.

**Individual Service Plan (ISP)**

- 97.0 percent of the sampled behavioral health records contained evidence that an ISP was completed within the required period of 90 days from the individual's initial appointment.
- 99.0 percent of the records contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 95.8 percent of the records contained evidence that the ISP addressed the individual's unique cultural preferences.

**Measure II—Placement Criteria**

- 85.0 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 84.7 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 63.0 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used during the course of treatment.

**Measure III—Best Practices**

- 95.8 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. There were 56 records without sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for III.A.1.
- 57.0 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.
- 40.5 percent of records contained evidence that peer support was used in treatment.
- 59.5 percent of records contained evidence that feedback was obtained from the individual regarding the fit of services and that the information was incorporated in the treatment.



**Measure IV—Treatment/Support Services/Rehabilitation Services**

- Documentation contained in the sampled behavioral health records reflected evidence that 86.5 percent of individuals received case management services, 73.5 percent of individuals received group counseling/therapy, 70.5 percent received individual counseling/therapy, and 13.5 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 44.5 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 13.5 percent completed six to 10 sessions, and 42.0 percent completed zero to five sessions.
- 82.0 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- 83.2 percent of records contained documentation of progress or lack of progress toward the identified ISP goals.
- When symptomatic improvement was not evident, 74.6 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 67.9 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- 52.8 percent of records demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored.
- 45.5 percent of records demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored.
- 89.5 percent of records contained evidence that substance abuse services were provided.

**Measure V—Gender Specific (female only)**

- 70.0 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician.
- 61.8 percent of records demonstrated evidence that child care was addressed for women who had dependent children.
- Evidence of gender-specific treatment services was found in 20.6 percent of records.

**Measure VI—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)**

- 54.4 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 65.2 percent of records contained documentation that the individual received information pertaining to community supports and other individualized support services.

- Evidence of active coordination of care with other involved agencies was found in 74.0 percent of the records.

**Measure VII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)**

- 77.1 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 73.5 percent of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone.
- Other types of outreach conducted to re-engage individuals in treatment included contacting other involved agencies, documented in 46.6 percent of records; conducting a home visit, evident in 22.9 percent of records; calling the emergency contact, documented in 36.4 percent of records; and other efforts, evident in 27.1 percent of records. The reviewer could select more than one response to this question.

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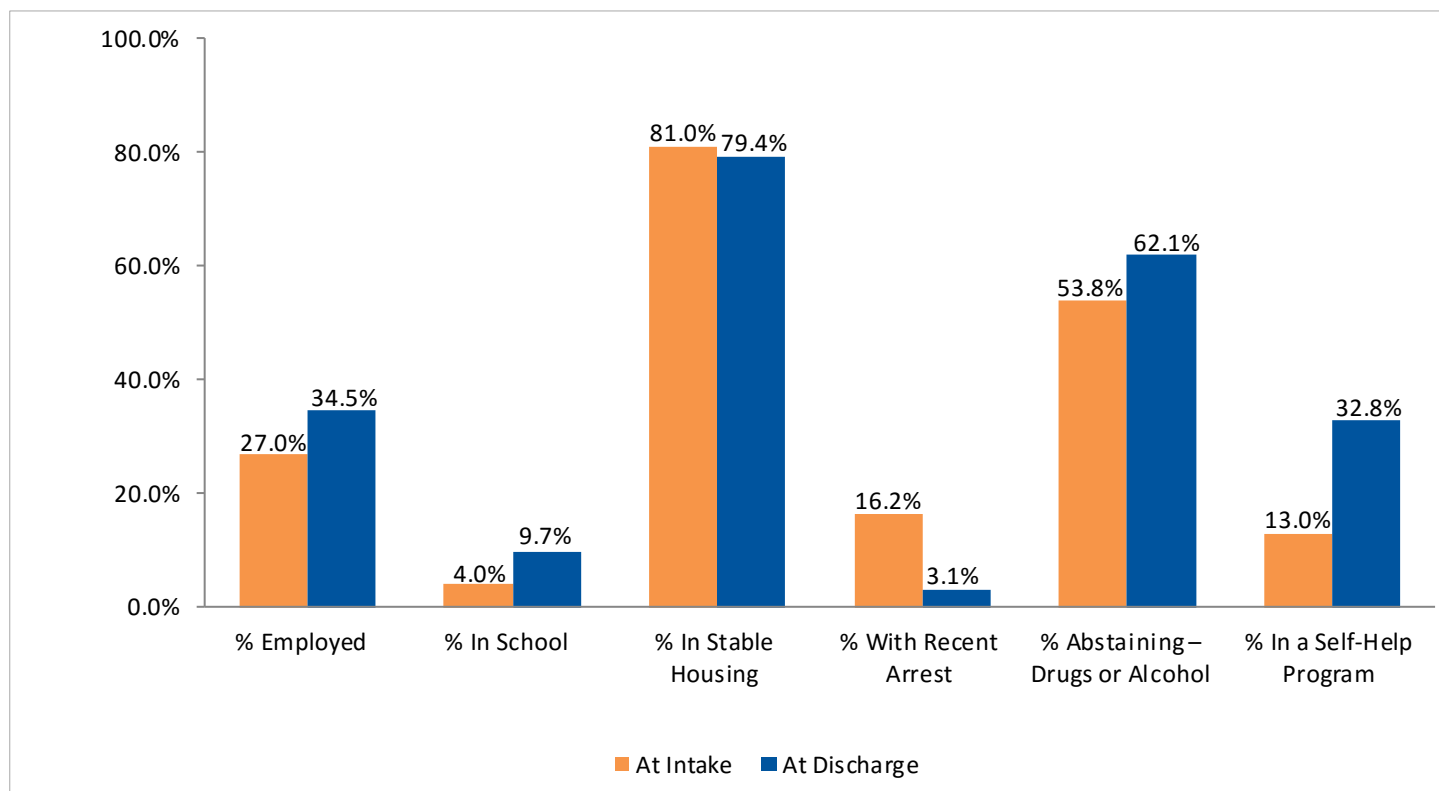
Table 2-2 and Figure 2-1 illustrate the aggregate case file review findings pertaining to Measure VIII, the National Outcome Measures (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure. Therefore, a lower number of “Yes” responses constitutes a more favorable outcome.

**Table 2-2—Aggregate Case File Review Findings for Measure VIII  
National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	200	54	27.0%	197	68	34.5%
B. Enrolled in school or vocational educational program?	200	8	4.0%	195	19	9.7%
C. Lived in a stable housing environment? (Not homeless)	200	162	81.0%	199	158	79.4%
D. Arrested 30 days prior?	197	32	16.2%	194	6	3.1%
E. Abstinent from drugs and/or alcohol?	199	107	53.8%	198	123	62.1%
F. Participated in social support recovery 30 days prior?	200	26	13.0%	198	65	32.8%

Note: A response option was not available for a limited number of members regarding whether or not selected NOM indicators were completed at program intake.

**Figure 2-1—Distribution of Measure VIII  
National Outcome Measures: Aggregate**



### 3. RBHA Case File Review Findings

#### Cenpatico Integrated Care (CIC)

Table 3-1 represents the aggregate case file review findings for the CIC sampled behavioral health records.

Due to the denominator sizes of the individual indicators, caution should be used when interpreting the results.

Differences in the number of indicators evaluated were due to some responses not being applicable to all sampled individuals. Questions II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VII.C (other) were for informational purposes and were therefore excluded from scoring. The CIC results for Measure VIII are presented in Table 3-2 and Figure 3-1.

**Table 3-1—Substance Abuse Prevention and Treatment**

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
<b>I</b>	<b>Intake/Treatment Planning</b>					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	67	64	95.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	64	62	96.9%	*	*
	2. Describe the intensity/frequency of substance use?	64	62	96.9%	*	*
	3. Include the effect of substance use on daily functioning?	64	57	89.1%	*	*
	4. Include the effect of substance use on interpersonal relationships?	64	55	85.9%	*	*
	5. Was a risk assessment completed?	64	62	96.9%	*	*
	6. Document screening for tuberculosis (TB)?	64	12	18.8%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	64	60	93.8%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	67	64	95.5%	0	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	ISP:					
	1. Developed with participation of the family/support network?	46	25	54.3%	18	*
	2. Congruent with the diagnosis(es) and presenting concern(s)?	64	64	100.0%	*	*
	3. Addressed the unique cultural preferences of the individual?	64	63	98.4%	*	*
<b>II</b>	<b>Placement Criteria</b>					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	67	48	71.6%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	48	0	0.0%	*	*
	OMT: Opioid Maintenance Therapy	48	5	10.4%	*	*
	Level I: Outpatient Treatment	48	32	66.7%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	48	7	14.6%	*	*
	Level III: Residential/Inpatient Treatment	48	4	8.3%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	48	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	48	42	87.5%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	67	38	56.7%	*	*
<b>III</b>	<b>Best Practices</b>					
	A. Were evidence-based practices used in treatment?	44	44	100.0%	*	23
	1. The following evidence-based practices were used in treatment: ^					
	Contingency management	44	0	0.0%	*	*
	Matrix	44	27	61.4%	*	*
	Seeking safety	44	3	6.8%	*	*

## Cenpatico Integrated Care Case File Review Findings for Measures I–VII

		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Other	44	32	72.7%	*	*
	B. Medication-assisted treatment	67	9	13.4%	*	*
	1. The following medication was used in treatment: <sup>^</sup>					
	Disulfiram (Antabuse)	9	0	0.0%	*	*
	Buprenorphine	9	1	11.1%	*	*
	Acamprosate (Campral)	9	0	0.0%	*	*
	Naltrexone	9	0	0.0%	*	*
	Suboxone	9	2	22.2%	*	*
	Subutex	9	2	22.2%	*	*
	Methadone	9	6	66.7%	*	*
	Levo-alpha-acetylmethadol (LAAM)	9	0	0.0%	*	*
	Naltrexone, long-acting injectable (Vivitrol)	9	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	67	39	58.2%	*	*
	D. Was peer support used as part of treatment?	60	23	38.3%	7	*
	E. Was there evidence of obtaining the individual's feedback regarding the fit of services and incorporating information to enhance what is working and changing what is not working (e.g., client-directed, outcome-informed treatment)?	67	40	59.7%	*	*
<b>IV</b>	<b>Treatment/Support Services/Rehabilitation Services</b>					
	A. The following services were used in treatment: <sup>^</sup>					
	Individual counseling/therapy	67	46	68.7%	*	*
	Group counseling/therapy	67	51	76.1%	*	*
	Family counseling/therapy	67	14	20.9%	*	*
	Case management	67	62	92.5%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	63	51	81.0%	4	*



## Cenpatico Integrated Care Case File Review Findings for Measures I–VII

		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	67	26	38.8%	*	*
	6–10 sessions	67	9	13.4%	*	*
	11 sessions or more	67	32	47.8%	*	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:					
	No documentation	67	58	86.6%	*	*
	1–4 times during treatment	67	7	10.4%	*	*
	5–12 times during treatment	67	2	3.0%	*	*
	13–20 times during treatment	67	0	0.0%	*	*
	21 or more times during treatment	67	0	0.0%	*	*
	E. If symptomatic improvement was not evident (e.g., decrease in the frequency of target substance use), did the provider revise the treatment approach and/or seek consultation in order to facilitate symptomatic improvement?	22	17	77.3%	45	*
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	31	22	71.0%	36	*
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual's interest in becoming involved in such a program was explored?	40	25	62.5%	27	*
	H. If the individual was not involved with a meaningful community activity, was there evidence that the individual's interest in such an activity was explored?	44	20	45.5%	23	*
	I. Does the documentation reflect that substance abuse services were provided?	67	62	92.5%	*	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
<b>V</b>	<b>Gender Specific (female only)</b>					
	A. If there was a history of domestic violence, was a safety plan completed?	8	6	75.0%	18	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	4	3	75.0%	22	*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	5	3	60.0%	21	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	2	1	50.0%	24	*
	E. If the female had dependent children, was child care addressed?	12	7	58.3%	14	*
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?	19	9	47.4%	7	*
<b>VI</b>	<b>Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)</b>					
	A. Was a relapse prevention plan completed?	48	27	56.3%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	49	29	59.2%	*	*
	C. Was there active coordination with other involved agencies?	34	29	85.3%	15	*
<b>VII</b>	<b>Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)</b>					
	The following efforts were documented:					
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	53	46	86.8%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	38	32	84.2%	12	*
	C. Were other attempts made to re-engage the individual, such as: ^					
	Home visit	36	19	52.8%	16	*

Cenpatico Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Call emergency contact(s)	34	20	58.8%	16	*
	Contacting other involved agencies	32	18	56.3%	18	*
	Other	47	15	31.9%	*	*

\*Not an option for this question.

^Reviewers could select more than one response to this question.

### Measure I—Intake/Treatment Planning

#### Initial Behavioral Health Assessment

- 95.5 percent of the sampled behavioral health records contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial assessment (I.A.1–7) ranged from 18.8 percent to 96.9 percent.
- 18.8 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- Documentation of substance-related disorders, the intensity/frequency of substance abuse, and assessment of risk were present in 96.9 percent of the required components of a behavioral health assessment.

#### Individual Service Plan (ISP)

- 95.5 percent of the sampled behavioral health records contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment.
- 100 percent of the records contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 54.3 percent of the records contained evidence that the ISP was developed with the participation of the family/support network.

### Measure II—Placement Criteria

- 71.6 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 87.5 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 56.7 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used during the course of treatment.

**Measure III—Best Practices**

- 100 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. Twenty-three records lacked sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for Question III.A.1.
- Medication-assisted treatment was documented in 13.4 percent of the sampled behavioral health records.
- 58.2 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.
- 38.3 percent of sampled behavioral health records contained evidence that peer support was used in treatment. Seven records contained documentation that peer support was declined by the individual.
- 59.7 percent of sampled behavioral health records contained evidence that feedback was obtained from the individual regarding the fit of services and that the information was incorporated in the treatment.

**Measure IV—Treatment/Support Services/Rehabilitation Services**

- Documentation contained in the sampled behavioral health records reflected evidence that 92.5 percent of individuals received case management services, 76.1 percent of individuals received group counseling/therapy, 68.7 percent received individual counseling/therapy, and 20.9 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 81.0 percent of records contained documentation of progress or lack of progress toward the identified ISP goals. Four records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 47.8 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 13.4 percent completed six to 10 sessions, and 38.8 percent completed zero to five sessions.
- 86.6 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- When symptomatic improvement was not evident, 77.3 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 71.0 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- 62.5 percent of records demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored.

- 45.5 percent of records demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored.
- 92.5 percent of records contained evidence that substance abuse services were provided.

**Measure V—Gender Specific (female only)**

- 75.0 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence.
- 75.0 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician.
- Evidence of gender-specific treatment services was found in 47.4 percent of records.

**Measure VI—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)**

- 56.3 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 59.2 percent of records contained documentation that the individual received information pertaining to community supports and other individualized supports.
- Evidence of active coordination of care with other involved agencies was found in 85.3 percent of the records.

**Measure VII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)**

- 86.8 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 84.2 percent of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 12 cases, a letter was not mailed as the individual was contacted by other means.
- Other types of outreach conducted to re-engage individuals in treatment included conducting a home visit, documented in 52.8 percent of records; contacting other involved agencies, evident in 56.3 percent of records; and calling the emergency contact, documented in 58.8 percent of records. The reviewer could select more than one response to this question.

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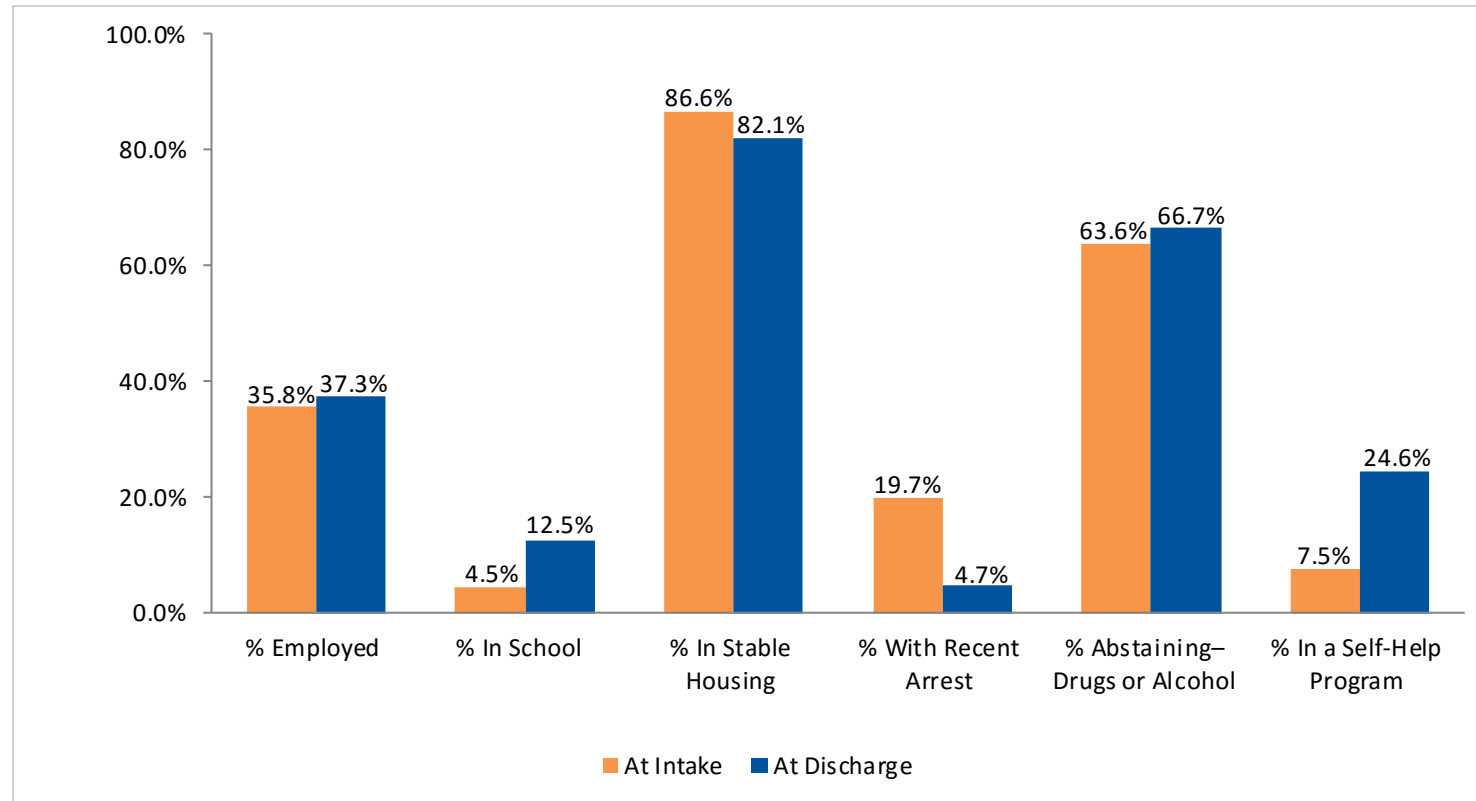
Table 3-2 and Figure 3-1 illustrate the CIC case file review findings pertaining to Measure VIII, the National Outcome Measures (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure. Therefore, a lower number of “Yes” responses constitutes a more favorable outcome.

**Table 3-2—Cenpatico Integrated Care Case File Review Findings for Measure VIII**  
**National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	67	24	35.8%	67	25	37.3%
B. Enrolled in school or vocational educational program?	67	3	4.5%	64	8	12.5%
C. Lived in a stable housing environment? (Not homeless)	67	58	86.6%	67	55	82.1%
D. Arrested 30 days prior?	66	13	19.7%	64	3	4.7%
E. Abstinent from drugs and/or alcohol?	66	42	63.6%	66	44	66.7%
F. Participated in social support recovery 30 days prior?	67	5	7.5%	65	16	24.6%

Note: A response option was not available for one member regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-1—Distribution of Measure VIII  
National Outcome Measures: Cenpatco Integrated Care**





## Health Choice Integrated Care (HCIC)

Table 3-3 represents the aggregate case file review findings for the HCIC sampled behavioral health records.

Due to the denominator sizes of the individual indicators, caution should be used when interpreting the results.

Differences in the number of indicators evaluated were due to some responses not being applicable to all sampled individuals. Questions II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VII.C (other) were for informational purposes and were therefore excluded from scoring. The HCIC results for Measure VIII are presented in Table 3-4 and Figure 3-2.

**Table 3-3—Substance Abuse Prevention and Treatment**

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
<b>I</b>	<b>Intake/Treatment Planning</b>					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	65	64	98.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	64	64	100.0%	*	*
	2. Describe the intensity/frequency of substance use?	64	62	96.9%	*	*
	3. Include the effect of substance use on daily functioning?	64	57	89.1%	*	*
	4. Include the effect of substance use on interpersonal relationships?	64	57	89.1%	*	*
	5. Was a risk assessment completed?	64	61	95.3%	*	*
	6. Document screening for tuberculosis (TB)?	64	11	17.2%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	64	57	89.1%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	64	63	98.4%	1	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	ISP:					
	1. Developed with participation of the family/support network?	37	11	29.7%	26	*
	2. Congruent with the diagnosis(es) and presenting concern(s)?	63	61	96.8%	*	*
	3. Addressed the unique cultural preferences of the individual?	63	59	93.7%	*	*
<b>II</b>	<b>Placement Criteria</b>					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	65	62	95.4%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	62	1	1.6%	*	*
	OMT: Opioid Maintenance Therapy	62	2	3.2%	*	*
	Level I: Outpatient Treatment	62	49	79.0%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	62	7	11.3%	*	*
	Level III: Residential/Inpatient Treatment	62	3	4.8%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	62	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	62	50	80.6%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	65	38	58.5%	*	*
<b>III</b>	<b>Best Practices</b>					
	A. Were evidence-based practices used in treatment?	49	46	93.9%	*	16
	1. The following evidence-based practices were used in treatment: <sup>^</sup>					
	Contingency management	46	2	4.3%	*	*
	Matrix	46	28	60.9%	*	*
	Seeking safety	46	12	26.1%	*	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	Other	46	30	65.2%	*	*
	B. Medication assisted treatment	65	8	12.3%	*	*
	1. The following medication was used in treatment: <sup>^</sup>					
	Disulfiram (Antabuse)	8	0	0.0%	*	*
	Buprenorphine	8	1	12.5%	*	*
	Acamprosate (Campral)	8	0	0.0%	*	*
	Naltrexone	8	1	12.5%	*	*
	Suboxone	8	0	0.0%	*	*
	Subutex	8	0	0.0%	*	*
	Methadone	8	6	75.0%	*	*
	Levo-alpha-acetylmethadol (LAAM)	8	0	0.0%	*	*
	Naltrexone, long-acting injectable (Vivitrol)	8	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	65	33	50.8%	*	*
	D. Was peer support used as part of treatment?	52	22	42.3%	13	*
	E. Was there evidence of obtaining the individual's feedback regarding the fit of services and incorporating information to enhance what is working and changing what is not working (e.g., client-directed, outcome-informed treatment)?	65	40	61.5%	*	*
<b>IV</b>	<b>Treatment/Support Services/Rehabilitation Services</b>					
	A. The following services were used in treatment: <sup>^</sup>					
	Individual counseling/therapy	65	44	67.7%	*	*
	Group counseling/therapy	65	43	66.2%	*	*
	Family counseling/therapy	65	4	6.2%	*	*
	Case management	65	55	84.6%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	60	46	76.7%	5	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	65	32	49.2%	*	*
	6–10 sessions	65	8	12.3%	*	*
	11 sessions or more	65	25	38.5%	*	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:					
	No documentation	65	56	86.2%	*	*
	1–4 times during treatment	65	4	6.2%	*	*
	5–12 times during treatment	65	2	3.1%	*	*
	13–20 times during treatment	65	2	3.1%	*	*
	21 or more times during treatment	65	1	1.5%	*	*
	E. If symptomatic improvement was not evident (e.g., decrease in the frequency of target substance use), did the provider revise the treatment approach and/or seek consultation in order to facilitate symptomatic improvement?	23	16	69.6%	42	*
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	36	24	66.7%	29	*
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual's interest in becoming involved in such a program was explored?	46	21	45.7%	19	*
	H. If the individual was not involved with a meaningful community activity, was there evidence that the individual's interest in such an activity was explored?	43	22	51.2%	22	*
	I. Does the documentation reflect that substance abuse services were provided?	65	52	80.0%	*	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
<b>V</b>	<b>Gender Specific (female only)</b>					
	A. If there was a history of domestic violence, was a safety plan completed?	4	1	25.0%	24	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	3	2	66.7%	25	*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	3	2	66.7%	25	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	3	1	33.3%	25	*
	E. If the female had dependent children, was child care addressed?	15	8	53.3%	13	*
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	24	0	0.0%	4	*
<b>VI</b>	<b>Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)</b>					
	A. Was a relapse prevention plan completed?	39	19	48.7%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	40	25	62.5%	*	*
	C. Was there active coordination with other involved agencies?	26	17	65.4%	13	*
<b>VII</b>	<b>Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)</b>					
	The following efforts were documented:					
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	45	37	82.2%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	39	26	66.7%	7	*

Health Choice Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. Were other attempts made to re-engage the individual, such as: ^					
	Home visit	37	2	5.4%	9	*
	Call emergency contact(s)	38	8	21.1%	8	*
	Contacting other involved agencies	33	10	30.3%	13	*
	Other	45	13	28.9%	*	*

\*Not an option for this question.

^Reviewers could select more than one response to this question.

### Measure I—Intake/Treatment Planning

#### Initial Behavioral Health Assessment

- 98.5 percent of the sampled behavioral health records contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial assessment (I.A.1–7) ranged from 17.2 percent to 100 percent.
- 17.2 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- 100 percent of the sampled behavioral health assessments addressed the substance-related disorders(s).

#### Individual Service Plan (ISP)

- 98.4 percent of the sampled behavioral health records contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment. One case had no ISP and closed prior to the required 90 days from the initial appointment.
- 96.8 percent of the records contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 29.7 percent of the records contained evidence that the ISP was developed with the participation of the family/support network. In 26 cases, there was no family/support network or the individual declined inclusion of others in the service planning process.

### Measure II—Placement Criteria

- 95.4 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.

- 80.6 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 58.5 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used during the course of treatment.

**Measure III—Best Practices**

- 93.9 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. Sixteen records lacked sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for Question III.A.1.
- Medication-assisted treatment was documented in 12.3 percent of the sampled behavioral health records.
- 50.8 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.
- 42.3 percent of sampled behavioral health records contained evidence that peer support was used in treatment. Thirteen records contained documentation that peer support was declined by the individual.
- 61.5 percent of sampled behavioral health records contained evidence that feedback was obtained from the individual regarding the fit of services and that the information was incorporated in the treatment.

**Measure IV—Treatment/Support Services/Rehabilitation Services**

- Documentation contained in the sampled behavioral health records reflected evidence that 84.6 percent of individuals received case management services, 66.2 percent of individuals received group counseling/therapy, 67.7 percent received individual counseling/therapy, and 6.2 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 76.7 percent of records contained documentation of progress or lack of progress toward the identified ISP goals. Five records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 38.5 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 12.3 percent completed six to 10 sessions, and 49.2 percent completed zero to five sessions.
- 86.2 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- When symptomatic improvement was not evident, 69.6 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 66.7 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.

- 45.7 percent of records demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored.
- 51.2 percent of records demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored.
- 80.0 percent of records contained evidence that substance abuse services were provided.

**Measure V—Gender Specific (female only)**

- 25.0 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence.
- 66.7 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician. Education on the effects of substance abuse on fetal development was documented in 66.7 percent of the records of pregnant females.
- Evidence of gender-specific treatment services was found in 0.0 percent of records. In four cases, documentation demonstrated evidence that the individual declined gender-specific treatment services.

**Measure VI—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)**

- 48.7 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 62.5 percent of records contained documentation that the individual received information pertaining to community supports and other individualized supports.
- Evidence of active coordination of care with other involved agencies was found in 65.4 percent of the records.

**Measure VII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)**

- 82.2 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 66.7 percent of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In seven cases, a letter was not mailed as the individual was contacted by other means.
- Other types of outreach conducted to re-engage individuals in treatment included conducting a home visit, documented in 5.4 percent of records; contacting other involved agencies, evident in 30.3 percent of records; and calling the emergency contact, documented in 21.1 percent of records. The reviewer could select more than one response to this question.



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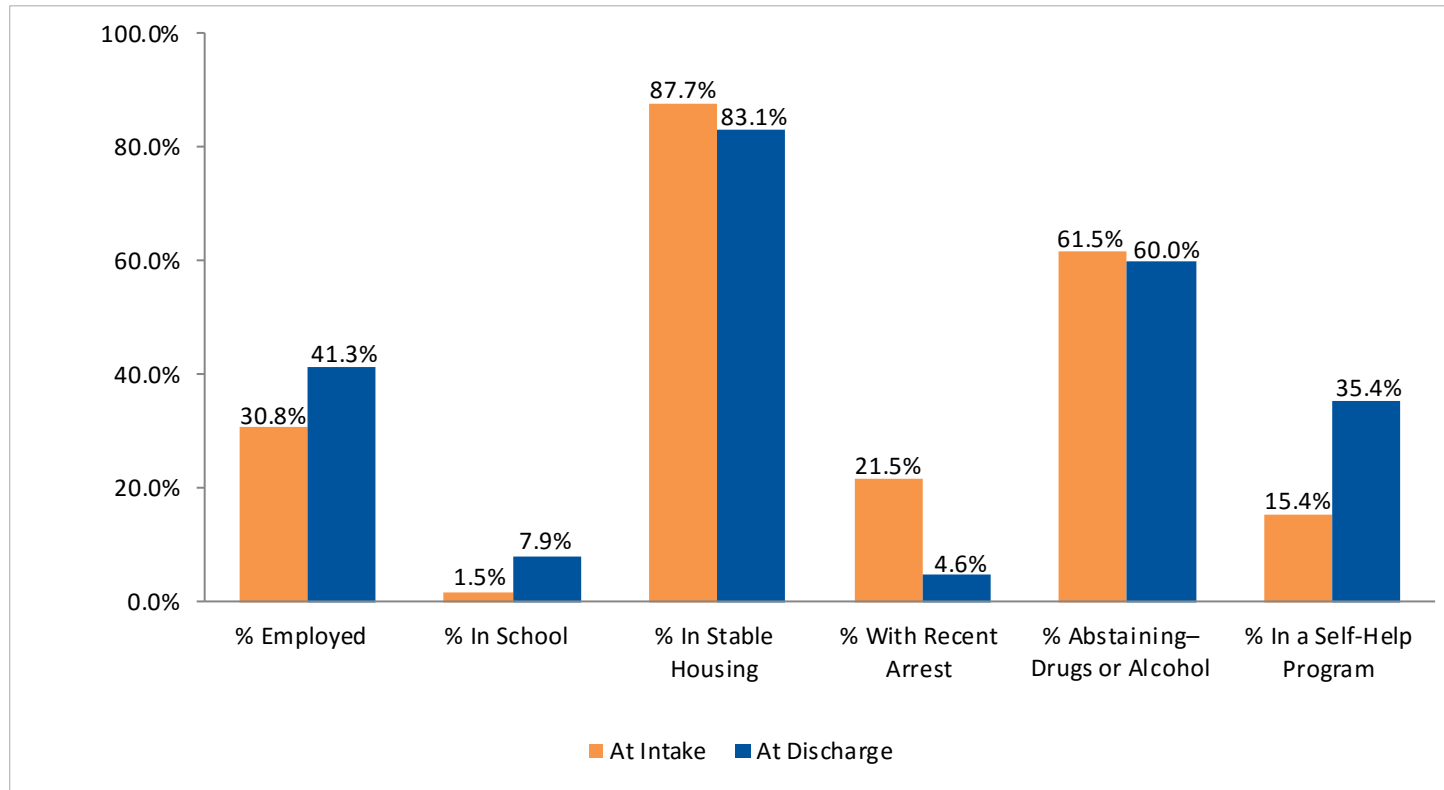
Table 3-4 and Figure 3-2 illustrate the HCIC case file review findings pertaining to Measure VIII (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure. Therefore, a lower number of “Yes” responses constitutes a more favorable outcome.

**Table 3-4—Health Choice Integrated Care Case File Review Findings for Measure VIII**  
**National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	65	20	30.8%	63	26	41.3%
B. Enrolled in school or vocational educational program?	65	1	1.5%	63	5	7.9%
C. Lived in a stable housing environment? (Not homeless)	65	57	87.7%	65	54	83.1%
D. Arrested 30 days prior?	65	14	21.5%	65	3	4.6%
E. Abstinent from drugs and/or alcohol?	65	40	61.5%	65	39	60.0%
F. Participated in social support recovery 30 days prior?	65	10	15.4%	65	23	35.4%

Note: A response option was not available for one member regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-2—Distribution of Measure VIII  
National Outcome Measures: Health Choice Integrated Care**



## Mercy Maricopa Integrated Care (MMIC)

Table 3-5 represents the aggregate case file review findings for the MMIC sampled behavioral health records.

Due to the denominator sizes of the individual indicators, caution should be used when interpreting the results.

Differences in the number of indicators evaluated were due to some responses not being applicable to all sampled individuals. Questions II.A.1, III.A.1, III.B.1, IV.A, IV.C, IV.D, and VII.C (other) were for informational purposes and were therefore excluded from scoring. The MMIC results for Measure VIII are presented in Table 3-6 and Figure 3-3.

**Table 3-5—Substance Abuse Prevention and Treatment**

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
<b>I</b>	<b>Intake/Treatment Planning</b>					
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?	68	67	98.5%	0	*
	Did the behavioral health assessment:					
	1. Address substance-related disorder(s)?	67	65	97.0%	*	*
	2. Describe the intensity/frequency of substance use?	67	63	94.0%	*	*
	3. Include the effect of substance use on daily functioning?	67	57	85.1%	*	*
	4. Include the effect of substance use on interpersonal relationships?	67	55	82.1%	*	*
	5. Was a risk assessment completed?	67	63	94.0%	*	*
	6. Document screening for tuberculosis (TB)?	67	25	37.3%	*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?	67	62	92.5%	*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?	67	65	97.0%	1	*
	ISP:					
	1. Developed with participation of the family/support network?	46	25	54.3%	19	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	2. Congruent with the diagnosis(es) and presenting concern(s)?	65	65	100.0%	*	*
	3. Addressed the unique cultural preferences of the individual?	65	62	95.4%	*	*
<b>II</b>	<b>Placement Criteria</b>					
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?	68	60	88.2%	*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:					
	Level 0.5: Early Intervention	60	0	0.0%	*	*
	OMT: Opioid Maintenance Therapy	60	1	1.7%	*	*
	Level I: Outpatient Treatment	60	25	41.7%	*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization	60	8	13.3%	*	*
	Level III: Residential/Inpatient Treatment	60	26	43.3%	*	*
	Level IV: Medically Managed Intensive Inpatient Treatment	60	0	0.0%	*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?	60	52	86.7%	*	*
	C. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used during the course of treatment?	68	50	73.5%	*	*
<b>III</b>	<b>Best Practices</b>					
	A. Were evidence-based practices used in treatment?	51	48	94.1%	*	17
	1. The following evidence-based practices were used in treatment: ^					
	Contingency management	48	1	2.1%	*	*
	Matrix	48	26	54.2%	*	*
	Seeking safety	48	4	8.3%	*	*
	Other	48	35	72.9%	*	*
	B. Medication assisted treatment	68	7	10.3%	*	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	1. The following medication was used in treatment: <sup>^</sup>					
	Disulfiram (Antabuse)	7	0	0.0%	*	*
	Buprenorphine	7	1	14.3%	*	*
	Acamprosate (Campral)	7	0	0.0%	*	*
	Naltrexone	7	0	0.0%	*	*
	Suboxone	7	0	0.0%	*	*
	Subutex	7	0	0.0%	*	*
	Methadone	7	6	85.7%	*	*
	Levo-alpha-acetylmethadol (LAAM)	7	0	0.0%	*	*
	Naltrexone, long-acting injectable (Vivitrol)	7	0	0.0%	*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?	68	42	61.8%	*	*
	D. Was peer support used as part of treatment?	61	25	41.0%	7	*
	E. Was there evidence of obtaining the individual's feedback regarding the fit of services and incorporating information to enhance what is working and changing what is not working (e.g., client-directed, outcome-informed treatment)?	68	39	57.4%	*	*
<b>IV</b>	<b>Treatment/Support Services/Rehabilitation Services</b>					
	A. The following services were used in treatment: <sup>^</sup>					
	Individual counseling/therapy	68	51	75.0%	*	*
	Group counseling/therapy	68	53	77.9%	*	*
	Family counseling/therapy	68	9	13.2%	*	*
	Case management	68	56	82.4%	*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?	61	56	91.8%	7	*
	C. The number of completed counseling/therapy sessions during treatment was:					
	0–5 sessions	68	26	38.2%	*	*
	6–10 sessions	68	10	14.7%	*	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	11 sessions or more	68	32	47.1%	*	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:					
	No documentation	68	50	73.5%	*	*
	1–4 times during treatment	68	7	10.3%	*	*
	5–12 times during treatment	68	6	8.8%	*	*
	13–20 times during treatment	68	2	2.9%	*	*
	21 or more times during treatment	68	3	4.4%	*	*
	E. If symptomatic improvement was not evident (e.g., decrease in the frequency of target substance use), did the provider revise the treatment approach and/or seek consultation in order to facilitate symptomatic improvement?	26	20	76.9%	42	*
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?	45	30	66.7%	23	*
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual's interest in becoming involved in such a program was explored?	39	20	51.3%	29	*
	H. If the individual was not involved with a meaningful community activity, was there evidence that the individual's interest in such an activity was explored?	47	19	40.4%	21	*
	I. Does the documentation reflect that substance abuse services were provided?	68	65	95.6%	*	*
<b>V</b>	<b>Gender Specific (female only)</b>					
	A. If there was a history of domestic violence, was a safety plan completed?	6	4	66.7%	16	*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?	3	2	66.7%	19	*

Mercy Maricopa Integrated Care Case File Review Findings for Measures I–VII						
		DENOM- INATOR	# of YES	% of YES	# of NA	# of No Documen- tation
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?	2	1	50.0%	20	*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?	3	1	33.3%	19	*
	E. If the female had dependent children, was child care addressed?	7	6	85.7%	15	*
	F. Was there evidence of gender-specific treatment services (e.g., women’s-only group therapy sessions)?	20	4	20.0%	2	*
<b>VI</b>	<b>Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)</b>					
	A. Was a relapse prevention plan completed?	49	28	57.1%	*	*
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?	52	38	73.1%	*	*
	C. Was there active coordination with other involved agencies?	40	28	70.0%	12	*
<b>VII</b>	<b>Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)</b>					
	The following efforts were documented:					
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?	55	35	63.6%	*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?	36	25	69.4%	19	*
	C. Were other attempts made to re-engage the individual, such as: ^					
	Home visit	36	4	11.1%	18	*
	Call emergency contact(s)	38	12	31.6%	15	*
	Contacting other involved agencies	38	20	52.6%	15	*
	Other	52	11	21.2%	*	*

\*Not an option for this question.

^Reviewers could select more than one response to this question.



**Measure I—Intake/Treatment Planning****Initial Behavioral Health Assessment**

- 98.5 percent of the sampled behavioral health records contained evidence that a behavioral health assessment was completed within the required time frame of 45 days from the individual's initial appointment.
- The performance scores for the indicators pertaining to the required components of an initial assessment (I.A.1–7) ranged from 37.3 percent to 97.0 percent.
- 37.3 percent of the behavioral health assessments contained documentation of tuberculosis screening.
- 97.0 percent of the sampled behavioral health assessments addressed the substance-related disorders(s).

**Individual Service Plan (ISP)**

- 97.0 percent of the sampled behavioral health records contained evidence that an ISP was completed within the required time frame of 90 days from the individual's initial appointment. One case had no ISP and closed prior to the required 90 days from the initial appointment.
- 100 percent of the records contained evidence that the ISP was congruent with the individual's diagnosis(es) and presenting concern(s).
- 54.3 percent of the records contained evidence that the ISP was developed with the participation of the family/support network. In 19 cases, there was no family/support network or the individual declined inclusion of others in the service planning process.

**Measure II—Placement Criteria**

- 88.2 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used at intake to determine the appropriate level of service.
- 86.7 percent of records contained evidence that the individual received the level of services identified by the placement criteria/assessment.
- 73.5 percent of the sampled behavioral health records contained evidence that the ASAM Patient Placement Criteria were used during the course of treatment.

**Measure III—Best Practices**

- 94.1 percent of sampled behavioral health records contained documentation that evidence-based practices were used in treatment. Seventeen records lacked sufficient documentation to determine if evidence-based practices were used. The reviewers could select more than one response for Question III.A.1.
- Medication-assisted treatment was documented in 10.3 percent of the sampled behavioral health records.
- 61.8 percent of sampled behavioral health records contained evidence that screening for substance use/abuse was conducted during the course of treatment.

- 41.0 percent of sampled behavioral health records contained evidence that peer support was used in treatment. Seven records contained documentation that peer support was declined by the individual.
- 57.4 percent of sampled behavioral health records contained evidence that feedback was obtained from the individual regarding the fit of services and that the information was incorporated in the treatment.

**Measure IV—Treatment/Support Services/Rehabilitation Services**

- Documentation contained in the sampled behavioral health records reflected evidence that 82.4 percent of individuals received case management services, 77.9 percent of individuals received group counseling/therapy, 75.0 percent received individual counseling/therapy, and 13.2 percent received family counseling/therapy. The reviewers could select more than one response to this question.
- 91.8 percent of records contained documentation of progress or lack of progress toward the identified ISP goals. Seven records had no ISP present or contained documentation that services were recent and there was no change in progress.
- 47.1 percent of the records contained evidence that individuals completed 11 or more counseling/therapy sessions during treatment, 14.7 percent completed six to 10 sessions, and 38.2 percent completed zero to five sessions.
- 73.5 percent of records did not contain documentation of the number of self-help or recovery group sessions completed during the course of treatment.
- When symptomatic improvement was not evident, 76.9 percent of records contained evidence that the provider revised the treatment approach and/or sought consultation to facilitate improvement.
- 66.7 percent of records demonstrated evidence that if the individual was unemployed at intake, the individual's interest in finding employment was explored.
- 51.3 percent of records demonstrated evidence that if the individual was not participating in an educational or vocational training program at intake, the individual's interest in participating in such a program was explored.
- 40.4 percent of records demonstrated evidence that if the individual was not involved with a meaningful community activity at intake, the individual's interest in becoming involved in such a program was explored.
- 95.6 percent of records contained evidence that substance abuse services were provided.

**Measure V—Gender Specific (female only)**

- 66.7 percent of the sampled behavioral health records contained a completed safety plan in cases where there was a history of domestic violence.
- 66.7 percent of the records of pregnant females demonstrated coordination of care with the primary care physician and/or obstetrician. Education on the effects of substance abuse on fetal development was documented in 50.0 percent of the records of pregnant females.

- Evidence of gender-specific treatment services was found in 20.0 percent of records. In two cases, documentation demonstrated evidence that the individual declined gender-specific treatment services.

**Measure VI—Discharge and Continuing Care Planning (completed only if the individual completed treatment or declined further services)**

- 57.1 percent of the sampled behavioral health records contained evidence that a relapse prevention plan was completed.
- 73.1 percent of records contained documentation that the individual received information pertaining to community supports and other individualized supports.
- Evidence of active coordination of care with other involved agencies was found in 70.0 percent of the records.

**Measure VII—Re-engagement (completed only if the individual declined further services or chose not to appear for scheduled services)**

- 63.6 percent of the sampled behavioral health records contained evidence that telephone outreach was conducted at times when the individual was expected to be available.
- 69.4 percent of records contained evidence that a letter requesting contact was mailed to the individuals who were not reachable by telephone. In 19 cases, a letter was not mailed as the individual was contacted by other means.
- Other types of outreach conducted to re-engage individuals in treatment included conducting a home visit, documented in 11.1 percent of records; contacting other involved agencies, evident in 52.6 percent of records; and calling the emergency contact, documented in 31.6 percent of records. The reviewer could select more than one response to this question.

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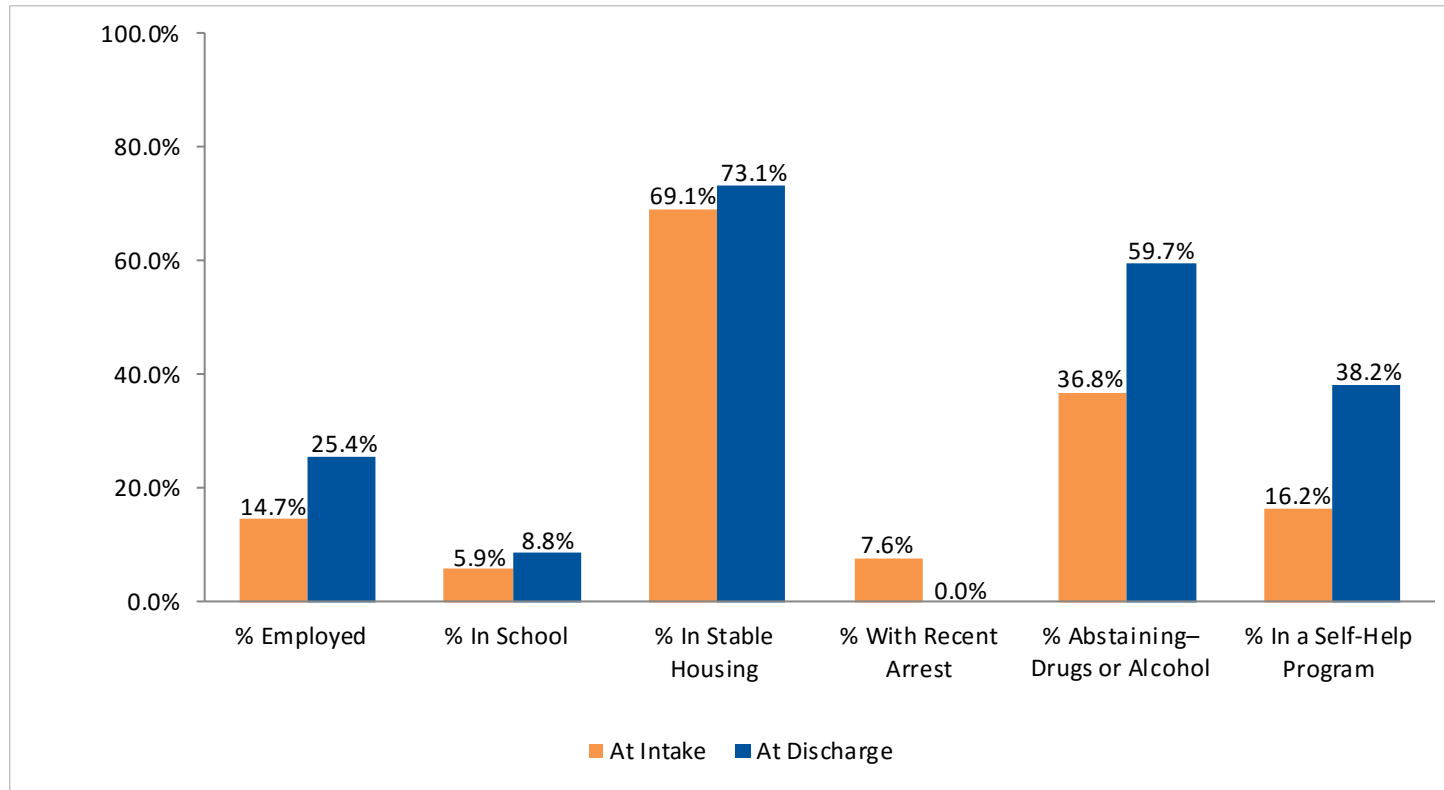
Table 3-6 and Figure 3-3 illustrate the MMIC case file review findings pertaining to Measure VIII (NOMs). This table displays the number of “Yes” and the percentage of “Yes” responses for the corresponding NOMs, both at intake and at discharge. Measure D, which measures the individual’s arrest history 30 days prior to both intake and discharge, is a reverse measure. Therefore, a lower number of “Yes” responses constitutes a more favorable outcome.

**Table 3-6—Mercy Maricopa Integrated Care Case File Review Findings for Measure VIII  
National Outcome Measures**

National Outcome Measures	At Intake			At Discharge		
	Denominator	# of Yes	% of Yes	Denominator	# of Yes	% of Yes
A. Employed?	68	10	14.7%	67	17	25.4%
B. Enrolled in school or vocational educational program?	68	4	5.9%	68	6	8.8%
C. Lived in a stable housing environment? (Not homeless)	68	47	69.1%	67	49	73.1%
D. Arrested 30 days prior?	66	5	7.6%	65	0	0.0%
E. Abstinent from drugs and/or alcohol?	68	25	36.8%	67	40	59.7%
F. Participated in social support recovery 30 days prior?	68	11	16.2%	68	26	38.2%

Note: A response option was not available for two members regarding whether or not selected NOM indicators were completed at program intake.

**Figure 3-3—Distribution of Measure VIII  
National Outcome Measures: Mercy Maricopa Integrated Care**



## Appendix A: Case File Review Tool and Instructions

Appendix A, which follows this page, contains the Case File Review Tool and corresponding tool instructions developed by AHCCCS/DHCM and provided to HSAG.

2016 Substance Abuse Prevention and Treatment Case File Review Tool					
		YES	NO	NA	No Documentation
<b>I</b>	<b>Intake/Treatment Planning</b>				
	A. Was a behavioral health assessment completed at intake (within 45 days of initial appointment)?				*
	Did the behavioral health assessment:				
	1. Address substance-related disorder(s)?			*	*
	2. Describe the intensity/frequency of substance use?			*	*
	3. Include the effect of substance use on daily functioning?			*	*
	4. Include the effect of substance use on interpersonal relationships?			*	*
	5. Was a risk assessment completed?			*	*
	6. Document screening for tuberculosis (TB)?			*	*
	7. Document screening for emotional and/or physical abuse/trauma issues?			*	*
	B. Was an Individual Service Plan (ISP) completed within 90 days of the initial appointment?				*
	ISP:				
	1. Developed with participation of the family/support network?				*
	2. Congruent with the diagnosis(es) and presenting concern(s)?			*	*
	3. Addressed the unique cultural preferences of the individual?			*	*
<b>II</b>	<b>Placement Criteria</b>				
	A. Were the American Society of Addiction Medicine (ASAM) Patient Placement Criteria used at intake?			*	*
	1. If the ASAM Patient Placement Criteria were used, the level of service identified was:				
	Level 0.5: Early Intervention			*	*
	OMT: Opioid Maintenance Therapy			*	*



2016 Substance Abuse Prevention and Treatment Case File Review Tool					
		YES	NO	NA	No Documentation
	Level I: Outpatient Treatment			*	*
	Level II: Intensive Outpatient Treatment/Partial Hospitalization			*	*
	Level III: Residential/Inpatient Treatment			*	*
	Level IV: Medically Managed Intensive Inpatient Treatment			*	*
	B. Did the individual receive the level of services identified by the placement criteria/assessment?			*	*
	C. Were the ASAM Patient Placement Criteria used during the course of treatment?			*	*
<b>III</b>	<b>Best Practices</b>				
	A. Were evidence-based practices used in treatment?			*	
	1. The following evidence-based practices were used in treatment: ^				
	Contingency management			*	*
	Matrix			*	*
	Seeking safety			*	*
	Other			*	*
	B. Medication assisted treatment			*	*
	1. The following medications were used in treatment: ^				
	Disulfiram (Antabuse)			*	*
	Buprenorphine			*	*
	Acamprosate (Campral)			*	*
	Naltrexone			*	*
	Suboxone			*	*
	Subutex			*	*
	Methadone			*	*
	Levo-alpha-acetylmethadol (LAAM)				
	Naltrexone, long acting (Vivitrol)			*	*
	C. Was screening for substance use/abuse conducted during the course of treatment?			*	*
	D. Was peer support used as part of treatment?				*

**2016 Substance Abuse Prevention and Treatment Case File Review Tool**

		YES	NO	NA	No Documen- tation
	E. Was there evidence of obtaining the individual's feedback regarding the fit of services and incorporating information to enhance what is working and changing what is not working (e.g., client-directed, outcome-informed treatment)?			*	*
<b>IV</b>	<b>Treatment/Support Services/Rehabilitation Services</b>				
	A. The following services were used in treatment: <sup>^</sup>				
	Individual counseling/therapy			*	*
	Group counseling/therapy			*	*
	Family counseling/therapy			*	*
	Case management			*	*
	B. Was there evidence of progress or lack of progress toward the identified ISP goals?				*
	C. The number of completed counseling/therapy sessions during treatment was:				
	0–5 sessions			*	*
	6–10 sessions			*	*
	11 sessions or more			*	*
	D. Documentation showed that the individual reported attending self-help or recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) the following number of times:				
	No documentation			*	*
	1–4 times during treatment			*	*
	5–12 times during treatment			*	*
	13–20 times during treatment			*	*
	21 or more times during treatment			*	*
	E. If symptomatic improvement was not evident (e.g., decrease in the frequency of target substance use), did the provider revise the treatment approach and/or seek consultation in order to facilitate symptomatic improvement?				*

2016 Substance Abuse Prevention and Treatment Case File Review Tool					
		YES	NO	NA	No Documentation
	F. If the individual was unemployed during intake, was there evidence that the individual's interest in finding employment was explored?				*
	G. If the individual was not involved in an educational or vocational training program, was there evidence that the individual's interest in becoming involved in such a program was explored?				*
	H. If the individual was not involved with a meaningful community activity, was there evidence that the individual's interest in such an activity was explored?				*
	I. Does the documentation reflect that substance abuse services were provided?			*	*
<b>V</b>	<b>Gender Specific (female only)</b>				
	A. If there was a history of domestic violence, was a safety plan completed?				*
	B. If the female was pregnant, was coordination of care completed with the primary care physician and/or obstetrician?				*
	C. If the female was pregnant, did education on the effects of substance use on fetal development occur?				*
	D. If the female had a child less than 1 year of age, was screening completed for postpartum depression/psychosis?				*
	E. If the female had dependent children, was child care addressed?				*
	F. Was there evidence of gender-specific treatment services (e.g., women's-only group therapy sessions)?				*
<b>VI</b>	<b>Discharge and Continuing Care Planning (completed only if individual completed treatment or declined further services)</b>				
	A. Was a relapse prevention plan completed?			*	*

2016 Substance Abuse Prevention and Treatment Case File Review Tool					
		YES	NO	NA	No Documentation
	B. Were resources provided to community supports, including recovery, self-help groups, and other individualized support services?			*	*
	C. Was there active coordination with other involved agencies?				*
<b>VII</b>	<b>Re-engagement (completed only if individual declined further services or chose not to appear for scheduled services)</b>				
	The following efforts were documented:				
	A. Was the individual (or legal guardian if applicable) contacted by telephone at times when the individual was expected to be available (e.g., after work or school)?			*	*
	B. If telephone contact was unsuccessful, was a letter mailed requesting contact?				*
	C. Were other attempts made to re-engage the individual, such as: ^				
	Home visit				*
	Call emergency contact(s)				*
	Contacting other involved agencies				*
	Other			*	*

\*Not an option for this question.

^Reviewers could select more than one response to this question.

Measure VIII National Outcome Measures				
National Outcome Measures	At Intake		At Discharge	
	Yes	No	Yes	No
A. Employed?				
B. Enrolled in school or vocational educational program?				
C. Lived in a stable housing environment? (Not homeless)				
D. Arrested 30 days prior?				
E. Abstinent from drugs and/or alcohol?				
F. Participated in social support recovery 30 days prior?				

## AHCCCS/DHCM Substance Abuse Prevention and Treatment (SAPT) 2016 Case File Review Instructions

The items below correspond to the 2016 SAPT Case File Review Tool. Each case file will contain **one treatment segment**. For the purposes of this review, only supporting documentation falling between the “**date of intake**” and the “**date of closure**” for the selected treatment segment will be reviewed. The date of intake and date of closure are pre-populated on the case file review tool.

### I. Intake/Treatment Planning

**A) Assessment**—Review the case file to determine if a **comprehensive** assessment was completed at intake **within 45 days of the initial appointment**. The addendum sections of the Core Assessment are completed based on the needs of the individual; however, a comprehensive assessment allowing for sound clinical formulation and diagnostic impression must be completed within 45 days of the initial appointment. Answer YES if a comprehensive assessment was completed within 45 days of the initial appointment. Answer NO if a comprehensive assessment is not present in the case file or if the assessment was not completed within 45 days of the initial appointment. Answer NA if there is not a comprehensive assessment present and the case closed prior to 45 days from the initial appointment.

**For each component related to assessment process below (1–7), consider the information contained in the comprehensive initial assessment completed within 45 days of the initial intake appointment.**

- 1) Review the assessment to determine if it addressed substance-related disorder(s). Answer YES if the assessment addressed this component. If the assessment did not address a substance related disorder, answer NO.
- 2) Review the assessment to determine if the assessment described the intensity/frequency of substance use. Answer YES if the assessment addressed this component. If the assessment did not describe the intensity/frequency of substance use, answer NO.
- 3) Review the assessment to determine if the assessment included the effect of substance use on daily functioning. Answer YES if the assessment addressed this component. If the assessment did not describe the effect of substance use on daily functioning, answer NO.
- 4) Review the assessment to determine if the assessment described how substance abuse affects the interpersonal relationships of the individual. Answer YES if the assessment addressed this component. If the assessment did not describe how substance abuse affects the interpersonal relationships of the individual, answer NO.
- 5) Review the assessment to determine if a risk assessment was completed. The risk assessment may be contained within the standardized core assessment or may consist of a comparable RBHA- or provider-specific form, but should be completed as part of the comprehensive assessment within

45 days of the initial appointment. Answer YES if the assessment addressed this component. If the assessment did not address this component, answer NO.

6) Review the assessment to determine if it contains documentation of screening for tuberculosis (TB). Answer YES if the assessment included documentation of TB screening. If the assessment did not contain documentation of TB screening, answer NO. TB screening may include TB testing; education; referrals for TB screening and services; follow-up counseling that addresses TB services; and an evaluation of history, risk factors, and/or a TB screening tool.

7) Review the assessment to determine if it contains documentation of screening for emotional and/or physical abuse/trauma issues. Answer YES if the assessment included documentation of screening for abuse/trauma issues. If the assessment did not contain this documentation, answer NO.

**B) Individual Service Plan (ISP)**—Review the case file to determine if an ISP was completed within **90 days** of the initial appointment. **The interim service plan should not be considered when responding to this question.** Answer YES if an ISP was completed within 90 days of the initial appointment. Answer NO if an ISP is not present in the case file or if the service plan was not completed within 90 days of the initial appointment. Answer NA if there is not an ISP and the case closed prior to 90 days from the initial appointment.

**For each component related to the ISP process below (1–3), consider the information contained in the ISP completed within 90 days of the initial intake appointment. Updates to the service plan should not be considered when responding to the questions below.**

1) Review the service plan to determine if it was developed with the participation of the individual's **family and/or support network**, when appropriate. If there is evidence that staff made efforts to actively engage the involved family members/support network in the treatment planning process, answer YES. If there is evidence that these individuals would have an impact on treatment planning but there is no evidence of staff efforts to engage them, answer NO. Answer NA if there is no family/support network or if the individual declined inclusion of others in the service planning process. Evidence of engagement attempts may include verbal or written efforts to solicit their input.

2) Review the service plan to determine if the scope, intensity, and duration of services offered was congruent with the diagnosis(es) and presenting concern(s). If the scope, intensity, and duration of services offered were congruent with the diagnosis(es), answer YES. If the scope, intensity, and duration of services offered were not congruent with the diagnosis(es), answer NO.

3) Review the service plan to determine if it addressed the unique cultural preferences of the individual. Cultural preferences may include the influences and background of the individual with regard to language, customs, traditions, family, age, gender, ethnicity, race, sexual orientation, and socioeconomic class. If the unique cultural preferences of the individual were addressed, answer YES. If the unique cultural preferences of the individual were not addressed, answer NO.

## II. Placement Criteria

A) Review the case file to determine if the American Society of Addiction Medicine (ASAM) Patient Placement Criteria was completed at intake. If the ASAM tool was completed, answer YES. If the ASAM tool was not completed, answer NO.

1) If the ASAM tool was completed at intake, select the level of care identified by the tool:

- ☐ Level 0.5: Early Intervention
- ☐ OMT: Opioid Maintenance Therapy
- ☐ Level I: Outpatient Treatment
- ☐ Level II: Intensive Outpatient Treatment/Partial Hospitalization
- ☐ Level III: Residential/Inpatient Treatment
- ☐ Level IV: Medically Managed Intensive Inpatient Treatment

B) Review the case file to determine if the individual received the level of care identified by the ASAM tool. If the individual received the level of services identified by the placement criteria/assessment, answer YES. If not, answer NO.

C) Review the case file to determine if an ASAM tool was completed during the course of treatment at any time subsequent to intake/assessment. It is not necessary for the ASAM tool result to change if it is considered an updated tool. If an ASAM tool was completed after intake, answer YES. If an ASAM tool was not completed after intake, answer NO.

## III. Best Practices

A) Review the case file to determine if it contains evidence that evidence-based practices were implemented in treatment. **Please see the resource material pertaining to evidence-based practices.** Answer YES if the case file contains evidence-based practices. If not, answer no. If there is not sufficient documentation available to verify that evidence-based practice was utilized (e.g., an evidence-based practice was not mentioned in the treatment progress notes), answer NO DOCUMENTATION.

1) Identify **each** type of evidence-based practice documented in the case file:

Contingency management

Matrix

Seeking safety

Other: Identify other evidence-based practices utilized (i.e., motivational interviewing, cognitive behavioral therapy, or stages of change). Enter the evidence-based practice in the text box.

B) Medication assisted treatment (**for substance abuse treatment only**)

1) Identify **each** medication used in the treatment of substance abuse:

- ☐ Disulfiram (Antabuse)
- ☐ Buprenorphine
- ☐ Acamprosate (Campral)
- ☐ Naltrexone



- ☐ Suboxone
- ☐ Naltrexone, long-acting injectable (Vivitrol)
- ☐ Levo-alpha-acetylmethadol (LAAM)
- ☐ Methadone
- ☐ Subutex

C) Review the case file to determine if it contains evidence that the individual was screened for substance use/abuse during the course of treatment. Answer YES if the case file contains evidence that the individual was screened for substance use. Answer NO if documentation of screening for substance use was not present in the case file.

D) Review the case file to determine if peer support/coaches (e.g., peer worker) were used and are part of the treatment continuum. If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO. Answer NA if the individual declined peer support services.

E) Review the case file to determine if there is evidence that **the individual's feedback regarding the fit of services was solicited and incorporated to enhance what is working and/or change what is not working**. The individual's input may be found in the form of an outcomes rating scale or session rating scale. If evidence is present in the case file, answer YES. If evidence is not present, answer NO.

#### IV. Treatment/Support Services/Rehabilitation Services

A) Review the case file to identify which services the individual received during the course of treatment. Answer YES next to **each** service received. Answer NO next to the services that were not received during the course of treatment.

- Individual counseling/therapy
- Group counseling/therapy
- Family counseling/therapy
- Case management

B) Review the case file to determine if documentation (e.g., progress notes) shows evidence of progress or lack of progress toward the identified treatment goals. If the documentation shows progress or lack of progress toward the identified treatment goals, answer YES. If the case file does not show evidence of progress or lack of progress toward the identified ISP goals, answer NO. Answer NA if there is not an ISP present in the case file. You may also answer NA if services provided are recent and there is no change in progress.

C) Review the case file to determine the number of counseling/therapy sessions that the individual attended during the course of treatment. Treatment sessions include individual and group sessions. Select the appropriate response:

- 0–5 treatment sessions
- 6–10 treatment sessions
- 11 sessions or more

**D)** Review the case file to determine how many self-help or recovery group sessions (e.g., Alcoholics Anonymous, Narcotics Anonymous) the individual reported attending during the course of treatment. Select the appropriate response:

- No documentation (includes those individuals who were referred to self-help groups but did not attend)
- 1–4 times during treatment
- 5–12 times during treatment
- 13–20 times during treatment
- 21 or more times during treatment

**E)** If symptomatic improvement is **NOT** evident in the case file (e.g., there is no decrease in the frequency of target substance use), review the case file to determine if staff revised the treatment approach and/or sought consultation in order to facilitate symptomatic improvement. Answer YES if the provider revised the treatment approach and/or sought consultation. If not, answer NO. Answer NA if symptomatic improvement is present in the case file.

**F)** If the individual was **NOT** employed at the time of intake, review the case file to determine if the individual's interest in finding employment was explored. Answer YES if there is evidence that the individual's interest in finding employment was explored. If not, answer NO. **Answer NA if the individual was employed at the time of intake or employment is not relevant to the individual's situation (e.g., the individual is participating in a vocational program).**

**G)** If the individual was **NOT** involved in an education or vocational training program at the time of intake, review the case file to determine if the individual's interest in becoming involved in a program was explored. Answer YES if there is evidence that the individual's interest in becoming involved in an educational or vocational training program was explored. If evidence is not present, answer NO. **Answer NA if the individual was involved in an educational or vocational training program at the time of intake or it is not relevant to the individual's situation (e.g., the individual is employed).**

**H)** If the individual was **NOT** involved in a meaningful community activity at the time of intake, review the case file to determine if the individual's interest in becoming involved in a community activity was explored. Answer YES if there is evidence that the individual's interest in a community activity was explored. Answer NO if the individual's interests were not explored. **Answer NA if the individual was involved in a community activity at the time of intake or if it is not relevant to the individual's situation (e.g., the individual is participating in a vocational program or employed).**

**I)** Review the case file to determine if the documentation reflects that substance abuse services were rendered. If the documentation in the case file reflects that services were provided for the treatment of substance abuse, answer YES. Answer NO if documentation does not reflect that substance abuse services were rendered.

## V. Gender-Specific (Female Only)

A) Review the case file to determine if it includes a safety plan **where there are domestic violence issues present**. If the case file contains a safety plan, answer YES. If the case file does not contain a safety plan, answer NO. Answer NA if there are no domestic violence issues present.

B) **If the individual was pregnant**, review the case file to determine if there is evidence that staff coordinated behavioral health care with the physician/obstetrician. If there is evidence in the case file indicating that staff coordinated behavioral health care, answer YES. Answer NO if staff did not coordinate with the physician/obstetrician. **Answer NA if the service provider does not apply (e.g., the individual was not pregnant)**. Since an adult individual has to give permission for release of information, this should be considered when responding. Coordination of care includes verbal or written efforts to solicit their input or share information.

C) **If the individual was pregnant**, review the case file to determine if staff provided education pertaining to the effects of substance use on fetal development. Answer YES if the case file contains evidence. Answer NO if evidence is not present. **Answer NA if the individual was not pregnant**.

D) **If the individual has a child less than one year of age**, review the case file to determine if screening was completed for postpartum depression/psychosis. If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO. **Answer NA if the individual does not have a child less than one year in age**.

E) **If the individual has dependent children**, review the case file to determine if child care was addressed. If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO. **Answer NA if the individual does not have dependent children**.

F) Review the case file to determine if gender-specific treatment services were offered and/or provided (e.g., women's-only group therapy sessions, female peer/recovery support/coaches) as part of the treatment continuum. If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO. Answer NA if the individual declined gender-specific services.

## VI. Discharge and Continuing Care Planning (only completed if the individual completed treatment or declined further services)

A) Review the case file to determine if a relapse prevention plan was completed. If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO.

B) Review the case file to determine if there is evidence that staff provided resources pertaining to community supports, including recovery self-help groups and/or other individualized support services. If there is evidence that staff provided resource and/or referral information, answer YES. A YES response indicates that staff provided information and/or referral regarding at least one resource. If evidence is not present, answer NO.

C) Review the case file to determine if staff actively coordinated with other involved agencies at the time of discharge. If there is evidence in the case file indicating that staff attempted to coordinate/communicate with other involved agencies, answer YES. Answer NO if staff did not make efforts to coordinate with other involved agencies at the time of discharge. Answer NA if there were no other agencies involved. Since an adult individual must give permission for other involved parties to participate in treatment, this should be considered when responding. Coordination of care includes verbal or written efforts to solicit their input or share information.

**VII. Re-Engagement (only completed if the individual declined further services or chose not to appear for scheduled services, including closure for loss of contact)**

Review the case file to determine if the following outreach activities were conducted in an effort to re-engage the individual prior to closure:

- 1.) Contacting the individual (or legal guardian if applicable) by telephone, at times when the person may be expected to be available (e.g., after work or school)**—Answer YES if telephone contact was attempted. Answer NO if telephone contact was not attempted.
- 2.) If telephone contact was unsuccessful, a letter was mailed requesting contact**—Answer YES if a letter was sent to the individual. Answer NO if a letter was not sent to the individual. Answer NA if attempts to reach the member through other means were successful.
- 3.) Were other attempts made to re-engage, such as:**
  - a. Home visit?
  - b. Call emergency contact(s)?
  - c. Contacting other involved agencies?
  - d. Other?

Answer YES next to each means of outreach attempted in order to re-engage the individual. Answer NO next to each action that was not attempted. Answer NA if attempts to reach the individual by other means of outreach were successful (e.g., the individual was successfully reached via telephone call). NA may also be used if a particular means of outreach was not applicable to the individual (e.g., answer NA for “contacting other involved agencies” if the individual did not have any other agencies involved).

**VIII. National Outcome Measures**

**For each measure below, answer YES or NO based on the individual’s status at the time of intake and at the time of discharge.**

- A) Employed at intake?**  
Employed at discharge?
- B) Enrolled in school or vocational educational program at intake?**  
Enrolled in school or vocational educational program at discharge?

- C)** Lived in a stable housing environment at intake? (Not homeless)  
Lived in a stable housing environment at discharge? (Not homeless)
- D)** Arrested 30 days prior to treatment?  
Arrested 30 days prior to discharge?
- E)** Was the individual abstinent from alcohol and/or drugs at intake?  
Was individual abstinent from alcohol and/or drugs at discharge?
- F)** Participated in Social Support Recovery 30 days prior to treatment?  
Participated in Social Support Recovery 30 days prior to discharge?

### III: Expenditure Reports

**Table 2 - State Agency Expenditure Report**

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS).

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$0		\$0	\$0	\$0	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$0		\$0	\$0	\$0	\$0	\$0
b. All Other	\$0		\$0	\$0	\$0	\$0	\$0
2. Substance Abuse Primary Prevention	\$0		\$0	\$0	\$0	\$0	\$0
3. Tuberculosis Services	\$0		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services**	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$0		\$0	\$0	\$0	\$0	\$0
<b>11. SABG Total (Row 1, 2, 3, 4, 8, 9 and 10)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Prevention other than primary prevention

\*\* Only HIV designated states should enter information in this row

Please indicate the expenditures are actual or estimated.

☐ Actual      ☒ Estimated

Please identify which of the information in is estimated rather than actual:

Table 2, SA State Expenditures, will be submitted with actual expenditures when the MOE calculation is complete.

Identify the date by when all estimates can be replaced with actual expenditures: 01/31/2018

**Footnotes:**

### III: Expenditure Reports

**Table 3 - SAPT Block Grant Expenditure By Service**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Service	Expenditures
<b>Healthcare Home/Physical Health</b>	<b>\$</b>
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
<b>Prevention (Including Promotion)</b>	<b>\$</b>
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
<b>Substance Abuse (Primary Prevention)</b>	<b>\$</b>
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	



Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
<b>Engagement Services</b>	<b>\$</b>
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
<b>Outpatient Services</b>	<b>\$</b>
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
<b>Medication Services</b>	<b>\$</b>
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
<b>Community Support (Rehabilitative)</b>	<b>\$</b>
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
<b>Recovery Supports</b>	<b>\$</b>
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
<b>Other Supports (Habilitative)</b>	<b>\$</b>
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
<b>Intensive Support Services</b>	<b>\$</b>
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
<b>Out-of-Home Residential Services</b>	<b>\$</b>
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
<b>Acute Intensive Services</b>	<b>\$</b>
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
<b>Other (please list)</b>	<b>\$</b>
<b>Total</b>	<b>\$0</b>

**Footnotes:**

### III: Expenditure Reports

**Table 4 - State Agency SABG Expenditure Compliance Report**

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Category	FY 2015 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$31,054,382
2. Primary Prevention	\$7,909,235
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$573,533
6. Total	\$39,537,150

\*Prevention other than Primary Prevention

\*\*HIV Designated States

**Footnotes:**

### III: Expenditure Reports

**Table 5a - Primary Prevention Expenditures Checklist**

Expenditure Period Start Date:  Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Information Dissemination	Indicated	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Information Dissemination	Universal	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Information Dissemination	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Information Dissemination</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Education	Selective	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Education	Indicated	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Education	Universal	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Education	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Education</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Alternatives	Selective	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Alternatives	Indicated	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Alternatives	Universal	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Alternatives	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Alternatives</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Problem Identification and Referral	Selective	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Problem Identification and Referral	Indicated	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Problem Identification and Referral	Universal	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Problem Identification and Referral	Unspecified	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<b>Problem Identification and Referral</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Community-Based Process	Selective	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>

Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Community-Based Process</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Environmental	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Environmental</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Section 1926 Tobacco</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Other	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Other</b>	<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Grand Total</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**Footnotes:**

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submitted a Corrective Action Plan (CAP) June 30, 2014 as required by Substance Abuse and Mental Health Services Administration (SAMHSA) to meet the special terms of the award in the June 6, 2014 Notice of Grant Award, SABG Grant Number 2B08TIO10004-14. The CAP described steps which would be taken by ADHS/DBHS in order to comply with block grant reporting requirements.

Through an administrative initiative to integrate the administration of physical and behavioral health services as of July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) merged to fully integrate the implementation and oversight of federally funded behavioral and physical care services. The integration of ADHS/DBHS and AHCCCS builds stronger and better informed delivery of behavioral and physical health services through Arizona's Medicaid and SAMHSA programs.

AHCCCS has developed and updated reporting spreadsheets for each for each of the prevention tables in order to capture information for each contracted provider and to match the recent changes made by SAMHSA. The information conforms precisely to the reporting tables for the SABG Report. Each contractor will be required to submit the spreadsheets for each Federal Fiscal Year which will allow AHCCCS to confirm that the amount reported conforms to the required set aside. All prevention activities are reported based on IOM category for each Federal Fiscal Year. As indicated in the CAP, AHCCCS will come into compliance for FFY2016 reporting. AHCCCS has disseminated the updated spreadsheets and has provided ongoing training and technical assistance to all contractors. AHCCCS is on track for reporting the FFY2016 SABG Block Grant in the December 1, 2018 reporting cycle.

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct					
Universal Indirect					
Selective					
Indicated					
Column Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:



Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submitted a Corrective Action Plan (CAP) June 30, 2014 as required by Substance Abuse and Mental Health Services Administration (SAMHSA) to meet the special terms of the award in the June 6, 2014 Notice of Grant Award, SABG Grant Number 2B08TIO10004-14. The CAP described steps which would be taken by ADHS/DBHS in order to comply with block grant reporting requirements.

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AHCCCS has developed and updated reporting spreadsheets for each for each of the prevention tables in order to capture information for each contracted provider and to match the recent changes made by SAMHSA. The information conforms precisely to the reporting tables for the SABG Report. Each contractor will be required to submit the spreadsheets for each Federal Fiscal Year which will allow AHCCCS to confirm that the amount reported conforms to the required set aside. All prevention activities are reported based on IOM category for each Federal Fiscal Year. As indicated in the CAP, AHCCCS will come into compliance for FFY2016 reporting. AHCCCS has disseminated the updated spreadsheets and has provided ongoing training and technical assistance to all contractors. AHCCCS is on track for reporting the FFY2016 SABG Block Grant in the December 1, 2018 reporting cycle.

### III: Expenditure Reports

**Table 5c - SABG Primary Prevention Priorities and Special Population Categories**

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Targeted Substances	
Alcohol	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input type="checkbox"/>

**Footnotes:**



Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submitted a Corrective Action Plan (CAP) June 30, 2014 as required by Substance Abuse and Mental Health Services Administration (SAMHSA) to meet the special terms of the award in the June 6, 2014 Notice of Grant Award, SABG Grant Number 2B08TIO10004-14. The CAP described steps which would be taken by ADHS/DBHS in order to comply with block grant reporting requirements.

Through an administrative initiative to integrate the administration of physical and behavioral health services as of July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) merged to fully integrate the implementation and oversight of federally funded behavioral and physical care services. The integration of ADHS/DBHS and AHCCCS builds stronger and better informed delivery of behavioral and physical health services through Arizona's Medicaid and SAMHSA programs.

AHCCCS has developed and updated reporting spreadsheets for each for each of the prevention tables in order to capture information for each contracted provider and to match the recent changes made by SAMHSA. The information conforms precisely to the reporting tables for the SABG Report. Each contractor will be required to submit the spreadsheets for each Federal Fiscal Year which will allow AHCCCS to confirm that the amount reported conforms to the required set aside. All prevention activities are reported based on IOM category for each Federal Fiscal Year. As indicated in the CAP, AHCCCS will come into compliance for FFY2016 reporting. AHCCCS has disseminated the updated spreadsheets and has provided ongoing training and technical assistance to all contractors. AHCCCS is on track for reporting the FFY2016 SABG Block Grant in the December 1, 2018 reporting cycle.

### III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment						\$0.00
2. Quality Assurance						\$0.00
3. Training (Post-Employment)						\$0.00
4. Program Development						\$0.00
5. Research and Evaluation						\$0.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Footnotes:

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submitted a Corrective Action Plan (CAP) June 30, 2014 as required by Substance Abuse and Mental Health Services Administration (SAMHSA) to meet the special terms of the award in the June 6, 2014 Notice of Grant Award, SABG Grant Number 2B08TIO10004-14. The CAP described steps which would be taken by ADHS/DBHS in order to comply with block grant reporting requirements.

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AHCCCS has developed and updated reporting spreadsheets for each for each of the prevention tables in order to capture information for each contracted provider and to match the recent changes made by SAMHSA. The information conforms precisely to the reporting tables for the SABG Report. Each contractor will be required to submit the spreadsheets for each Federal Fiscal Year which will allow AHCCCS to confirm that the amount reported conforms to the required set aside. All prevention activities are reported based on IOM category for each Federal Fiscal Year. As indicated in the CAP, AHCCCS will come into compliance for FFY2016 reporting. AHCCCS has disseminated the updated spreadsheets and has provided ongoing training and technical assistance to all contractors. AHCCCS is on track for reporting the FFY2016 SABG Block Grant in the December 1, 2018 reporting cycle.

### III: Expenditure Reports

**Table 7 - Statewide Entity Inventory**

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Entity Number	I-BHS ID	<input checked="" type="checkbox"/>	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
* AZ101147	AZ101147	<input checked="" type="checkbox"/>	Maricopa County	Mercy Maricopa Integrated Care (MMIC)	4351 East Cotton Center Boulevard, Building D	Phoenix	AZ	85040	\$2,825,150	\$552,612	\$1,496,726	\$2,272,539	\$0
* AZ101145	AZ101145	<input checked="" type="checkbox"/>	Pima County	Community Partnership of Southern Arizona (CPSA)	4575 East Broadway Boulevard	Tucson	AZ	85711	\$429,895	\$306,685	\$0	\$123,211	\$0
* 158133	AZ101007	<input checked="" type="checkbox"/>	Coconino County	The Guidance Center	2695 E. Industrial Dr	Flagstaff	AZ	86004	\$204,116	\$177,824	\$4,711	\$26,293	\$0
AZ101018	AZ101018	<input checked="" type="checkbox"/>	Maricopa County	Area Agency on Aging, Region One, Inc.	1366 East Thomas Rd, Suite 108	Phoenix	AZ	85014	\$195,654	\$0	\$0	\$195,654	\$0
581244	AZ102728	<input checked="" type="checkbox"/>	Cochise County	Arizona Counseling And Treatment	2039 E. Wilcox Dr., Ste. A	Sierra Vista	AZ	85635	\$41,482	\$41,482	\$2,067	\$0	\$0
581257	AZ102733	<input checked="" type="checkbox"/>	Cochise County	Arizona Counseling and Treatment	500 S. Highway 80, Ste. A	Benson	AZ	85602	\$2,305	\$2,305	\$82	\$0	\$0
754451	AZ102732	<input checked="" type="checkbox"/>	Cochise County	Arizona Counseling and Treatment	24 Howell St.	Bisbee	AZ	85603	\$5,246	\$5,246	\$45	\$0	\$0
580533	AZ102727	<input checked="" type="checkbox"/>	Cochise County	Arizona Counseling and Treatment	114 & 116 S. Arizona Avenue	Willcox	AZ	85644	\$3,693	\$3,693	\$27	\$0	\$0
581226	AZ102730	<input checked="" type="checkbox"/>	Graham County	Arizona Counseling and Treatment	301 E. 4th St., Ste. A	Safford	AZ	85546	\$9,046	\$9,046	\$209	\$0	\$0
581235	AZ102731	<input checked="" type="checkbox"/>	Greenlee County	Arizona Counseling And Treatment	562 N. Coronado Blvd.	Clifton	AZ	85533	\$60	\$60	\$0	\$0	\$0
477855	AZ102736	<input checked="" type="checkbox"/>	La Paz County	Arizona Counseling And Treatment	1021 Kofa Avenue	Parker	AZ	85344	\$97	\$97	\$0	\$0	\$0
536715	AZ102734	<input checked="" type="checkbox"/>	Pinal County	Arizona Counseling and Treatment	13100 S. Sunland Gin Road, Ste. 1	Arizona City	AZ	85123	\$11,182	\$11,182	\$825	\$0	\$0
476817	AZ102738	<input checked="" type="checkbox"/>	Yuma County	Arizona Counseling and Treatment	679 N. First Avenue, Ste E	San Luis	AZ	85349	\$7,127	\$7,127	\$526	\$0	\$0
448320	AZ102739	<input checked="" type="checkbox"/>	Yuma County	Arizona Counseling and Treatment	10318 William Street	Wellton	AZ	85356	\$3,263	\$3,263	\$218	\$0	\$0
359375	AZ101843	<input checked="" type="checkbox"/>	Yuma County	Arizona Counseling And Treatment	2545 S. Arizona Avenue	Yuma	AZ	85364	\$108,499	\$108,499	\$5,068	\$0	\$0
006006	AZ101020	<input checked="" type="checkbox"/>	Pima County	Arizona Youth Partnership	4239 W. Ina Rd, Ste 101	Tucson	AZ	85741	\$58,333	\$0	\$0	\$58,333	\$0
006006	AZ101020	<input checked="" type="checkbox"/>	Pima County	Arizona Youth Partnership - Rural (CER)	4239 W. Ina Rd, Ste 101	Tucson	AZ	85741	\$95,442	\$0	\$0	\$95,442	\$0
917997	AZ101417	<input checked="" type="checkbox"/>	Pima County	ASSURANCE	3939 S Park Ave	Tucson	AZ	85714	\$1,507	\$1,507	\$0	\$0	\$0
6006	AZ101023	<input checked="" type="checkbox"/>	Mohave County	AZ Youth Partnership	4239 W. Ina Road, Ste 101	Tucson	AZ	85741	\$33,464	\$0	\$0	\$33,464	\$0
319460	AZ101530	<input checked="" type="checkbox"/>	Maricopa County	BAART BEHAVIORAL HEALTH	908 B West Chandler Boulevard	Chandler	AZ	85225	\$76,179	\$76,179	\$0	\$0	\$0
941593	AZ100958	<input checked="" type="checkbox"/>	Yuma County	CALLOWAY LABORATORIES	9305 W THOMAS RD STE 270	Phoenix	AZ	85037	\$5,186	\$5,186	\$0	\$0	\$0
50281801	AZ101144	<input checked="" type="checkbox"/>	Pima County	Casa De Los Ninos	140 N. Tucson Blvd. Tucson, AZ	Tucson	AZ	85716	\$12,294	\$12,294	\$0	\$0	\$0
AZ101024	AZ101024	<input checked="" type="checkbox"/>	Pinal County	Casa Grande Alliance	901 E Cottonwood Lane	Casa Grande	AZ	85211	\$67,246	\$0	\$0	\$67,246	\$0

	551922	AZ101072	<input checked="" type="checkbox"/>	La Paz, Yuma Counties	CENPATICO 2	1501 W. Fountainhead Parkway	Tempe	AZ	85282	\$71,662	\$65,078	\$0	\$6,584	\$0
	560049	AZ101073	<input checked="" type="checkbox"/>	Graham, Greenlee, Cochise, Santa Cruz Counties	CENPATICO 3	1501 W. Fountainhead Parkway	Tempe	AZ	85282	\$99,987	\$79,588	\$0	\$20,399	\$0
	944563	AZ101074	<input checked="" type="checkbox"/>	Gila, Pinal Counties	CENPATICO 4	1501 W. Fountainhead Parkway	Tempe	AZ	85282	\$107,283	\$86,698	\$0	\$20,585	\$0
	067893	AZ103012	<input checked="" type="checkbox"/>	All Counties	Cenpatico Integrated Care	333 E Wetmore	Tucson	AZ	85705	\$559,345	\$493,590	\$67,327	\$65,755	\$0
	366918	AZ901153	<input checked="" type="checkbox"/>	Maricopa County	Center for Behavioral Health - Phoenix	1501 East Washington Street	Phoenix	AZ	85034	\$58,085	\$58,085	\$0	\$0	\$0
	339855	AZ102105	<input checked="" type="checkbox"/>	Maricopa County	Center for Behavioral Health - Tempe	2123 East Southern Avenue, Ste. 4	Tempe	AZ	85282	\$70,134	\$70,134	\$0	\$0	\$0
	925422	AZ102144	<input checked="" type="checkbox"/>	Maricopa County	Centered Spirit	9405 S. Avenida Del Yaqui	Guadalupe	AZ	85283	\$231,000	\$0	\$0	\$231,000	\$0
	003450	AZ101317	<input checked="" type="checkbox"/>	Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	105 N. Fifth Ave.	Holbrook	AZ	86025	\$57,917	\$20,868	\$8,350	\$37,049	\$0
	007460	AZ105631	<input checked="" type="checkbox"/>	Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	2500 East Show Low Lake Road	Show Low	AZ	85901	\$3,435	\$3,435	\$1,375	\$0	\$0
	426191	AZ300158	<input checked="" type="checkbox"/>	Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	1015 East 2nd Street	Winslow	AZ	86047	\$6,070	\$6,070	\$2,429	\$0	\$0
	740227	AZ100960	<input checked="" type="checkbox"/>	Navajo County	Changepoint Integrated Health (fka Community Counseling Centers)	423 S. Main St.	Snowflake	AZ	85937	\$6,977	\$6,977	\$2,792	\$0	\$0
	112219	AZ100067	<input checked="" type="checkbox"/>	Maricopa County	Chicanos por la Causa	1402 S. Central Ave.	Phoenix	AZ	85003	\$68,963	\$68,963	\$0	\$0	\$0
	50803	AZ101093	<input checked="" type="checkbox"/>	Maricopa County	Chicanos por la Causa	3639 W. Lincoln St	Phoenix	AZ	85009	\$175,408	\$175,408	\$0	\$0	\$0
	AZ101026	AZ101026	<input checked="" type="checkbox"/>	Pima County	Child & Family Resources	2800 E. Broadway	Tucson	AZ	85718	\$46,667	\$0	\$0	\$46,667	\$0
	AZ101026	AZ101026	<input checked="" type="checkbox"/>	Pima County	Child & Family Resources (CER)	2800 E. Broadway	Tucson	AZ	85718	\$220,183	\$0	\$0	\$220,183	\$0
	AZ101027	AZ101027	<input checked="" type="checkbox"/>	Santa Cruz County	Circles of Peace	404 Crawford	Nogales	AZ	85621	\$18,215	\$0	\$0	\$18,215	\$0
	AZ101029	AZ101029	<input checked="" type="checkbox"/>	Maricopa County	City of Tempe	715 W. Fifth Street	Tempe	AZ	85281	\$172,698	\$0	\$0	\$172,698	\$0
	AZ100579	AZ100579	<input checked="" type="checkbox"/>	Pima County	CODAC	1080 S. 10th. Ave.	Tucson	AZ	85701	\$159,030	\$0	\$0	\$159,030	\$0
	354217	AZ105599	<input checked="" type="checkbox"/>	Pima County	CODAC	3100 N. First Ave.	Tucson	AZ	85719	\$325,296	\$325,296	\$0	\$0	\$0
	521279	AZ101874	<input checked="" type="checkbox"/>	Pima County	CODAC	127 S. 5th Ave.	Tucson	AZ	85701	\$4,619	\$4,619	\$0	\$0	\$0
	408874	AZ101876	<input checked="" type="checkbox"/>	Pima County	CODAC	502 N. Silverbell	Tucson	AZ	85745	\$100,415	\$100,415	\$90,795	\$0	\$0
	52127901	AZ101874	<input checked="" type="checkbox"/>	Pima County	CODAC	127 S. 5th Ave.	Tucson	AZ	85701	\$123,135	\$123,135	\$0	\$0	\$0
	97976801	AZ101415	<input checked="" type="checkbox"/>	Pima County	CODAC	700 N. 7th. Ave.	Tucson	AZ	85705	\$32,538	\$32,538	\$0	\$0	\$0
	35421701	AZ105599	<input checked="" type="checkbox"/>	Pima County	CODAC	3100 N. First Ave.	Tucson	AZ	85719	\$229,702	\$229,702	\$0	\$0	\$0
	40887401	AZ101876	<input checked="" type="checkbox"/>	Pima County	CODAC	502 N. Silverbell	Tucson	AZ	85745	\$12,348	\$12,348	\$0	\$0	\$0
	576264	AZ100512	<input checked="" type="checkbox"/>	Cochise County	Community Bridges	646 W Union St	Benson	AZ	85602	\$244,533	\$244,533	\$0	\$0	\$0
	677294	AZ101825	<input checked="" type="checkbox"/>	Pinal County	Community Bridges	675 E. Cottonwood, Suite 101	Casa Grande	AZ	85122	\$70,008	\$70,008	\$0	\$0	\$0



	388723	AZ101827	<input checked="" type="checkbox"/>	Gila County	Community Bridges	5734 E. Hope Lane	Globe	AZ	85501	\$95,299	\$95,299	\$0	\$0	\$0
	357379	AZ101829	<input checked="" type="checkbox"/>	Gila County	Community Bridges	803 W Main St	Payson	AZ	85541	\$69,459	\$69,459	\$0	\$0	\$0
	419683	AZ100973	<input checked="" type="checkbox"/>	Graham, Greenlee, Cochise, Santa Cruz Counties	Community Bridges	554 S. Bellview	Mesa	AZ	85204	\$55,895	\$55,895	\$0	\$0	\$0
	419683	AZ100973	<input checked="" type="checkbox"/>	Yuma County	Community Bridges	554 S. Bellview	Mesa	AZ	85204	\$1,814	\$1,814	\$0	\$0	\$0
	488670	AZ101862	<input checked="" type="checkbox"/>	Yuma County	Community Bridges	3250 B East 40th Street	Yuma	AZ	85365	\$161,849	\$161,849	\$0	\$0	\$0
	419683	AZ100973	<input checked="" type="checkbox"/>	Pinal, Gila Counties	Community Bridges	554 S. Bellview	Mesa	AZ	85204	\$145,111	\$145,111	\$0	\$0	\$0
	488670	AZ101862	<input checked="" type="checkbox"/>	Yuma County	Community Bridges Inc	3250 B East 40th Street	Yuma	AZ	85365	\$542,444	\$542,444	\$35,550	\$0	\$0
	363859	AZ100796	<input checked="" type="checkbox"/>	Yuma, Gila, Pinal, Pima Counties	Community Bridges Inc	2770 East Van Buren Street	Phoenix	AZ	85008	\$10,875	\$10,875	\$796	\$0	\$0
	357379	AZ101829	<input checked="" type="checkbox"/>	Gila County	Community Bridges Inc	803 W Main St	Payson	AZ	85541	\$725	\$725	\$53	\$0	\$0
	388723	AZ101827	<input checked="" type="checkbox"/>	Gila County	Community Bridges Inc	5734 E. Hope Lane	Globe	AZ	85501	\$28,274	\$28,274	\$2,069	\$0	\$0
	630855	AZ101831	<input checked="" type="checkbox"/>	Pinal County	Community Bridges Inc	824 N. 99th Ave Ste. 108	Avondale	AZ	85323	\$2,994	\$2,994	\$212	\$0	\$0
	677294	AZ101825	<input checked="" type="checkbox"/>	Pinal County	Community Bridges Inc	675 E. Cottonwood, Suite 101	Casa Grande	AZ	85122	\$158,044	\$158,044	\$11,567	\$0	\$0
	677658	AZ100516	<input checked="" type="checkbox"/>	Pinal County	Community Bridges Inc	358 E. Javelina Ave Ste 101	Mesa	AZ	85210	\$4,350	\$4,350	\$318	\$0	\$0
	576264	AZ100512	<input checked="" type="checkbox"/>	Cochise County	Community Bridges Inc	646 W Union St	Benson	AZ	85602	\$34,074	\$34,074	\$2,494	\$0	\$0
	591991	AZ100513	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	1012 S. Stapley Dr. Bldg. 5	Mesa	AZ	85204	\$85,269	\$85,269	\$0	\$0	\$0
	382935	AZ100796	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	2770 E. Van Buren St.	Phoenix	AZ	85008	\$3,379,093	\$3,379,093	\$0	\$0	\$0
	677658	AZ100694	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	358 E. Javelina Ave., Suite 101	Mesa	AZ	85210	\$1,601,291	\$1,601,291	\$0	\$0	\$0
	679038	AZ100694	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	358 E. Javelina Ave., Suite 102	Mesa	AZ	85210	\$1,870	\$1,870	\$0	\$0	\$0
	908014	AZ100973	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	554-1 S. Bellview, Area B	Mesa	AZ	85204	\$139,146	\$139,146	\$6,755	\$0	\$0
	385867	AZ100973	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	560 S. Bellview	Mesa	AZ	85204	\$1,286,273	\$1,263,227	\$0	\$23,046	\$0
	630855	AZ101831	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	824 N. 99th Ave., Suite 108	Avondale	AZ	85323	\$1,506,354	\$1,506,354	\$0	\$0	\$0
	630824	AZ101831	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	824 N. 99th Ave., Suite 109	Avondale	AZ	85323	\$625,835	\$545,566	\$0	\$80,269	\$0
	283412	AZ101826	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	8825 N. 23rd Ave. , Ste 100	Phoenix	AZ	85021	\$1,588,609	\$1,588,609	\$0	\$0	\$0
	363859	AZ100796	<input checked="" type="checkbox"/>	Maricopa County	Community Bridges, Inc.	2770 East Van Buren Street	Phoenix	AZ	85008	\$2,251	\$2,251	\$0	\$0	\$0
	357379	AZ101830	<input checked="" type="checkbox"/>	Gila County	Community Bridges, Inc.	803 W. Main St	Payson	AZ	85541	\$14,909	\$14,909	\$0	\$0	\$0
	388723	AZ101828	<input checked="" type="checkbox"/>	Gila County	Community Bridges, Inc.	5734 E. Hope Lane	Globe	AZ	85501	\$493	\$493	\$0	\$0	\$0
	388770	AZ101827	<input checked="" type="checkbox"/>	Gila County	Community Bridges, Inc.	5737 E. Hope Lane	Globe	AZ	85501	\$2,142	\$2,142	\$0	\$0	\$0
	422788	AZ101833	<input checked="" type="checkbox"/>	Navajo County	Community Bridges, Inc.	105 N Cottonwood Ave	Winslow	AZ	86047	\$6,195	\$6,195	\$0	\$0	\$0
	599812	AZ101832	<input checked="" type="checkbox"/>	Navajo County	Community Bridges, Inc.	110 E. 2nd St	Winslow	AZ	86047	\$45,068	\$45,068	\$0	\$0	\$0
	023659	AZ100518	<input checked="" type="checkbox"/>	Navajo County	Community Bridges, Inc.	993 Hermosa Dr, Area B	Holbrook	AZ	86025	\$52,986	\$52,986	\$0	\$0	\$0

	495600	AZ101864	<input checked="" type="checkbox"/>	La Paz County	Community Intervention Associates	1516 Ocotillo Avenue	Parker	AZ	85344	\$2,892	\$2,892	\$0	\$0	\$0
	893893	AZ100005	<input checked="" type="checkbox"/>	Yuma County	Community Intervention Associates	2851 S Ave B Bldg 3 & 4	Yuma	AZ	85364	\$53,677	\$53,677	\$0	\$0	\$0
	496988	AZ101865	<input checked="" type="checkbox"/>	Yuma County	Community Intervention Associates	1938 E Juan Sanchez Blvd Bldg 6	San Luis	AZ	85349	\$14,458	\$14,458	\$0	\$0	\$0
	603657	AZ102449	<input checked="" type="checkbox"/>	Santa Cruz County	Community Intervention Associates	32 Blvd. Del Rey David	Nogales	AZ	85621	\$15,451	\$15,451	\$0	\$0	\$0
	620627	AZ102447	<input checked="" type="checkbox"/>	Cochise County	Community Intervention Associates	1701 N Douglas Ave	Douglas	AZ	85607	\$31,102	\$31,102	\$0	\$0	\$0
	620609	AZ102448	<input checked="" type="checkbox"/>	Cochise County	Community Intervention Associates	1326 Hwy. 92 Suite J	Bisbee	AZ	85603	\$41,673	\$41,673	\$10,572	\$0	\$0
	590019	AZ101028	<input checked="" type="checkbox"/>	Maricopa County	Community Medical Services	2301 W. Northern	Phoenix	AZ	85021	\$78,959	\$78,959	\$3,948	\$0	\$0
	342717	AZ102992	<input checked="" type="checkbox"/>	Maricopa County	Community Medical Services	3825 N. 24th St.	Phoenix	AZ	85016	\$67,758	\$67,758	\$3,388	\$0	\$0
	914899	AZ100734	<input checked="" type="checkbox"/>	Maricopa County	Community Medical Services	6116 E. Arbor Ave	Mesa	AZ	85206	\$35,381	\$35,381	\$1,769	\$0	\$0
	40894901	AZ105524	<input checked="" type="checkbox"/>	Pima County	COPE	535 E Drachman	Tucson	AZ	85705	\$114,414	\$114,414	\$0	\$0	\$0
	14561601	AZ100809	<input checked="" type="checkbox"/>	Pima County	COPE	101 S. Stone	Tucson	AZ	85701	\$248,790	\$248,790	\$0	\$0	\$0
	14561601	AZ105532	<input checked="" type="checkbox"/>	Pima County	COPE	85 W. Franklin	Tucson	AZ	85705	\$253,417	\$253,417	\$0	\$0	\$0
	408949	AZ105524	<input checked="" type="checkbox"/>	Pima County	COPE	535 E Drachman	Tucson	AZ	85705	\$383,475	\$383,475	\$75,028	\$0	\$0
	14561601	AZ105532	<input checked="" type="checkbox"/>	Pima County	COPE Behavioral Health Services Inc	85 West Franklin Street	Tucson	AZ	85701	\$166,640	\$166,640	\$0	\$0	\$0
	102238	AZ100559	<input checked="" type="checkbox"/>	Santa Cruz County	Corazon	1891 N. Mastick Way	Nogales	AZ	85621	\$71,702	\$71,702	\$0	\$0	\$0
	100059	AZ102108	<input checked="" type="checkbox"/>	Pinal County	Corazon	900 East Florence Boulevard Suite G	Casa Grande	AZ	85122	\$26,564	\$26,564	\$0	\$0	\$0
	102849	AZ100598	<input checked="" type="checkbox"/>	Santa Cruz County	Corazon Integrated Healthcare Services	936 F Avenue Suite B	Douglas	AZ	85607	\$33,096	\$33,096	\$0	\$0	\$0
	704719	AZ100477	<input checked="" type="checkbox"/>	Yuma County	Crossroads Mission	944 S ARIZONA AVE	Yuma	AZ	85364	\$275,231	\$275,231	\$11,475	\$0	\$0
	AZ101031	AZ101031	<input checked="" type="checkbox"/>	Yuma County	CV Lore and Associates	355 S. Balboa Dr	Gilbert	AZ	85296	\$10,000	\$0	\$0	\$10,000	\$0
	AZ101031	AZ101031	<input checked="" type="checkbox"/>	Pinal, Gila Counties	CV Lore and Associates	355 S. Balboa Dr	Gilbert	AZ	85296	\$9,000	\$0	\$0	\$9,000	\$0
	599904	AZ100601	<input checked="" type="checkbox"/>	Maricopa County	Devereux Arizona	11000 N. Scottsdale Rd., Suite 260	Scottsdale	AZ	85254	\$20,722	\$20,722	\$0	\$0	\$0
	319790	AZ750154	<input checked="" type="checkbox"/>	Maricopa County	Ebony House, Inc	6222 S. 13th St.	Phoenix	AZ	85042	\$90,644	\$90,644	\$0	\$0	\$0
	845604	AZ100878	<input checked="" type="checkbox"/>	Maricopa County	Ebony House, Inc	8646 S. 14th St	Phoenix	AZ	85042	\$205,948	\$205,948	\$115,304	\$0	\$0
	756486	AZ100540	<input checked="" type="checkbox"/>	Maricopa County	EMPACT - Suicide Prevetion Center	618 S. Madison Dr.	Tempe	AZ	85281	\$10,381	\$10,381	\$0	\$0	\$0
	100587	AZ101032	<input checked="" type="checkbox"/>	Maricopa County	Empact Suicide Prevention	1232 E Broadway, Suite 320	Tempe	AZ	85282	\$62,096	\$846	\$0	\$61,250	\$0
	128821	AZ102753	<input checked="" type="checkbox"/>	Coconino County	Encompass Healthcare	463 S. Lake Powell Blvd.	Page	AZ	86040	\$55,033	\$28,262	\$553	\$26,771	\$0
	168072	AZ102753	<input checked="" type="checkbox"/>	Coconino County	Encompass Healthcare	463 S. Lake Powell Blvd.	Page	AZ	86040	\$148,594	\$148,594	\$2,906	\$0	\$0
	737330	AZ102754	<input checked="" type="checkbox"/>	Coconino County	Encompass Healthcare	32 N. 10th Ave Ste 5	Page	AZ	86040	\$26,946	\$26,946	\$527	\$0	\$0
	822503	AZ301016	<input checked="" type="checkbox"/>	Navajo	Epidaurua-DBA Amity Foundation	10500 E. Tanque Verde Rd	Tucson	AZ	85749	\$30,656	\$30,656	\$0	\$0	\$0
	AZ101033	AZ101033	<input checked="" type="checkbox"/>	Pinal County	Gila County Health Department	5515 S. Apache Ave., Suite 100	Globe	AZ	85501	\$74,731	\$0	\$0	\$74,731	\$0

	415712	AZ101722	<input checked="" type="checkbox"/>	Pinal County	Gila River Health Care BHS	PO BOX 38	Sacaton	AZ	85147	\$189,095	\$117,053	\$4,677	\$72,042	\$0
	334582	AZ100964	<input checked="" type="checkbox"/>	Pinal County	Gila River Health Care Family Planning	PO BOX 2175	Sacaton	AZ	85147	\$18,686	\$18,686	\$0	\$0	\$0
	683287	AZ101868	<input checked="" type="checkbox"/>	Pinal County	Gila River Health Care OASIS	291 W. Casa Blanca Rd.	Sacaton	AZ	85147	\$63,686	\$63,686	\$0	\$0	\$0
	415712	AZ101722	<input checked="" type="checkbox"/>	Pinal County	Gila River Health Care Prevention	PO BOX 38	Sacaton	AZ	85147	\$14,564	\$0	\$0	\$14,564	\$0
	589093	AZ101809	<input checked="" type="checkbox"/>	Maricopa County	Gila River Health Care RTC	3850 N. 16th Street	Laveen	AZ	85339	\$4,120	\$4,120	\$0	\$0	\$0
	AZ101034	AZ101034	<input checked="" type="checkbox"/>	Maricopa County	Gila River Trailriders Club	5594 W. Wildhorse Pass Blvd.	Chandler	AZ	85226	\$8,800	\$0	\$0	\$8,800	\$0
	006579	AZ101080	<input checked="" type="checkbox"/>	Coconino, Mohave, Yavapai, Apache, Navajo Counties	Health Choice Integrated Care	1300 South Yale St	Flagstaff	AZ	86001	\$393,370	\$328,294	\$13,204	\$65,076	\$0
	146516	AZ101861	<input checked="" type="checkbox"/>	Pinal County	Helping Associates	1000 E Racine Pl	Casa Grande	AZ	85122	\$107,769	\$107,769	\$0	\$0	\$0
	049454	AZ101861	<input checked="" type="checkbox"/>	Pinal County	Helping Associates, Inc.	1901 N. Trekell Rd., Suite A	Casa Grande	AZ	85222	\$590	\$590	\$0	\$0	\$0
	AZ756638	AZ100853	<input checked="" type="checkbox"/>	Pima County	HOPE	1200 N Country Club	Tucson	AZ	85716	\$52,717	\$52,717	\$0	\$0	\$0
	136384	AZ101827	<input checked="" type="checkbox"/>	Pinal County	Horizon Health & Wellness	102 N Florence St.	Casa Grande	AZ	85122	\$1,858	\$1,858	\$0	\$0	\$0
	401711	AZ101694	<input checked="" type="checkbox"/>	Gila County	Horizon Health and Wellness	478 Hagen Road	Globe	AZ	85501	\$1,560	\$1,560	\$0	\$0	\$0
	136384	AZ101827	<input checked="" type="checkbox"/>	Pinal County	Horizon Human Services	102 N Florence St.	Casa Grande	AZ	85122	\$47,592	\$47,592	\$0	\$0	\$0
	AZ101035	AZ101035	<input checked="" type="checkbox"/>	Maricopa County	ICAN: Positive Programs for Youth	650 E. Morelos St.	Chandler	AZ	85225	\$167,163	\$0	\$0	\$167,163	\$0
	955023	AZ101490	<input checked="" type="checkbox"/>	Maricopa County	Intensive Treatment Systems	19401 N. Cave Creek Rd. Ste. 18	Phoenix	AZ	85024	\$37,849	\$37,849	\$1,484	\$0	\$0
	AZ101030	AZ101030	<input checked="" type="checkbox"/>	Maricopa County	Intensive Treatment Systems	4136 W. 75th St.	Phoenix	AZ	85033	\$73,200	\$73,200	\$2,771	\$0	\$0
	872095	AZ101044	<input checked="" type="checkbox"/>	Maricopa County	Intensive Treatment Systems	651 W. Coolidge St.	Phoenix	AZ	85013	\$125,320	\$125,320	\$6,167	\$0	\$0
	305538	AZ100965	<input checked="" type="checkbox"/>	Pima County	Intermountain Centers Summit	1310 N Speedway Pl	Tucson	AZ	85715	\$81,234	\$81,234	\$0	\$0	\$0
	810095	AZ100374	<input checked="" type="checkbox"/>	Maricopa County	Jewish Family & Children's Service	1255 W. Baseline Rd. Ste B258	Mesa	AZ	85202	\$15,060	\$15,060	\$0	\$0	\$0
	584965	AZ100507	<input checked="" type="checkbox"/>	Maricopa County	Jewish Family & Children's Service	1840 N. 99th Ave. Ste 146	Phoenix	AZ	85037	\$6,426	\$6,426	\$0	\$0	\$0
	810459	AZ101534	<input checked="" type="checkbox"/>	Maricopa County	Jewish Family & Children's Service	3001 N. 33rd Ave.	Phoenix	AZ	85017	\$20,577	\$20,577	\$0	\$0	\$0
	007486	AZ100726	<input checked="" type="checkbox"/>	Maricopa County	Jewish Family & Children's Service	5701 W. Talavi Blvd. Ste. 180	Glendale	AZ	85306	\$8,274	\$8,274	\$0	\$0	\$0
	AZ101037	AZ101037	<input checked="" type="checkbox"/>	Maricopa County	Kathleen Stanton, Consultant	5342 N 3rd Ave	Phoenix	AZ	85013	\$22,183	\$0	\$0	\$22,183	\$0
	454232	AZ750550/AZ105490	<input checked="" type="checkbox"/>	Pima County	La Frontera - Family Passages	410 So 6th	Tucson	AZ	85701	\$180,453	\$0	\$0	\$180,453	\$0
	057837	AZ750550/AZ105490	<input checked="" type="checkbox"/>	Pima County	La Frontera - Level II	1900 W Speedway	Tucson	AZ	85745	\$12,348	\$12,348	\$0	\$0	\$0
	069139	AZ750550/AZ105490	<input checked="" type="checkbox"/>	Pima County	La Frontera - Meth Center of Excellence	502 W 29th St	Tucson	AZ	85713	\$60,070	\$60,070	\$0	\$0	\$0
	593849	AZ100152	<input checked="" type="checkbox"/>	Pima County	La Frontera - Methadone Clinic	260 S Scott Ave	Tucson	AZ	85701	\$227,555	\$227,555	\$0	\$0	\$0
	069139	AZ750550/AZ105490	<input checked="" type="checkbox"/>	Pima County	La Frontera - OP	502 W 29th St	Tucson	AZ	85713	\$94,267	\$94,267	\$0	\$0	\$0
	069139	AZ750550/AZ105490	<input checked="" type="checkbox"/>	Pima County	La Frontera Center	502 W 29th St	Tucson	AZ	85713	\$57,361	\$57,361	\$57,361	\$0	\$0
	057837	AZ750550/AZ105490	<input checked="" type="checkbox"/>	Pima County	La Frontera Center	1900 W Speedway	Tucson	AZ	85745	\$76,740	\$76,740	\$0	\$0	\$0
	593849	AZ100152	<input checked="" type="checkbox"/>	Pima County	La Frontera Center	260 S Scott Ave	Tucson	AZ	85701	\$327,025	\$327,025	\$0	\$0	\$0

	617183	AZ102825	<input checked="" type="checkbox"/>	Maricopa County	Lifewell Behavioral Wellness	2505 W. Beryl Ave.	Phoenix	AZ	85021	\$3,046	\$3,046	\$1,616	\$0	\$0
	617167	AZ100239	<input checked="" type="checkbox"/>	Maricopa County	Lifewell Behavioral Wellness	262 E. University Dr.	Mesa	AZ	85201	\$47,568	\$47,568	\$25,232	\$0	\$0
	056962	AZ102763	<input checked="" type="checkbox"/>	Maricopa County	Lifewell Behavioral Wellness	3301 E. Pinchot Ave.	Phoenix	AZ	85018	\$745,265	\$745,265	\$391,060	\$0	\$0
	617175	AZ101866	<input checked="" type="checkbox"/>	Maricopa County	Lifewell Behavioral Wellness	40 E. Mitchell Dr.	Phoenix	AZ	85012	\$328,693	\$328,693	\$174,354	\$0	\$0
	762746	AZ101867	<input checked="" type="checkbox"/>	Maricopa County	Lifewell Behavioral Wellness	6915 E. Main St.	Mesa	AZ	85201	\$230,927	\$230,927	\$122,494	\$0	\$0
	003442	AZ300133	<input checked="" type="checkbox"/>	Apache County	Little Colorado Behavioral Health Center	470 West Cleveland Street	Saint Johns	AZ	85936	\$14,943	\$14,943	\$1,979	\$0	\$0
	007519	AZ100665	<input checked="" type="checkbox"/>	Apache County	Little Colorado Behavioral Health Center	50 N. Hopi	Springerville	AZ	85938	\$7,625	\$7,625	\$1,010	\$0	\$0
	AZ101038	AZ101038	<input checked="" type="checkbox"/>	Pima County	Luz Social Services (CER)	2797 N. Introspect Dr.	Tucson	AZ	85745	\$96,535	\$0	\$0	\$96,535	\$0
	AZ101038	AZ101038	<input checked="" type="checkbox"/>	Pinal County	Maricopa Ak-Chin	PO Box 144	Maricopa	AZ	85139	\$21,344	\$0	\$0	\$21,344	\$0
	AZ101040	AZ101040	<input checked="" type="checkbox"/>	Yavapai County	MATForce	8056 E. Vallet Road, Ste B.	Prescott	AZ	86314	\$33,464	\$0	\$0	\$33,464	\$0
	23445601	AZ101039	<input checked="" type="checkbox"/>	Pima County	MHC Healthcare	13395 N Marana Main St	Marana	AZ	85653	\$58,435	\$43,024	\$0	\$15,411	\$0
	76465	AZ100957	<input checked="" type="checkbox"/>	Maricopa County	Michael B. Bayless & Associates	3620 N 3rd Street	Phoenix	AZ	85012	\$26,104	\$26,104	\$0	\$0	\$0
	116667	AZ101040	<input checked="" type="checkbox"/>	Mohave County	Mohave Mental Health Clinic	1145 Marina Boulevard	Bullhead City	AZ	86442	\$37,481	\$37,481	\$3,224	\$0	\$0
	117136	AZ300174	<input checked="" type="checkbox"/>	Mohave County	Mohave Mental Health Clinic	3505 Western Ave.	Kingman	AZ	86409	\$100,875	\$100,875	\$8,677	\$0	\$0
	147125	AZ100491	<input checked="" type="checkbox"/>	Mohave County	Mohave Mental Health Clinic	2187 Swanson Avenue	Lake Havasu City	AZ	86403	\$21,585	\$21,585	\$1,857	\$0	\$0
	515719	AZ100619	<input checked="" type="checkbox"/>	Mohave County	Mohave Mental Health Clinic	2580 Hwy 95 Ste. 208, 209, 210	Bullhead City	AZ	86442	\$8,761	\$8,761	\$754	\$0	\$0
	589848	AZ100944	<input checked="" type="checkbox"/>	Mohave County	Mohave Mental Health Clinic	1741 Sycamore Avenue	Kingman	AZ	86409	\$10,606	\$10,606	\$912	\$0	\$0
	690405	AZ100945	<input checked="" type="checkbox"/>	Mohave County	Mohave Mental Health Clinic	2002 Stockton Hill Road Ste 104	Kingman	AZ	86401	\$40,777	\$40,777	\$3,507	\$0	\$0
	593908	AZ102128	<input checked="" type="checkbox"/>	Pinal County	Mountain Health & Wellness	625 N. Plaza Drive	Apache Junction	AZ	85120	\$5,700	\$5,700	\$0	\$0	\$0
	590176	AZ102128	<input checked="" type="checkbox"/>	Maricopa County	MOUNTAIN HEALTH & WELLNESS	625 N. Plaza Drive	Apache Junction	AZ	85120	\$74	\$74	\$0	\$0	\$0
	151346	AZ750162	<input checked="" type="checkbox"/>	Maricopa County	Native American Connections	4520 N. Central Ave	Phoenix	AZ	85012	\$334,976	\$334,976	\$0	\$0	\$0
	151346	AZ750162	<input checked="" type="checkbox"/>	Pinal County	NATIVE AMERICAN CONNECTIONS	4520 N. Central Avenue, Suite 100	Phoenix	AZ	85012	\$877	\$877	\$0	\$0	\$0
	590001	AZ750535	<input checked="" type="checkbox"/>	Maricopa County	NCADD	4201 N. 16th St # 140	Phoenix	AZ	85016	\$482,300	\$482,300	\$445,904	\$0	\$0
	893554	AZ101283	<input checked="" type="checkbox"/>	Maricopa County	New Hope Behavioral Health Center, Inc	215 S Power Rd Ste 114	Mesa	AZ	85206	\$99,121	\$99,121	\$0	\$0	\$0
	893554	AZ101283	<input checked="" type="checkbox"/>	Maricopa County	New Hope Behavioral Health Center	215 S Power Rd # 114	Mesa	AZ	85206	\$13,728	\$13,728	\$0	\$0	\$0
	539184	AZ101041	<input checked="" type="checkbox"/>	Mohave, Yavapai, Coconino Counties	North Country Healthcare	2920 N. 4th Street	Flagstaff	AZ	86004	\$55,266	\$55,266	\$0	\$0	\$0
	349127	AZ101835	<input checked="" type="checkbox"/>	Maricopa County	Open Hearts	4414 N. 19th Ave	Phoenix	AZ	85015	\$39,823	\$39,823	\$0	\$0	\$0
	77257601	AZ100838	<input checked="" type="checkbox"/>	Pima County	Pantano	5055 E. Broadway	Tucson	AZ	85711	\$12,294	\$12,294	\$0	\$0	\$0
	AZ101042	AZ101042	<input checked="" type="checkbox"/>	La Paz County	Parker Alliance for Community Empowerment	1309 9th Street	Parker	AZ	85344	\$77,922	\$0	\$0	\$77,922	\$0
					Partnership for a									

	AZ101043	AZ101043		Maricopa County	Drug-Free America, Arizona Affiliate dba DrugFreeAZKids.org	3030 N Central Ave	Phoenix	AZ	85012	\$199,811	\$0	\$0	\$199,811	\$0
592578	AZ102120			Pima County	Pasadera Behavioral Health	2950 N. Dodge	Tucson	AZ	85716	\$255,165	\$255,165	\$42,123	\$0	\$0
807753	AZ105565			Pima County	Pasadera Behavioral Health	2499 Ajo Rd	Tucson	AZ	85713	\$519,101	\$519,101	\$140,891	\$0	\$0
807753	AZ105565			Pima County	Pasadera BHN	2499 Ajo Rd	Tucson	AZ	85713	\$255,367	\$255,367	\$0	\$0	\$0
592578	AZ102120			Pima County	Pasadera BHN	2950 N. Dodge	Tucson	AZ	85716	\$426,624	\$426,624	\$0	\$0	\$0
218075	AZ101774			Pima County	Pascua Yaqui Tribe	7490 S. Camino de Oeste	Tucson	AZ	85757	\$118,750	\$118,750	\$0	\$0	\$0
438637	AZ102210			Maricopa County	People of Color Network	4520 N. Central Ave.	Phoenix	AZ	85012-1848	\$34,029	\$34,029	\$0	\$0	\$0
AZ101748	AZ101748			Maricopa County	Phoenix Indian Center	4520 N. Central Ave Ste. 250	Phoenix	AZ	85012	\$138,173	\$0	\$0	\$138,173	\$0
483924	AZ102093			Pima County	Pima Prevention Partnership	1475 N. Oracle Rd	Tucson	AZ	85705	\$15,200	\$15,200	\$0	\$0	\$0
557514	AZ101046			Pima County	Pima Prevention Partnership (CER)	2525 E. Broadway Ste 100	Tucson	AZ	85716	\$133,220	\$0	\$0	\$133,220	\$0
557514	AZ101046			Maricopa County	Pima Prevention Partnership.	3161 N. 33rd Ave	Phoenix	AZ	85017	\$190,426	\$0	\$0	\$190,426	\$0
AZ101049	AZ101049			Pinal, Gila Counties	Pinal Gila Council for Senior Citizens	8969 W McCartney	Casa Grande	AZ	85294	\$19,333	\$0	\$0	\$19,333	\$0
688903	AZ105615			Pinal County	Pinal Hispanic Council	107 E 4th St.	Eloy	AZ	85131	\$4,002	\$4,002	\$0	\$0	\$0
164567	OTC6003			Pinal County	Pinal Hispanic Council	556 S Arizona Blvd.	Coolidge	AZ	85128	\$4,002	\$4,002	\$0	\$0	\$0
591324	AZ102267			Santa Cruz County	Pinal Hispanic Council	275 N Grand Court Plaza	Nogales	AZ	85621	\$11,672	\$11,672	\$0	\$0	\$0
598482	AZ102268			Cochise County	Pinal Hispanic Council	1940 E 11th St.	Douglas	AZ	85607	\$11,672	\$11,672	\$0	\$0	\$0
48480601	AZ102276			Pima County	Providence	1181 N El Dorado Place	Tucson	AZ	85715	\$131,773	\$2,385	\$0	\$129,388	\$0
278310	AZ102139			Maricopa County	Quality Care Network	5326 E Washington St, Bldg B	Phoenix	AZ	85034	\$64,691	\$64,691	\$0	\$0	\$0
AZ101418	AZ101418			Maricopa County	Red Mountain Behavioral Health, LLC	2915 E. Baseline Rd., Ste 115	Gilbert	AZ	85234	\$1,421	\$1,421	\$0	\$0	\$0
AZ101155	AZ101155			Graham County	San Carlos Apache Wellness Center	San Carlos, Arizona	San Carlos	AZ	85550	\$57,089	\$0	\$0	\$57,089	\$0
AZ901708	AZ901708			Gila County	San Carlos Apache Tribe	San Carlos, Arizona	San Carlos	AZ	85550	\$44,011	\$0	\$0	\$44,011	\$0
389892	AZ104584			Maricopa County	SBHS, Inc.	1424 S. 7th Ave.	Phoenix	AZ	85007	\$165,546	\$165,546	\$0	\$0	\$0
237425	AZ101963			Maricopa County	SBHS, Inc.	4420 S. 32nd St.	Phoenix	AZ	85040	\$279,042	\$0	\$0	\$279,042	\$0
AZ101053	AZ101053			Maricopa County	Scottsdale Prevention Institute	6908 E. Thomas Road, #302	Scottsdale	AZ	85251	\$195,197	\$0	\$0	\$195,197	\$0
483924	AZ102093			Pima County	SIN PUERTAS	1475 N. Oracle Rd	Tucson	AZ	85705	\$12,558	\$12,558	\$0	\$0	\$0
452152	AZ100991			Pinal County	SONORA QUEST LABORATORIES	1255 W WASHINGTON ST	Tempe	AZ	85281	\$284	\$284	\$0	\$0	\$0
452152	AZ100991			Yuma County	SONORA QUEST LABORATORIES	1255 W WASHINGTON ST	Tempe	AZ	85281	\$242	\$242	\$0	\$0	\$0
783673	AZ102746			Gila County	Southeastern Arizona Behavioral Health Services	996 North Broad St Ste 9&10	Globe	AZ	85501	\$33,655	\$2,582	\$0	\$31,073	\$0
783673	AZ102746			Gila County	Southeastern AZ Behav Health Services - (SEABHS)	996 Broad St. Suite 10	Globe	AZ	85501	\$3,540	\$3,540	\$0	\$0	\$0
336159	AZ101885			Cochise County	Southeastern AZ Behav Health Services - (SEABHS)	4755 Campus Dr.	Sierra Vista	AZ	85635	\$73,151	\$18,670	\$0	\$54,481	\$0

	658575	AZ100848	<input checked="" type="checkbox"/>	Cochise County	Southeastern AZ Behav Health Services - (SEABHS)	611 W. Union St	Benson	AZ	85602	\$5,036	\$5,036	\$0	\$0	\$0
	082893	AZ104907	<input checked="" type="checkbox"/>	Cochise County	Southeastern AZ Behav Health Services - (SEABHS)	404 Rex Allen Dr.	Willcox	AZ	85646	\$91	\$91	\$0	\$0	\$0
	895659	AZ101886	<input checked="" type="checkbox"/>	Graham County	Southeastern AZ Behav Health Services - (SEABHS)	1615 S. 1st Ave	Safford	AZ	85546	\$40,943	\$3,768	\$0	\$37,175	\$0
	117888	AZ101876	<input checked="" type="checkbox"/>	Greenlee County	Southeastern AZ Behav Health Services - (SEABHS)	430 N. Coronado Blvd	Clifton	AZ	85533	\$33,883	\$0	\$0	\$33,883	\$0
	AZ100992	AZ100992	<input checked="" type="checkbox"/>	Gila, Pinal Counties	Southern Arizona AIDS Foundation	375 S Euclid Ave	Tucson	AZ	85719	\$46,067	\$0	\$0	\$46,067	\$0
	AZ100992	AZ100992	<input checked="" type="checkbox"/>	Pima, Gila, Pinal Counties	Southern Arizona AIDS Foundation	375 S. Euclid	Tucson	AZ	85719	\$20,708	\$20,708	\$0	\$0	\$0
	AZ100992	AZ100992	<input checked="" type="checkbox"/>	Pima County	Southern Arizona AIDS Foundation (CER)	375 S. Euclid	Tucson	AZ	85719	\$131,046	\$0	\$0	\$131,046	\$0
	216898	AZ100993	<input checked="" type="checkbox"/>	Mohave County	Southwest Behavioral Health Clinic	1515 E. Cedar Ave. Ste B2	Flagstaff	AZ	86004	\$7,566	\$7,566	\$365	\$0	\$0
	435457	AZ100994	<input checked="" type="checkbox"/>	Mohave County	Southwest Behavioral Health Clinic	2580 HWY 95 Ste 119-125	Bullhead City	AZ	86442	\$1,607	\$1,607	\$77	\$0	\$0
	522645	AZ100668	<input checked="" type="checkbox"/>	Mohave County	Southwest Behavioral Health Clinic	2215 Hualapai Mountain Rd. Ste. H&I	Kingman	AZ	86401	\$716	\$716	\$34	\$0	\$0
	633183	AZ100678	<input checked="" type="checkbox"/>	Mohave County	Southwest Behavioral Health Clinic	809 Hancock Rd Ste 1	Bullhead City	AZ	86442	\$7,617	\$7,617	\$367	\$0	\$0
	647081	AZ100679	<input checked="" type="checkbox"/>	Mohave County	Southwest Behavioral Health Clinic	1845 McColloch Blvd Ste B1	Lake Havasu City	AZ	86403	\$87	\$87	\$4	\$0	\$0
	633167	AZ102777	<input checked="" type="checkbox"/>	Yavapai County	Southwest Behavioral Health Clinic	7600 E. Florentine Ave Ste. 101	Prescott Valley	AZ	86314	\$139,056	\$139,056	\$6,703	\$0	\$0
	654156	AZ102820	<input checked="" type="checkbox"/>	Yavapai County	Southwest Behavioral Health Clinic	7763 East Florentine Road	Prescott Valley	AZ	86314	\$8,717	\$8,717	\$420	\$0	\$0
	361463	AZ101678	<input checked="" type="checkbox"/>	Gila County	Southwest Behavioral Health Services	111 W CEDAR LANE	Payson	AZ	85541	\$2,525	\$2,525	\$0	\$0	\$0
	545246	AZ101004	<input checked="" type="checkbox"/>	Maricopa County	Southwest Network	2700 N. Central Ave, Suite 1050	Phoenix	AZ	85004	\$67,705	\$67,705	\$0	\$0	\$0
	057952	AZ100384	<input checked="" type="checkbox"/>	Yavapai County	Spectrum Healthcare Group	8 E. Cottonwood St.	Cottonwood	AZ	86326	\$143,217	\$143,217	\$10,478	\$0	\$0
	153499	AZ101170	<input checked="" type="checkbox"/>	Yavapai County	Spectrum Healthcare Group	651 West Mingus Ace	Cottonwood	AZ	86326	\$103	\$103	\$8	\$0	\$0
	184460	AZ100931	<input checked="" type="checkbox"/>	Yavapai County	Spectrum Healthcare Group	8 E. Cottonwood St.	Cottonwood	AZ	86326	\$36,889	\$36,889	\$2,699	\$0	\$0
	438745	AZ100886	<input checked="" type="checkbox"/>	Yavapai County	Spectrum Healthcare Group	8 E. Cottonwood St. Bldg C	Cottonwood	AZ	86326	\$17,665	\$17,665	\$1,292	\$0	\$0
	755689	AZ101170	<input checked="" type="checkbox"/>	Yavapai County	Spectrum Healthcare Group	452 Finnie Flats Road	Camp Verde	AZ	86322	\$5,604	\$5,604	\$410	\$0	\$0
	931650	AZ101170	<input checked="" type="checkbox"/>	Yavapai County	Spectrum Healthcare Group	651 West Mingus Ave	Cottonwood	AZ	86326	\$801	\$801	\$59	\$0	\$0
	673043	AZ103020	<input checked="" type="checkbox"/>	Navajo	Sunrise Behavioral Health	8913 N. 114th Dr.	Peoria	AZ	85345	\$899	\$899	\$0	\$0	\$0
	AZ101056	AZ101056	<input checked="" type="checkbox"/>	Maricopa County	Tanner	700 E. Jefferson St. #200	Phoenix	AZ	85034	\$172,240	\$0	\$0	\$172,240	\$0
	AZ101019	AZ101019	<input checked="" type="checkbox"/>	Maricopa County	Teen Lifeline	PO Box 10745	Phoenix	AZ	85064	\$108,999	\$0	\$0	\$108,999	\$0
	881343	AZ100748	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	10220 N. 31st Ave, #120	Phoenix	AZ	85051-9581	\$100,640	\$100,640	\$0	\$0	\$0
	980961	AZ100003	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	1111 S. Stapley Dr.	Mesa	AZ	85204	\$283,389	\$283,389	\$0	\$0	\$0
	AZ100448	AZ100448	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	3302 N. 35th Ave, Ste 8	Phoenix	AZ	85017	\$333,379	\$0	\$0	\$333,379	\$0
	AZ101422	AZ101422	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	333 E. Indian School Rd	Phoenix	AZ	85012	\$743,313	\$743,313	\$0	\$0	\$0



	810053	AZ104113	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	3864 N. 27th Avenue	Phoenix	AZ	85017-4703	\$281,284	\$281,284	\$0	\$0	\$0
	907972	AZ100766	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	4425 W. Olive Ave #200 & #140	Glendale	AZ	85302-3843	\$145,771	\$145,771	\$0	\$0	\$0
	056996	AZ301404	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	4909 E. McDowell Rd	Phoenix	AZ	85008-7735	\$477,354	\$477,354	\$0	\$0	\$0
	906404	AZ100635	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	5801 N. 51st Avenue	Glendale	AZ	85301	\$342,449	\$342,449	\$0	\$0	\$0
	011432	AZ100001	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	6153 W. Olive Ave	Glendale	AZ	85302-4564	\$239,679	\$239,679	\$0	\$0	\$0
	954380	AZ101680	<input checked="" type="checkbox"/>	Maricopa County	Terros, Inc	6344 E. Broadway Rd. #118	Mesa	AZ	85206-1634	\$40,816	\$40,816	\$0	\$0	\$0
	283809	AZ301404	<input checked="" type="checkbox"/>	Pinal County	TERROS-MCDOWELL	4909 E MCDOWELL RD	Phoenix	AZ	85008	\$151	\$151	\$0	\$0	\$0
	246632	AZ100434	<input checked="" type="checkbox"/>	Coconino County	The Guidance Center	2187 N. Vickey Street	Flagstaff	AZ	86004	\$65,100	\$65,100	\$1,725	\$0	\$0
	969884	AZ101008	<input checked="" type="checkbox"/>	Coconino County	The Guidance Center	2697 E. Industrial Dr	Flagstaff	AZ	86004	\$158,521	\$158,521	\$4,200	\$0	\$0
	078528	AZ100434	<input checked="" type="checkbox"/>	Coconino County	The Guidance Center	2187 N. Vickey Street	Flagstaff	AZ	86004	\$31,805	\$31,805	\$843	\$0	\$0
	106944	AZ100434	<input checked="" type="checkbox"/>	Coconino County	The Guidance Center	2188 N. Vickey Street	Flagstaff	AZ	86004	\$128,417	\$128,417	\$3,402	\$0	\$0
	116807	AZ101006	<input checked="" type="checkbox"/>	Coconino County	The Guidance Center	220 W. Grant Street	Williams	AZ	86046	\$2,493	\$2,493	\$66	\$0	\$0
	592867	AZ750311	<input checked="" type="checkbox"/>	Pima County	The Haven	1107 E Adelaide Dr.	Tucson	AZ	85719	\$562,469	\$562,469	\$3,517	\$0	\$0
	357279	AZ101009	<input checked="" type="checkbox"/>	Maricopa County	Touchstone	15648 N 35th Ave	Phoenix	AZ	85053	\$49,814	\$49,814	\$0	\$0	\$0
	AZ101058	AZ101058	<input checked="" type="checkbox"/>	Maricopa County	Touchstone	15810 North 35th Ave	Phoenix	AZ	85053	\$187,168	\$0	\$0	\$187,168	\$0
	378853	AZ100736	<input checked="" type="checkbox"/>	Maricopa County	Touchstone	3602 E Greenway, Suite 102	Phoenix	AZ	85032	\$99,054	\$99,054	\$0	\$0	\$0
	425931	AZ101727	<input checked="" type="checkbox"/>	Pima County	Transitional Living Center Recovery	117 E. 2nd Street, Suite 2	Casa Grande	AZ	85122	\$34,730	\$34,730	\$0	\$0	\$0
	384591	AZ101627	<input checked="" type="checkbox"/>	Yuma County	Transitional Living Center Recovery	1360 S. 4th Avenue	Yuma	AZ	85364	\$143,428	\$143,428	\$15,216	\$0	\$0
	AZ101060	AZ101060	<input checked="" type="checkbox"/>	Pima County	U of A ERAD	1717 E. Speedway Blvd Suite #1101	Tucson	AZ	85719	\$10,000	\$0	\$0	\$10,000	\$0
	AZ101060	AZ101060	<input checked="" type="checkbox"/>	Pima County	U of A ERAD (CER)	1717 E. Speedway Blvd Suite #1101	Tucson	AZ	85719	\$100,919	\$0	\$0	\$100,919	\$0
	493467	AZ100095	<input checked="" type="checkbox"/>	Maricopa County	Valle Del Sol	1209 S. 1st St.	Phoenix	AZ	85014	\$201,991	\$201,991	\$0	\$0	\$0
	580100	AZ101704	<input checked="" type="checkbox"/>	Maricopa County	Valle Del Sol	4135 S. Power Rd	Mesa	AZ	85212	\$2,513	\$2,513	\$0	\$0	\$0
	AZ102139	AZ102139	<input checked="" type="checkbox"/>	Maricopa County	Valle Del Sol	502 N. 27th Ave	Phoenix	AZ	85009	\$2,287	\$2,287	\$0	\$0	\$0
	388606	AZ100505	<input checked="" type="checkbox"/>	Maricopa County	Valle Del Sol	509 Rockford Dr.	Tempe	AZ	85281	\$88,299	\$88,299	\$0	\$0	\$0
	801237	AZ102859	<input checked="" type="checkbox"/>	Maricopa County	Valle Del Sol	8410 W. Thomas Rd.	Phoenix	AZ	85037	\$989	\$989	\$0	\$0	\$0
	871351	AZ100504	<input checked="" type="checkbox"/>	Maricopa County	Valle del Sol Adult	3807 N 7th Street	Phoenix	AZ	85016	\$189,518	\$189,518	\$10,660	\$0	\$0
	871351	AZ100504	<input checked="" type="checkbox"/>	Maricopa County	Valle del Sol Prevention	3807 N 7th Street	Phoenix	AZ	85016	\$65,426	\$0	\$0	\$65,426	\$0
	871351	AZ100504	<input checked="" type="checkbox"/>	Maricopa County	Valle del Sol Youth	3807 N 7th Street	Phoenix	AZ	85016	\$12,431	\$12,431	\$0	\$0	\$0
	003434	AZ300117	<input checked="" type="checkbox"/>	Yavapai County	West Yavapai Guidance Center	505 S Cortez	Prescott	AZ	86303	\$22,742	\$22,742	\$1,299	\$0	\$0
	116790	AZ101309	<input checked="" type="checkbox"/>	Yavapai County	West Yavapai Guidance Center	642 Dameron Drive	Prescott	AZ	86301	\$77,054	\$77,054	\$4,401	\$0	\$0
	159727	AZ000221	<input checked="" type="checkbox"/>	Yavapai County	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	\$658	\$658	\$38	\$0	\$0

	366233	AZ101842		Yavapai County	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	\$3,345	\$3,345	\$191	\$0	\$0
	537095	AZ000221		Yavapai County	West Yavapai Guidance Center	3345 N. Windsong Drive	Prescott Valley	AZ	86314	\$17,312	\$17,312	\$989	\$0	\$0
	540303	AZ100688		Yavapai County	West Yavapai Guidance Center	625 Hillside Ave	Prescott	AZ	86301	\$192	\$192	\$11	\$0	\$0
	591562	AZ100689		Yavapai County	West Yavapai Guidance Center	642 Dameron Dr	Prescott	AZ	86301	\$223,191	\$193,026	\$11,025	\$30,165	\$0
	904511	AZ101278		Yavapai County	West Yavapai Guidance Center	555 W Road 3 North	Chino Valley	AZ	86323	\$2,853	\$2,853	\$163	\$0	\$0
	349127	AZ101835		Maricopa County	Youth Evaluation and Treatment Center	4414 N 19TH AVE	Phoenix	AZ	85015	\$15,441	\$15,441	\$0	\$0	\$0
	AZ101061	AZ101061		Yuma County	Yuma Family YMCA	1917 W 32nd Street	Yuma	AZ	85364	\$24,430	\$0	\$0	\$24,430	\$0
	872128	AZ100066		Yuma County	Yuma Treatment Center	1290 W 8th Pl	Yuma	AZ	85364	\$62,498	\$62,498	\$0	\$0	\$0
Total										\$37,208,015	\$29,525,506	\$3,500,776	\$7,682,512	\$0

\* Indicates the imported record has an error.

Footnotes:



### III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SAPT

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$48,437,339	
SFY 2016 (2)	\$49,404,493	\$48,920,916
SFY 2017 (3)	\$48,920,916	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2015      Yes      X      No    \_\_\_\_\_  
 SFY 2016      Yes      X      No    \_\_\_\_\_  
 SFY 2017      Yes    \_\_\_\_\_    No      X  

Did the State or Jurisdiction have any **non-recurring expenditures** for a specific purpose which were not included in the MOE calculation?

Yes    \_\_\_\_\_    No      X  

If yes, specify the amount and the State fiscal year: \_\_\_\_\_

If yes, SFY: \_\_\_\_\_

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes    \_\_\_\_\_    No    \_\_\_\_\_

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? \_\_\_\_\_

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:   1/31/2018  

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

**Footnotes:**

## SABG Description of Calculations for SFY2017, Reporting Due 12/1/2017

Table 8a: Maintenance of Effort for State Expenditures for SABG as required by 42 U.S.C. §300x-30(a);

***This section will be completed and submitted 1/31/2018 with the MOE Table 8a.***

Table 8b: TB; Base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. §300x-24(d);

### 2018 SABG Report Maintenance of Effort Tables 8b and 8c

***Section 8002(c)(3) of the 21st Century Cures Act (P.L. 114-255) repealed section 1924(d) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. 300x-24(d)). States and jurisdictions are no longer required to demonstrate compliance with the maintenance of effort requirement regarding tuberculosis and human immunodeficiency virus.***

Table 8c: HIV; for designated states, the base and MOE for HIV early intervention services as required by 42 U.S.C. §300x-24(d); (See 45 C.F.R. §96.122(f)(5)(ii)(A)(B)(C)).

### 2018 SABG Report Maintenance of Effort Tables 8b and 8c

***Section 8002(c)(3) of the 21st Century Cures Act (P.L. 114-255) repealed section 1924(d) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. 300x-24(d)). States and jurisdictions are no longer required to demonstrate compliance with the maintenance of effort requirement regarding tuberculosis and human immunodeficiency virus.***

Table 8d: Women's base for services to pregnant women and women with dependent children as required by 42 U.S.C §300x-22(b)(1); and for 1994 and subsequent fiscal years;

Calculations for the Women's Base are grounded in a survey done in FY92 attempting to capture all specialty women's treatment programs operating during that year. The total value of services to pregnant women, and women with dependent children who received primarily residential treatment services in FY92 at state supported treatment programs equaled \$1,225,977, which consisted of \$1,164,678 of Federal funds and \$61,299 of State Appropriations. This became the FY92 Women's Base (**Table II**).

For FY93, States must spend not less than 5% of grant to increase, relative to FY92, the availability of treatment services designed for pregnant women and women with dependent children. In FY93, 5% of the block grant award equated to \$768,307. For FY94, States must spend not less than 5%, relative to FY93, for these services. In FY94, 5% of the block grant award equated to \$801,732 (**Table III**). The state will expend for such services for women not less than an amount equal to the amount expended for FY94 with equates to \$2,796,016.

**Table II: Expenditures for Services to Pregnant Women & Women with Dependent Children (Base)**

Period	(1992) Amount from ADMS Block Grant Spent for Pregnant Women and Women with Dependent Children	(1992) State Expenditures for Pregnant Women and Women with Dependent Children	(1992) Women's Base

1992	\$1,164,678	\$61,299	\$1,225,977
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**Table III: Expenditures for Services to Pregnant Women & Women with Dependent Children (MOE)**

Period	Total Women's Base From Previous Year (A)	Total SAPT Block Grant Award (B)	5 % of SAPT Block Grant Award (C)	State Expenditures (D)	Total Women's Base (A+B+C+D)
1993	\$1,225,977	\$15,366,146	\$768,307	\$0	\$1,994,284
1994	\$1,994,284	\$16,034,641	\$801,732	\$0	\$2,796,016
1995					\$2,796,016
1996					\$2,796,016

The State's Chart of Accounts has a Major Program Structure set up in the AFIS Accounting System that tracks all disbursements for Pregnant Women and Women with Dependent Children from the SABG Block Grant. The amount reported in the 2017 reporting period reflects the total amount of federal block grant expenditures from the FFY2015 SABG Block Grant to ensure consistency in reporting with prior years.

**Table 8d: Expenditures for Services to Pregnant Women & Women with Dependent Children**

Period (State Fiscal Year)	Total Women's Base (A)	Total Expenditures (B)	Reflects Grant Award
1994	\$2,796,016		
2008		\$3,500,777	FFY2006
2009		\$3,500,777	FFY2007
2010		\$3,500,777	FFY2008
2011		\$3,500,777	FFY2009
2012		\$3,515,680	FFY2010
2013		\$3,860,921	FFY2011
2014		\$3,500,777	FFY2012
2015		\$3,496,101	FFY2013
2016		\$4,274,549	FFY2014
2017		\$3,500,777	FFY2015

Footnote: Expenses reported in Column B reflect the Federal Fiscal Year Grant Award to maintain consistency in reporting.

### III: Expenditure Reports

**Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children**

Base		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$2,796,016	

Maintenance		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 2015		\$3,496,101
SFY 2016		\$4,274,549
SFY 2017		\$3,500,777
Enter the amount the State plans to expend in 2018 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>4274549.00</u>		

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). Please see attachment: SABG Description of Calculations for December 1, 2017

**Footnotes:**

Footnote: Expenses reported in Column B, SFY2017, reflect the Federal Fiscal Year 2015 Grant Award to maintain consistency in reporting.

## SABG Description of Calculations for SFY2017, Reporting Due 12/1/2017

Table 8a: Maintenance of Effort for State Expenditures for SABG as required by 42 U.S.C. §300x-30(a);

***This section will be completed and submitted 1/31/2018 with the MOE Table 8a.***

Table 8b: TB; Base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. §300x-24(d);

### 2018 SABG Report Maintenance of Effort Tables 8b and 8c

***Section 8002(c)(3) of the 21st Century Cures Act (P.L. 114-255) repealed section 1924(d) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. 300x-24(d)). States and jurisdictions are no longer required to demonstrate compliance with the maintenance of effort requirement regarding tuberculosis and human immunodeficiency virus.***

Table 8c: HIV; for designated states, the base and MOE for HIV early intervention services as required by 42 U.S.C. §300x-24(d); (See 45 C.F.R. §96.122(f)(5)(ii)(A)(B)(C)).

### 2018 SABG Report Maintenance of Effort Tables 8b and 8c

***Section 8002(c)(3) of the 21st Century Cures Act (P.L. 114-255) repealed section 1924(d) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. 300x-24(d)). States and jurisdictions are no longer required to demonstrate compliance with the maintenance of effort requirement regarding tuberculosis and human immunodeficiency virus.***

Table 8d: Women's base for services to pregnant women and women with dependent children as required by 42 U.S.C §300x-22(b)(1); and for 1994 and subsequent fiscal years;

Calculations for the Women's Base are grounded in a survey done in FY92 attempting to capture all specialty women's treatment programs operating during that year. The total value of services to pregnant women, and women with dependent children who received primarily residential treatment services in FY92 at state supported treatment programs equaled \$1,225,977, which consisted of \$1,164,678 of Federal funds and \$61,299 of State Appropriations. This became the FY92 Women's Base (**Table II**).

For FY93, States must spend not less than 5% of grant to increase, relative to FY92, the availability of treatment services designed for pregnant women and women with dependent children. In FY93, 5% of the block grant award equated to \$768,307. For FY94, States must spend not less than 5%, relative to FY93, for these services. In FY94, 5% of the block grant award equated to \$801,732 (**Table III**). The state will expend for such services for women not less than an amount equal to the amount expended for FY94 with equates to \$2,796,016.

**Table II: Expenditures for Services to Pregnant Women & Women with Dependent Children (Base)**

Period	(1992) Amount from ADMS Block Grant Spent for Pregnant Women and Women with Dependent Children	(1992) State Expenditures for Pregnant Women and Women with Dependent Children	(1992) Women's Base

1992	\$1,164,678	\$61,299	\$1,225,977
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**Table III: Expenditures for Services to Pregnant Women & Women with Dependent Children (MOE)**

Period	Total Women's Base From Previous Year (A)	Total SAPT Block Grant Award (B)	5 % of SAPT Block Grant Award (C)	State Expenditures (D)	Total Women's Base (A+B+C+D)
1993	\$1,225,977	\$15,366,146	\$768,307	\$0	\$1,994,284
1994	\$1,994,284	\$16,034,641	\$801,732	\$0	\$2,796,016
1995					\$2,796,016
1996					\$2,796,016

The State's Chart of Accounts has a Major Program Structure set up in the AFIS Accounting System that tracks all disbursements for Pregnant Women and Women with Dependent Children from the SABG Block Grant. The amount reported in the 2017 reporting period reflects the total amount of federal block grant expenditures from the FFY2015 SABG Block Grant to ensure consistency in reporting with prior years.

**Table 8d: Expenditures for Services to Pregnant Women & Women with Dependent Children**

Period (State Fiscal Year)	Total Women's Base (A)	Total Expenditures (B)	Reflects Grant Award
1994	\$2,796,016		
2008		\$3,500,777	FFY2006
2009		\$3,500,777	FFY2007
2010		\$3,500,777	FFY2008
2011		\$3,500,777	FFY2009
2012		\$3,515,680	FFY2010
2013		\$3,860,921	FFY2011
2014		\$3,500,777	FFY2012
2015		\$3,496,101	FFY2013
2016		\$4,274,549	FFY2014
2017		\$3,500,777	FFY2015

Footnote: Expenses reported in Column B reflect the Federal Fiscal Year Grant Award to maintain consistency in reporting.

## IV: Population and Services Reports

**Table 9 - Prevention Strategy Report**

Expenditure Period Start Date: 10/1/2014      Expenditure Period End Date: 9/30/2016

Column A (Risks)	Column B (Strategies)	Column C (Providers)
No Risk Assigned	1. Information Dissemination	
	1. Clearinghouse/information resources centers	6
	2. Resources directories	2
	3. Media campaigns	56
	4. Brochures	50
	5. Radio and TV public service announcements	47
	6. Speaking engagements	64
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	33
	8. Information lines/Hot lines	3
	9. Social Media	85
	2. Education	
	1. Parenting and family management	56
	2. Ongoing classroom and/or small group sessions	39
	3. Peer leader/helper programs	41
	4. Education programs for youth groups	88
	5. Mentors	21
	7. Cultural Education	2
	3. Alternatives	
	1. Drug free dances and parties	31
	2. Youth/adult leadership activities	37
	3. Community drop-in centers	28
	4. Community service activities	59
	6. Recreation activities	29
	4. Problem Identification and Referral	
	2. Student Assistance Programs	9
	3. Driving while under the influence/driving while intoxicated education programs	13
	4. Early Identification and Referral Form (ERIF)	14
	5. Community-Based Process	

1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	36
2. Systematic planning	14
3. Multi-agency coordination and collaboration/coalition	94
4. Community team-building	83
5. Accessing services and funding	64
6. Environmental	
1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	32
2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	42
3. Modifying alcohol and tobacco advertising practices	9
7. Other	
3. Prescription drug drop boxes	10
11. Dump the drug events	1
15. Establishing medication drop boxes and drop off events	4

**Footnotes:**



## IV: Population and Services Reports

**Table 10 - Treatment Utilization Matrix**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Level of Care	Number of Admissions $\geq$ Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
<b>DETOXIFICATION (24-HOUR CARE)</b>					
1. Hospital Inpatient	976	701	\$4,642	\$3,699	\$3,553
2. Free-Standing Residential	1192	887	\$2,814	\$1,966	\$3,839
<b>REHABILITATION/RESIDENTIAL</b>					
3. Hospital Inpatient	6723	5138	\$11,386	\$7,237	\$13,530
4. Short-term (up to 30 days)	8137	5907	\$7,156	\$4,590	\$9,077
5. Long-term (over 30 days)	1860	1527	\$1,399	\$887	\$1,486
<b>AMBULATORY (OUTPATIENT)</b>					
6. Outpatient	75900	64196	\$2,006	\$1,072	\$3,321
7. Intensive Outpatient	904	718	\$1,443	\$586	\$2,029
8. Detoxification	0	0	\$0	\$0	\$0
<b>OPIOID REPLACEMENT THERAPY</b>					
9. Opioid Replacement Therapy	7807	6401	\$2,018	\$1,807	\$1,347
10. ORT Outpatient	6266	4990	\$525	\$220	\$1,019

**Footnotes:**

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	6312	3139	2123	246	192	8	7	13	6	210	134	125	109	0	0	1983	1544	1758	1027
2. 18 - 24	8012	3786	2876	314	244	11	13	29	20	274	201	127	113	3	1	2822	2375	1719	1092
3. 25 - 44	33861	15436	13085	1144	923	47	69	80	63	1213	1147	307	342	5	0	12858	11475	5369	4154
4. 45 - 64	18235	8516	7326	723	481	38	20	37	29	469	373	127	95	1	0	7803	6880	2107	1444
5. 65 and Over	912	395	407	33	22	1	1	1	4	23	9	6	10	0	0	378	399	81	54
6. Total	67332	31272	25817	2460	1862	105	110	160	122	2189	1864	692	669	9	1	25844	22673	11034	7771
7. Pregnant Women	1772		1423		126		9		8		139		67		0		1272		500
Number of persons served who were admitted in a period prior to the 12 month reporting period		300																	
Number of persons served outside of the levels of care described on Table 10		2838																	

Footnotes:

## IV: Population and Services Reports

**Table 12 - HIV Designated States Early Intervention Services**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		
<b>Footnotes:</b>		

## IV: Population and Services Reports

**Table 13 - Charitable Choice**

Expenditure Period Start Date: 7/1/2016      Expenditure Period End Date: 6/30/2017

**Notice to Program Beneficiaries** - Check all that apply:

- ☐ Used model notice provided in final regulation.
- ☒ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

**Referrals to Alternative Services** - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☒ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☒ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.
- ☒ 0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

**Brief description (one paragraph)** of any training for local governments and faith-based and community organizations on these requirements.

AHCCCS contracts with Regional Behavioral Health Authorities (RBHAs), to administer Medicaid and grant-funded behavioral health services throughout the state. The RBHAs receive the SABG funds and are therefore, held accountable to the requirements of the grant – including the Charitable Choice provisions as outlined by 42 U.S.C. 300x-65 and 42 U.S.C. 290kk. Charitable Choice is further defined in Arizona Revised Statue (A.R.S.) 41-3751. AHCCCS' Medical Policy Manual (AMPM) Policy 320-T requires treatment subcontractors providing substance use disorder services under the SABG to notify members of this right using a standardized document. Providers must provide documentation that the member has received notice in their comprehensive clinical record. If a member objects to the religious character of a behavioral health provider, the provider must refer the person to an alternative provider within 7 days, or earlier when clinically indicated, after the date of the objection. The alternative provider must be accessible to the client and have the capacity to provide substance use disorder treatment services. Upon making such a referral, providers must notify the RBHA of the referral and ensure the person makes contact with the alternative provider. As part of regular business practices AHCCCS provides on-going training and technical assistance to the RBHAs regarding policies, including charitable choice compliance.

**Footnotes:**



## 320-T NON-DISCRETIONARY FEDERAL GRANTS

INITIAL

EFFECTIVE DATE: 7/01/2016

### DESCRIPTION

AHCCCS receives Federal grants to deliver behavioral health services in addition to Federal Medicaid (Title XIX) and the State Children's Health Insurance Program (Title XXI) funding. The grants are awarded by a Federal agency and made available to AHCCCS. AHCCCS then disburses the funding throughout Arizona for the delivery of covered behavioral health services in accordance with the requirements of the fund source.

Only the Contractors and TRBHAs who receive funding from the grants identified in this Policy are subject to the requirements of this Policy.

This section is intended to present an overview of the major Federal grants that provide AHCCCS and the behavioral health system with funding to deliver services to members who may otherwise not be eligible for covered behavioral health services.

### **A. SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SABG)**

The SABG supports primary prevention services and treatment services for members with substance use disorders. It is used to plan, implement and evaluate activities to prevent and treat Substance Use Disorders. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance users.

#### 1. Eligibility and priority populations

SABG funds are used to ensure access to treatment and long-term recovery support services for (in order of priority):

- a. Pregnant women/teenagers who use drugs by injection,
- b. Pregnant women/teenagers who use substances,
- c. Other persons who use drugs by injection,
- d. Substance using women and teenagers with dependent children and their families, including females who are attempting to regain custody of their children, and
- e. All other individuals with a substance use disorder, regardless of gender or route of use, (as funding is available).

#### 2. Eligibility Requirements

- a. All members receiving SABG-funded services are required to have a Title XIX/XXI eligibility screening completed and documented in their clinical record at the time of intake and annually.



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- b. Members can be served through SABG while awaiting a determination of Title XIX/XXI eligibility. However, upon Title XIX/XXI eligibility determination when the retroactive covered dates of Title XIX/XXI eligibility includes dates when Title XIX/XXI covered services were billed to SABG, the Contractor is required to reverse the billing for those services and cover them under their Title XIX/XXI funding.
  - c. The SABG is specifically allocated to provide services that are not otherwise covered by Title-XIX/XXI funding. This includes substance use services for members who do not qualify for Title XIX/XXI eligibility, as well as the non-Medicaid reimbursable services identified by AHCCCS in the Covered Behavioral Health Services Guide. The SABG is to be used as the payor of last resort.
  - d. Members must indicate active substance use within the previous 12-months to be eligible for SABG services. This also includes individuals who were incarcerated and reported using while incarcerated. The 12-month standard may be waived for members on medically necessary methadone maintenance upon assessment for continued necessity as well as members incarcerated for longer than 12 months that indicate substance use in the 12 months prior to incarceration.
  - e. Members shall not be charged a copayment, or any other fee, for substance use treatment services funded by the SABG.
3. Choice of substance use providers
- a. Members receiving substance use treatment services under the SABG have the right to receive services from a provider to whose religious character they do not object.
  - b. Behavioral health subcontractors providing substance use services under the SABG must notify members of this right using Exhibit 320-9, *Notice to Individuals Receiving Substance Use Services*. Providers must document that the member has received notice in their comprehensive clinical record.
  - c. If a member objects to the religious character of a behavioral health provider, the provider must refer the member to an alternative provider within seven days, or earlier when clinically indicated, after the date of the objection. Upon making such a referral, providers must notify the Contractor or TRBHA of the referral and ensure that the member makes contact with the alternative provider.
  - d. Contractors and TRBHAs must develop and make available policies and procedures that indicate who the providers should contact and how they should notify the Contractor or TRBHA of these referrals.
4. Required services available to members receiving SABG funded services

Behavioral health providers must provide specialized, gender-specific treatment and recovery support services for females who are pregnant or have



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dependent children and their families in outpatient and residential treatment settings. Services are also provided to mothers who are attempting to regain custody of their children. Services must treat the family as a unit. As needed, providers must admit both mothers and their dependent children into treatment. The following services are provided or arranged as needed:

- a. Referral for primary medical care for pregnant females,
- b. Referral for primary pediatric care for children,
- c. Gender-specific substance use treatment, and
- d. Therapeutic interventions for dependent children.

Contractors and TRBHAs must ensure the following issues do not pose barriers to access to obtaining substance use treatment:

- a. Child care,
- b. Case management, and
- c. Transportation

Contractors and TRBHAs must publicize the availability of gender-based substance use treatment services for females who are pregnant or have dependent children. Publicizing must include at a minimum the posting of fliers at each site notifying the right of pregnant females and females with dependent children to receive substance use treatment services at no cost.

Contractors and TRBHAs must develop and make available to providers specific language with regards to providing the specialty program services for women and children.

SABG funding should be directed to service delivery. The Contractor should utilize other fund sources to provide medications. Medication Assisted Treatments (MAT) identified by AHCCCS as SABG-covered medications are excluded from this restriction.

5. Interim Services for Pregnant Women/Injection Drug Users (Non-Title XIX/XXI only)

The purpose of interim services is to reduce the adverse health effects of substance use, promote the health of the member, and reduce the risk of transmission of disease. Provision of interim services must be documented in the member's chart as well as reported to AHCCCS through the online Residential Waitlist System. Interim services are required for Non-Title XIX/XXI priority population members who are maintained on an actively managed waitlist. Title XIX/XXI eligible members who also meet a priority population type may not be placed on a waitlist (see ACOM Policy 417, Appointment Availability, Monitoring and Reporting). The minimum required interim services include:

- a. Education that covers prevention of and types of behaviors which increase the risk of contracting HIV, Hepatitis C and other sexually transmitted diseases,



- b. Education that covers the effects of substance use on fetal development,
- c. Risk assessment/screening,
- d. Referrals for HIV, Hepatitis C, and tuberculosis screening and services, and
- e. Referrals for primary and prenatal medical care.

## **B. SABG REPORTING REQUIREMENTS**

Contractors and TRBHAs must ensure that their providers promptly submit information for Priority Population Members (Pregnant Women, Women with Dependent Children) and Intravenous Drug Users [IVDU]) who are waiting for placement in a Residential Treatment Center, to the online Residential Waitlist System, or in a different format upon written approval from AHCCCS.

1. Title XIX/XXI members may not be added to the waitlist.
2. Priority Population Members must be added to the waitlist if the Contractors, TRBHAs or their providers are not able to place the member in a Residential Treatment Center within the timeframes prescribed in ACOM Policy 417, Appointment Availability, Monitoring and Reporting.
3. For pregnant females the requirement is within 48 hours, for women with dependent children the requirement is within five calendar days, and for all IVDUs the requirement is within 14 calendar days.
4. Non-Title XIX/XXI non priority population members may also be added to the online waitlist if there are no available services.

## **C. OTHER SABG REQUIREMENTS**

1. Contractors and TRBHAs must designate:
  - a. A lead substance use treatment coordinator responsible for ensuring Contractor and TRBHA compliance with all SABG requirements,
  - b. A women's treatment coordinator,
  - c. An opioid treatment coordinator, and
  - d. An HIV early intervention services coordinator.

## **D. HIV EARLY INTERVENTION SERVICES**

Because persons with substance use disorders are considered at high risk for contracting HIV-related illness, the SABG requires HIV intervention services in order to reduce the risk of transmission of this disease.

Contractors and TRBHAs receiving SABG funding, shall develop and make available to providers policies and procedures that describe where and how to access HIV early intervention services.





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1. Eligibility for HIV early intervention services
  - a. Services are provided exclusively to populations with substance use disorders.
  - b. HIV services may not be provided to incarcerated populations.
2. Requirements for providers offering HIV early intervention services
  - a. HIV early intervention service providers who accept funding under the SABG must provide HIV testing services.
  - b. Behavioral health providers must administer HIV testing services in accordance with the Clinical Laboratory Improvement Amendments (CLIA) requirements, which require that any agency that performs HIV testing must register with CMS to obtain CLIA certification. However, agencies may apply for a CLIA Certificate of Waiver which exempts them from regulatory oversight if they meet certain federal statutory requirements. Many of the Rapid HIV tests are waived. For a complete list of waived Rapid HIV tests please see Centers for Disease Control and Prevention (CDC) website. Waived rapid HIV tests can be used at many clinical and non-clinical testing sites, including community and outreach settings. Any agency that is performing waived rapid HIV tests is considered a clinical laboratory.
  - c. Any provider planning to perform waived rapid HIV tests must develop a quality assurance plan, designed to ensure any HIV testing will be performed accurately. (See for Centers for Disease Control Quality Assurance Guidelines)
  - d. HIV early intervention service providers cannot provide HIV testing until they receive a written HIV test order from a licensed medical doctor, in accordance with A.R.S. § 36-470. HIV rapid testing kits must be obtained from the Arizona Department of Health Services (ADHS) Office of HIV.
3. Reporting requirements for HIV Early Intervention Services
  - a. For every occurrence in which an oral swab rapid test provides a reactive result, a confirmatory blood test must be conducted and the blood sample sent to the Arizona State Lab for confirmatory testing. Therefore, each provider who conducts rapid testing must have capacity to collect blood for confirmatory testing whenever rapid testing is conducted.
  - b. The number of the confirmatory lab slip will be retained and recorded by the provider. This same number will be used for reporting in the Luther data base. The HIV Early Intervention service provider must establish a Memorandum of Understanding (MOU) with their local County Health Department to define how data and information will be shared.
  - c. Providers must use the Luther database to submit HIV testing data after each test administered.

**E. CONSIDERATIONS WHEN DELIVERING SERVICES TO SABG POPULATIONS**

SABG treatment services must be designed to support the long-term treatment and substance-free recovery needs of eligible members. Specific requirements apply



regarding preferential access to services and the timeliness of responding to a member's identified needs.

Behavioral health providers must also submit specific data elements to identify special populations and record limited clinical information (see AHCCCS Technical Interface Guidelines (TIG) for requirements).

#### **F. MENTAL HEALTH SERVICES BLOCK GRANT (MHBG)**

The MHBG is allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health services to adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). Qualifying SED and SMI diagnoses are listed as ICD-10 codes per the SMI and SED Qualifying Diagnoses Table. MHBG funds are only to be used for allowable services identified in the AHCCCS Covered Behavioral Health Services Guide for Non-Title XIX/XXI members with SMI or SED or Non-Title XIX/XXI services for Title XIX/XXI members. Members shall not be charged a copayment, or any other fee, for treatment services funded by the MHBG.

The MHBG must be used:

1. To ensure access to a comprehensive system of care, including employment, housing, case management, rehabilitation, dental, and health services, as well as mental health services and supports,
2. To promote participation by consumer/survivors and their families in planning and implementing services and programs, as well as in evaluating State mental health systems,
3. To ensure access for underserved populations, including people who are homeless, residents of rural areas, and older adults,
4. To promote recovery and community integration for adults with SMI and children with SED,
5. To increase accountability through uniform reporting on access, quality, and outcomes of services.

#### **G. RESTRICTIONS ON THE USE OF SABG & MHBG**

Contractors and TRBHAS shall not expend SABG and MHBG funds on the following activities:

1. To provide inpatient hospital services;



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2. To make cash payments to intended recipients of health services;
3. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds (Maintenance of Effort);
5. To provide financial assistance to any entity other than a public or nonprofit private entity;
6. To provide members with hypodermic needles or syringes so that they may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug use and the risk that the public will become infected with the etiologic agent for AIDS;
7. To pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Level I of the Executive Salary Schedule for the award year (see National Institutes of Health (NIH) Grants & Funding Salary Cap Summary);
8. To purchase treatment services in penal or correctional institutions of the State of Arizona;
9. To provide acute care or physical health care services including payments of copays; and
10. To provide flex funds.

**REFERENCES**

- ACOM Policy 417
- AHCCCS Technical Interface Guidelines (TIG)
- A.R.S. § 36-470
- Substance Abuse Prevention and Treatment Block Grant (SABG)
- Mental Health Services Block Grant (MHBG)
- Centers for Disease Control and Prevention (CDC) website
- National Institutes of Health (NIH) Grants & Funding Salary Cap Summary
- Substance Abuse and Mental Health Services Administration (SAMHSA)

41-3751. Contracts for goods and services; religious organizations; definitions

A. Notwithstanding any other law or executive order, and in accordance with this section, all public bodies shall contract for goods and services provided pursuant to title 8, 36 or 46 or title 31, chapter 2, article 6 without discrimination against religious organizations, including discrimination because of their religious beliefs or exercise of religion and shall provide beneficiaries of assistance under the programs established by law with certificates, vouchers or other forms of disbursement that are redeemable with these organizations that are awarded a contract. The public bodies may use any state, federal, local or other monies available for these purposes.

B. The public bodies shall allow contracts with religious organizations to provide goods and services provided pursuant to title 8, 36 or 46 or title 31, chapter 2, article 6 and to accept certificates, vouchers or other forms of disbursement under any program established on the same basis as any other nongovernmental provider without impairing the religious character of these organizations, and without diminishing the religious freedom of beneficiaries of assistance funded under these programs. The programs shall be implemented consistent with the first amendment of the United States Constitution. The public bodies shall not discriminate against an organization that is or applies to be a contractor to provide assistance or that accepts certificates, vouchers or other forms of disbursement on the basis that the organization has a religious character.

C. A religious organization with a contract described in this section shall retain its independence from federal, state and local governments, including the religious organization's control over the definition, development, practice and expression of its religious beliefs. Public bodies shall not require a religious organization to alter its form of internal governance or to remove religious art, icons, scripture or other symbols in order to be eligible to contract to provide assistance or to accept certificates, vouchers or other forms of disbursement funded under any program or public contract.

D. If a person who applies for or receives goods, services or disbursements objects to the religious character of the organization or institution from which the person receives or would receive assistance funded under any program, the public body shall provide the person, within a reasonable period of time after the date of the objection, with assistance from an alternative provider that is accessible to the person if an alternative provider is available and the value of which is not less than the value of assistance that the person would have received from the religious organization. Organizations shall provide notice to people receiving assistance of the right to object pursuant to this subsection.

E. A religious organization's exemption provided under section 702 of the civil rights act of 1964 (P.L. 88-352; 78 Stat. 255; 42 United States Code section 2000e-1a) regarding employment practices is not affected by its participation in or receipt of monies from programs described in this section. Nothing in this section allows religious organizations to discriminate in employment practices on the basis of race, age, color, sex or national origin.

F. Except as otherwise provided by law, a religious organization shall not discriminate against a person in regard to rendering assistance funded under any program described in this section on the basis of religion, a religious belief or refusal to participate in a religious practice, or on the basis of race, age, color, sex or national origin.

G. Except as provided in subsection H, any religious organization that contracts to provide goods, services or assistance funded under any program is subject to the same rules as other contractors to account in accordance with generally accepted auditing principles for the use of the monies provided under the program.

H. If a religious organization segregates public monies provided under these programs into separate accounts, only the programs funded by financial assistance provided with these monies are subject to financial and performance audits.

I. Appeals from the decisions of the head of a state agency, board or commission may be made to the director of the department of administration in accordance with the rules of procedure adopted by the director pursuant to chapter 23, article 9 of this title to resolve bid protests.

J. A religious organization whose rights have been violated under this section may assert that violation as a claim or defense in an administrative proceeding or a judicial proceeding once all administrative remedies have been exhausted and obtain appropriate relief, including injunctive relief and compensatory damages. A religious organization that prevails in an action to enforce this section may seek to recover attorney fees and costs pursuant to section 12-348.

K. No monies provided directly to institutions or organizations to provide services and administer programs under this section may be spent for sectarian worship, instruction or proselytization. This subsection does not apply to the contracting for the services of chaplains by a public body.

L. For the purposes of this section:

1. "Exercise of religion" has the same meaning prescribed in section 41-1493.
2. "Public body" means state agencies, boards and commissions and political subdivisions of this state.



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**AHCCCS MEDICAL POLICY MANUAL**  
**POLICY 320-T, EXHIBIT 320-T-9,**  
**NOTICE TO INDIVIDUALS RECEIVING SUBSTANCE USE SERVICES**

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Providers of substance use services receiving Federal funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, including this organization, may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance use services. The referral and your receipt of alternative services must occur within seven days after you request them, or earlier if your condition requires. The alternative provider must be accessible to you and have the capacity to provide substance use services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

INITIAL EFFECTIVE DATE: 7/01/2016

## V: Performance Indicators and Accomplishments

**Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)**

### Short-term Residential(SR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	43	36
Total number of clients with non-missing values on employment/student status [denominator]	1,048	1,048
Percent of clients employed or student (full-time and part-time)	4.1 %	3.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,197
Number of CY 2016 discharges submitted:		1,103
Number of CY 2016 discharges linked to an admission:		1,079
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,050
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		1,048

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

### Long-term Residential(LR)

#### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	1
Total number of clients with non-missing values on employment/student status [denominator]	23	23
Percent of clients employed or student (full-time and part-time)	0.0 %	4.3 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		32
Number of CY 2016 discharges submitted:		32
Number of CY 2016 discharges linked to an admission:		24
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		23

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	23
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Outpatient (OP)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,485	4,819
Total number of clients with non-missing values on employment/student status [denominator]	14,623	14,623
Percent of clients employed or student (full-time and part-time)	30.7 %	33.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		27,087
Number of CY 2016 discharges submitted:		19,570
Number of CY 2016 discharges linked to an admission:		16,082
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		14,680
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		14,623

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Intensive Outpatient (IO)

### Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	7	7
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		11
Number of CY 2016 discharges submitted:		10
Number of CY 2016 discharges linked to an admission:		9
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7



Number of CY 2016 linked discharges eligible for this calculation (non-missing values):

7

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

Footnotes:

## V: Performance Indicators and Accomplishments

**Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)**

### Short-term Residential(SR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	460	708
Total number of clients with non-missing values on living arrangements [denominator]	1,026	1,026
Percent of clients in stable living situation	44.8 %	69.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,197
Number of CY 2016 discharges submitted:		1,103
Number of CY 2016 discharges linked to an admission:		1,079
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,050
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		1,026

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

### Long-term Residential(LR)

#### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	15	17
Total number of clients with non-missing values on living arrangements [denominator]	20	20
Percent of clients in stable living situation	75.0 %	85.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		32
Number of CY 2016 discharges submitted:		32
Number of CY 2016 discharges linked to an admission:		24
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		23

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	20
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Outpatient (OP)

### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	12,475	12,635
Total number of clients with non-missing values on living arrangements [denominator]	14,130	14,130
Percent of clients in stable living situation	88.3 %	89.4 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		27,087
Number of CY 2016 discharges submitted:		19,570
Number of CY 2016 discharges linked to an admission:		16,082
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		14,680
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		14,130

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Intensive Outpatient (IO)

### Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	7	6
Total number of clients with non-missing values on living arrangements [denominator]	7	7
Percent of clients in stable living situation	100.0 %	85.7 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		11
Number of CY 2016 discharges submitted:		10
Number of CY 2016 discharges linked to an admission:		9
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	7
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)**

### Short-term Residential(SR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	1,004	1,007
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	1,058	1,058
Percent of clients without arrests	94.9 %	95.2 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,197
Number of CY 2016 discharges submitted:		1,103
Number of CY 2016 discharges linked to an admission:		1,079
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,060
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		1,058

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

### Long-term Residential(LR)

#### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	23	23
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	23	23
Percent of clients without arrests	100.0 %	100.0 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		32
Number of CY 2016 discharges submitted:		32
Number of CY 2016 discharges linked to an admission:		24
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		23

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	23
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Outpatient (OP)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	13,067	13,195
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	15,247	15,247
Percent of clients without arrests	85.7 %	86.5 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		27,087
Number of CY 2016 discharges submitted:		19,570
Number of CY 2016 discharges linked to an admission:		16,082
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		15,257
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		15,247

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Intensive Outpatient (IO)

### Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	8	8
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9	9
Percent of clients without arrests	88.9 %	88.9 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		11
Number of CY 2016 discharges submitted:		10
Number of CY 2016 discharges linked to an admission:		9
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		9

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	9
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	743	885
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,058	1,058
Percent of clients abstinent from alcohol	70.2 %	83.6 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		160
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	315	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.8 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		725
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	743	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		97.6 %
<b>Notes (for this level of care):</b>		
Number of CY 2016 admissions submitted:		1,197
Number of CY 2016 discharges submitted:		1,103
Number of CY 2016 discharges linked to an admission:		1,079
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		1,060
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		1,058

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]



## Long-term Residential(LR)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	19	20
All clients with non-missing values on at least one substance/frequency of use [denominator]	23	23
Percent of clients abstinent from alcohol	82.6 %	87.0 %

### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		2
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	4	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		50.0 %

### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		18
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	19	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		94.7 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	32
Number of CY 2016 discharges submitted:	32
Number of CY 2016 discharges linked to an admission:	24
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Outpatient (OP)

### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from alcohol [numerator]	11,286	11,155
All clients with non-missing values on at least one substance/frequency of use [denominator]	15,247	15,247
Percent of clients abstinent from alcohol	74.0 %	73.2 %

#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		597
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,961	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		15.1 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		10,558
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	11,286	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.5 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	27,087
Number of CY 2016 discharges submitted:	19,570
Number of CY 2016 discharges linked to an admission:	16,082
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	15,257
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	15,247

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

#### Intensive Outpatient (IO)

##### A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	6	5
All clients with non-missing values on at least one substance/frequency of use [denominator]	9	9

Percent of clients abstinent from alcohol	66.7 %	55.6 %
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#### B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

#### C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		5
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		83.3 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	11
Number of CY 2016 discharges submitted:	10
Number of CY 2016 discharges linked to an admission:	9
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	9

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)**

### Short-term Residential(SR)

#### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	231	594
All clients with non-missing values on at least one substance/frequency of use [denominator]	1,058	1,058
Percent of clients abstinent from drugs	21.8 %	56.1 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		391
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	827	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		47.3 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		203
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	231	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		87.9 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	1,197
Number of CY 2016 discharges submitted:	1,103
Number of CY 2016 discharges linked to an admission:	1,079
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,060
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,058

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Long-term Residential(LR)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	16	18
All clients with non-missing values on at least one substance/frequency of use [denominator]	23	23
Percent of clients abstinent from drugs	69.6 %	78.3 %

### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		4
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		57.1 %

### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		14
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	16	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		87.5 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	32
Number of CY 2016 discharges submitted:	32
Number of CY 2016 discharges linked to an admission:	24
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Outpatient (OP)

### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
--	------------------	------------------

Number of clients abstinent from drugs [numerator]	8,187	7,715
All clients with non-missing values on at least one substance/frequency of use [denominator]	15,247	15,247
Percent of clients abstinent from drugs	53.7 %	50.6 %

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,098
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,060	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		15.6 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		6,617
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8,187	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		80.8 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	27,087
Number of CY 2016 discharges submitted:	19,570
Number of CY 2016 discharges linked to an admission:	16,082
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	15,257
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	15,247

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

#### Intensive Outpatient (IO)

##### A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	3	2
All clients with non-missing values on at least one substance/frequency of use [denominator]	9	9

Percent of clients abstinent from drugs	33.3 %	22.2 %
---	--------	--------

#### B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		16.7 %

#### C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		33.3 %

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	11
Number of CY 2016 discharges submitted:	10
Number of CY 2016 discharges linked to an admission:	9
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	9

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

#### Footnotes:

## V: Performance Indicators and Accomplishments

**Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)**

### Short-term Residential(SR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	80	834
Total number of clients with non-missing values on self-help attendance [denominator]	1,058	1,058
Percent of clients attending self-help programs	7.6 %	78.8 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	71.3 %	
Notes (for this level of care):		
Number of CY 2016 admissions submitted:	1,197	
Number of CY 2016 discharges submitted:	1,103	
Number of CY 2016 discharges linked to an admission:	1,079	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	1,060	
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	1,058	

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

### Long-term Residential(LR)

#### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	7	9
Total number of clients with non-missing values on self-help attendance [denominator]	23	23
Percent of clients attending self-help programs	30.4 %	39.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	8.7 %	
Notes (for this level of care):		
Number of CY 2016 admissions submitted:	32	
Number of CY 2016 discharges submitted:	32	



Number of CY 2016 discharges linked to an admission:	24
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	23
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	23

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Outpatient (OP)

### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2,490	2,927
Total number of clients with non-missing values on self-help attendance [denominator]	15,247	15,247
Percent of clients attending self-help programs	16.3 %	19.2 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.9 %	

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	27,087
Number of CY 2016 discharges submitted:	19,570
Number of CY 2016 discharges linked to an admission:	16,082
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	15,257
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	15,247

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

## Intensive Outpatient (IO)

### Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	2	3
Total number of clients with non-missing values on self-help attendance [denominator]	9	9
Percent of clients attending self-help programs	22.2 %	33.3 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	11.1 %	

#### Notes (for this level of care):

Number of CY 2016 admissions submitted:	11
Number of CY 2016 discharges submitted:	10
Number of CY 2016 discharges linked to an admission:	9
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	9
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	9

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment**

Level of Care	Average (Mean)	25 <sup>th</sup> Percentile	50 <sup>th</sup> Percentile (Median)	75 <sup>th</sup> Percentile
<b>DETOXIFICATION (24-HOUR CARE)</b>				
1. Hospital Inpatient	156	17	153	216
2. Free-Standing Residential	141	21	157	225
<b>REHABILITATION/RESIDENTIAL</b>				
3. Hospital Inpatient	116	30	63	168
4. Short-term (up to 30 days)	55	21	30	40
5. Long-term (over 30 days)	104	1	101	175
<b>AMBULATORY (OUTPATIENT)</b>				
6. Outpatient	202	81	169	302
7. Intensive Outpatient	251	84	164	413
8. Detoxification	0	0	0	0
<b>OPIOID REPLACEMENT THERAPY</b>				
9. Opioid Replacement Therapy	28	28	28	28
10. ORT Outpatient	194	57	161	302

Level of Care	2016 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
<b>DETOXIFICATION (24-HOUR CARE)</b>		
1. Hospital Inpatient	8	7
2. Free-Standing Residential	13	12
<b>REHABILITATION/RESIDENTIAL</b>		
3. Hospital Inpatient	73	62

4. Short-term (up to 30 days)	1103	1079
5. Long-term (over 30 days)	32	24
<b>AMBULATORY (OUTPATIENT)</b>		
6. Outpatient	19570	15359
7. Intensive Outpatient	10	9
8. Detoxification	0	0
<b>OPIOID REPLACEMENT THERAPY</b>		
9. Opioid Replacement Therapy	0	1
10. ORT Outpatient	0	723

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file  
[Records received through 12/3/2017]

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 21 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	<b>Source Survey Item:</b> NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2015	10.0	
	Age 18+ - CY 2015	56.4	
2. 30-day Cigarette Use	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2015	4.9	
	Age 18+ - CY 2015	20.7	
3. 30-day Use of Other Tobacco Products	<b>Survey Item:</b> NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] <sup>[1]</sup> ?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. 30-day Use of Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] <b>Outcome Reported:</b> Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2015	8.3	
	Age 18+ - CY 2015	8.3	
5. 30-day Use of Illegal Drugs Other Than Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] <sup>[2]</sup> ? <b>Outcome Reported:</b> Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

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[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.  
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

**Footnotes:**

Information for Tables 21-30 are to be pre-populated through WebBGAS at a later date, so information was not entered as Approved Substitute Data.

## V: Performance Indicators and Accomplishments

**Table 22 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
2. Perception of Risk From Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
3. Perception of Risk From Marijuana	<b>Source Survey Item:</b> NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] <b>Outcome Reported:</b> Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of alcohol.		
	Age 12 - 17 - CY 2015	13.1	
	Age 18+ - CY 2015	17.1	
2. Age at First Use of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2015	13.2	
	Age 18+ - CY 2015	16.0	
3. Age at First Use of Tobacco Products Other Than Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] <sup>[1]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. Age at First Use of Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2015	13.5	
	Age 18+ - CY 2015	18.5	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	<b>Source Survey Item:</b> NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] <sup>[2]</sup> ?[Response option: Write in age at first use.] <b>Outcome Reported:</b> Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

### Footnotes:



## V: Performance Indicators and Accomplishments

**Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015	92.9	
2. Perception of Peer Disapproval of Cigarettes	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2015	89.1	
3. Disapproval of Using Marijuana Experimentally	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015	82.9	
4. Disapproval of Using Marijuana Regularly	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015	82.5	
5. Disapproval of Alcohol	<b>Source Survey Item:</b> NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] <b>Outcome Reported:</b> Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015	91.7	

### Footnotes:

## V: Performance Indicators and Accomplishments

Table 25 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	<b>Source Survey Item:</b> NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] <b>Outcome Reported:</b> Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2015		
	Age 12 - 17 - CY 2015		

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	<b>Source:</b> National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at <a href="http://nces.ed.gov/ccd/stfis.asp">http://nces.ed.gov/ccd/stfis.asp</a> . <b>Measure calculation:</b> Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2015	89.5	

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 27 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	<b>Source:</b> National Highway Traffic Safety Administration Fatality Analysis Reporting System <b>Measure calculation:</b> The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2015	31.9	

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 28 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	<b>Source:</b> Federal Bureau of Investigation Uniform Crime Reports <b>Measure calculation:</b> The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2015	27.1	

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 29 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use**

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	<b>Source Survey Item:</b> NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] <b>Outcome Reported:</b> Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2015	53.2	
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs? <sup>[1]</sup> [Response options: 0 times, 1 to 2 times, a few times, many times] <b>Outcome Reported:</b> Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2015	86.4	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 30 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	<b>Source Survey Item:</b> NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] <sup>[1]</sup> ?" <b>Outcome Reported:</b> Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015	82.4	

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context having been exposed to prevention message.

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35**

**Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37**

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2015	12/31/2015
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2015	12/31/2015
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2015	12/31/2015
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2015	12/31/2015
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	1/1/2015	12/31/2015

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Manual processes.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Arizona added participants to the number for the More Than One Race subcategory only.

**Footnotes:**

Although dates were entered for Tables 33 and 35 as required by WebBGAS to save the other information entered on the page, those tables were not completed. Table 33 is not required and Arizona is under a CAP to be able to provide Table 35 data starting in the 2019 SABG Report.



## V: Performance Indicators and Accomplishments

**Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	913
5-11	4043
12-14	4851
15-17	4041
18-20	1540
21-24	1753
25-44	6191
45-64	4293
65 and over	2001
Age Not Known	13
<b>Gender</b>	
Male	12669
Female	16894
Gender Unknown	76
<b>Race</b>	
White	9792
Black or African American	1608
Native Hawaiian/Other Pacific Islander	45
Asian	423
American Indian/Alaska Native	12885
More Than One Race (not OMB required)	1828

Race Not Known or Other (not OMB required)	3058
<b>Ethnicity</b>	
Hispanic or Latino	6973
Not Hispanic or Latino	22482
Ethnicity Unknown	184

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Manual processes.

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.  
 Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Arizona added participants to the number for the More Than One Race subcategory only.

**Footnotes:**

Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submitted a Corrective Action Plan (CAP) June 30, 2014 as required by Substance Abuse and Mental Health Services Administration (SAMHSA) to meet the special terms of the award in the June 6, 2014 Notice of Grant Award, SABG Grant Number 2B08TIO10004-14. The CAP described steps which would be taken by ADHS/DBHS in order to comply with block grant reporting requirements.

Through an administrative initiative to integrate the administration of physical and behavioral health services as of July 1, 2016, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) merged to fully integrate the implementation and oversight of federally funded behavioral and physical care services. The integration of ADHS/DBHS and AHCCCS builds stronger and better informed delivery of behavioral and physical health services through Arizona's Medicaid and SAMHSA programs.

AHCCCS has developed and updated reporting spreadsheets for each for each of the prevention tables in order to capture information for each contracted provider and to match the recent changes made by SAMHSA. The information conforms precisely to the reporting tables for the SABG Report. Each contractor will be required to submit the spreadsheets for each Federal Fiscal Year which will allow AHCCCS to confirm that the amount reported conforms to the required set aside. All prevention activities are reported based on IOM category for each Federal Fiscal Year. As indicated in the CAP, AHCCCS will come into compliance for FFY2016 reporting. AHCCCS has disseminated the updated spreadsheets and has provided ongoing training and technical assistance to all contractors. AHCCCS is on track for reporting the FFY2016 SABG Block Grant in the December 1, 2018 reporting cycle.

## V: Performance Indicators and Accomplishments

**Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity**

Category	Total
<b>Age</b>	
0-4	54692
5-11	85400
12-14	139335
15-17	141610
18-20	374136
21-24	600183
25-44	2101638
45-64	1688184
65 and over	563915
Age Not Known	175
<b>Gender</b>	
Male	2791914
Female	2957246
Gender Unknown	108
<b>Race</b>	
White	3189092
Black or African American	680861
Native Hawaiian/Other Pacific Islander	2682
Asian	191789
American Indian/Alaska Native	314655
More Than One Race (not OMB required)	296865

Race Not Known or Other (not OMB required)	1073324
<b>Ethnicity</b>	
Hispanic or Latino	2281226
Not Hispanic or Latino	3398331
Ethnicity Unknown	69711

**Footnotes:**

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

Footnotes:

## V: Performance Indicators and Accomplishments

**Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention**

**Definition of Evidence-Based Programs and Strategies:** The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
  - Guideline 1:  
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
  - Guideline 2:  
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
  - Guideline 3:  
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
  - Guideline 4:  
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Arizona has delegated the process to implement Evidence-Based Programs (EBP) and Strategies to the contractors. Based on changes to the SSA and funding structure for each contractor, a committee is being established to provide for a consistent statewide effort and ease of access for local programs to demonstrate they meet the four guidelines listed above to be deemed an EBP for their respective demographic and culture.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

The contractors employ several different sources of data for collecting information regarding the programs and strategies including, contracts, database for all prevention providers under the contractor, interviews, questionnaires, surveys, annual submissions of logic models and strategic plans, and review of program curricula.

**Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention**

	<b>A. Universal Direct</b>	<b>B. Universal Indirect</b>	<b>C. Universal Total</b>	<b>D. Selective</b>	<b>E. Indicated</b>	<b>F. Total</b>
1. Number of Evidence-Based Programs and Strategies Funded	20	20	40	9	1	50
2. Total number of Programs and Strategies Funded	46	27	73	20	5	98
3. Percent of Evidence-Based Programs and Strategies	43.48 %	74.07 %	54.79 %	45.00 %	20.00 %	51.02 %

**Footnotes:**

## V: Performance Indicators and Accomplishments

**Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies**

	Total Number of Evidence-Based Programs/Strategies for IOM Category Below	Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # <input type="text"/>	\$ <input type="text"/>
Universal Indirect	Total # <input type="text"/>	\$ <input type="text"/>
Selective	Total # <input type="text"/>	\$ <input type="text"/>
Indicated	Total # <input type="text"/>	\$ <input type="text"/>
	Total EBPs: 0	Total Dollars Spent: \$0

**Footnotes:**



Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) submitted a Corrective Action Plan (CAP) June 30, 2014 as required by Substance Abuse and Mental Health Services Administration (SAMHSA) to meet the special terms of the award in the June 6, 2014 Notice of Grant Award, SABG Grant Number 2B08TIO10004-14. The CAP described steps which would be taken by ADHS/DBHS in order to comply with block grant reporting requirements.

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AHCCCS has developed and updated reporting spreadsheets for each for each of the prevention tables in order to capture information for each contracted provider and to match the recent changes made by SAMHSA. The information conforms precisely to the reporting tables for the SABG Report. Each contractor will be required to submit the spreadsheets for each Federal Fiscal Year which will allow AHCCCS to confirm that the amount reported conforms to the required set aside. All prevention activities are reported based on IOM category for each Federal Fiscal Year. As indicated in the CAP, AHCCCS will come into compliance for FFY2016 reporting. AHCCCS has disseminated the updated spreadsheets and has provided ongoing training and technical assistance to all contractors. AHCCCS is on track for reporting the FFY2016 SABG Block Grant in the December 1, 2018 reporting cycle.

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2016 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category D:		
File	Version	Date Added

**Footnotes:**  
There are no instructions for these attachments. Per the instructions for Tables 31 & 32, the information compiled for Categories A-D (Age, Gender, Race, and Ethnicity) are for CY 2015. There is no information compiled for FFY 2016 as the indicated time period in each of the attachment headings, so no information was provided.