



Report to the Legislature

**DASA Treatment Expansion:
The First Two Years**

As Required by Chapter 522 Laws of 2007
(SHB 1128)

October 23, 2007

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To the
Reader

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HEALTH AND REHABILITATIVE SERVICES ADMINISTRATION
DIVISION OF ALCOHOL AND SUBSTANCE ABUSE

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Honorable Members of the Washington State Legislature

Dear Ladies and Gentlemen:

It is my privilege to transmit this report – *DASA Treatment Expansion: The First Two Years* – as required under Substitute House Bill 1128.

In a concerted and truly visionary initiative to realize the promise of economic savings from cost offsets already scientifically proven in previous efforts sponsored by the Division of Alcohol and Substance Abuse (DASA), in 2005 the Legislature and Governor took significant steps to expand the availability of publicly funded chemical dependency treatment services both for adults Medicaid clients and youth. This is the first of a series of required reports on the impact of these efforts.

We are gratified that much of this savings has in fact been realized, as the cost offsets per patient have turned out to be even greater than anticipated. While the ramp-up of service delivery has been slower than we would have hoped, we are now treating significantly more patients than before treatment expansion authorization, ensuring healthier individuals and families, safer communities, and more vibrant, more productive state.

Besides expanding access to treatment, Senate Bill 5763 also authorized other new initiatives. There are now two integrated crisis response/secure detoxification programs in Pierce and the North Sound Counties, and programs in King and Thurston-Mason Counties provide intensive case management services to clients with multiple service needs. A common screening tool for mental health/substance abuse disorders has been adopted and is now being used across service systems throughout the state. We look forward to the opportunity to report on these efforts as well.

More remains to be done. With our partners from the Governor and Legislature to community-based treatment providers and county alcohol/drug advisory boards, we at DASA will continue our commitment to a healthier Washington by supporting individuals in their recovery from the disease of chemical dependency.

A handwritten signature in blue ink, appearing to read "Doug Allen".

Doug Allen, Director
DSHS Health and Recovery Services Administration
Division of Alcohol and Substance Abuse

Alcohol and Drug Treatment Expansion: The First Year

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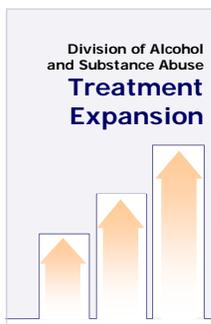
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DSHS | DASA Treatment Expansion: The First Two Years

REPORT 4.65 | Expanding access to alcohol/drug treatment



Executive Summary

Senate Bill 5763, The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005, provided the Division of Alcohol and Substance Abuse (DASA) additional funds for alcohol or other drug (AOD) treatment for chemically dependent adults and substance-abusing youth. Funding was targeted for adults on Medicaid and General Assistance and based on assumed savings in medical and long-term care costs. Funding for youth was earmarked for adolescents in households with incomes below 200 percent of the federal poverty level. No offsetting savings were assumed for the youth treatment expansion.

The 2007 Budget Act (Substitute House Bill 1128, Chapter 522, Laws of 2007) provides ongoing funding for the DASA Treatment Expansion and requires the Department of Social and Health Services to submit a report relating to: (a) patients receiving services through DASA Treatment Expansion funds, and (b) other patients receiving AOD treatment funded by DSHS.

The report shall include, but not necessarily be limited to, the following information:

- a. The number and demographics (including categories) of patients served.*
- b. Geographic distribution.*
- c. Modality of treatment services provided (i.e., residential or out-patient).*
- d. Treatment completion rates.*
- e. Funds spent.*
- f. Where applicable, the estimated cost offsets in medical assistance on a total and per patient basis.*

Key Findings

a. The number and demographics of patients served

1. Data for FY 2007 are preliminary. Final data for FY 2007 will be presented in the next report in this series.
2. For the adult Treatment Expansion target populations, the number of patients in treatment increased from a baseline of 18,226 patients in FY 2005 to 20,808 patients in FY 2006 and 22,437 patients in FY 2007. *See page 8.*
3. For the adult Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,896 patients in FY 2005 to 9,015 patients in FY 2006 and 10,001 patients in FY 2007. *See page 9.*
4. For the GA-U population, the number of patients in treatment increased from a baseline of 1,651 patients in FY 2005 to 2,189 patients in FY 2006 and 2,682 patients in FY 2007. *See page 12.*
5. For adults who are not in the Treatment Expansion target population, the number in treatment increased from a baseline of 16,705 patients in FY 2005 to 18,136 patients in FY 2006 and 18,174 patients in FY 2007. *See page 20.*
6. For the other Medicaid adult population (primarily adults on Family Medical and Pregnant Women), the number of patients in treatment increased from a baseline of 8,558 patients in FY 2005 to 9,458 patients in FY 2006 and 9,598 patients in FY 2007. The increase in number of other Medicaid adults treated was mitigated by the unanticipated decline in the overall size of the medical coverage group. *See page 11.*

7. Treatment levels for youth are below baseline levels. *See page 13.*
8. Since the implementation of Treatment Expansion in FY 2006, there has been no significant change in the demographic composition of patients receiving AOD treatment. *See pages 26-28.*
9. There were no significant changes in the chronic disease profile of Medicaid Disabled, Aged, or GA-U patients in AOD treatment in the first year of Treatment Expansion (FY 2006), compared to the baseline year (FY 2005). *See Appendix A.*
10. There were no significant changes in the DSHS service profile of patients in AOD treatment in the first year of Treatment Expansion (FY 2006), compared to the baseline year (FY 2005). *See Appendix A.*

b. Geographic distribution of patients served

1. There has been significant variation across counties in Treatment Expansion performance. Spokane County has been a notably strong performer. *See pages 20-25.*

c. Modality of treatment services provided

1. For all adult target populations, use of both outpatient and residential treatment modalities increased from FY 2005 to FY 2006. *See pages 9-12.*
2. The number of youth in residential treatment increased from FY 2005 to FY 2006, while the number of youth receiving outpatient treatment declined. *See page 13.*

d. Treatment completion rates

1. Since the implementation of Treatment Expansion, outpatient treatment completion rates increased for adult Medicaid Disabled patients, other Medicaid adults, and youth. *See page 14.*
2. Youth residential treatment completion rates have also increased since the implementation of Treatment Expansion. *See page 14.*

e. Funds spent

1. FY 2006 Treatment Expansion expenditures were \$8,612,000 for adults and \$2,622,000 for youth (all funds). *See page 16.*
2. FY 2007 Treatment Expansion expenditures were \$8,040,000 for adults and \$469,000 for youth (all funds). *See page 16.*
3. It is not possible to directly identify Treatment Expansion patients or the portion of their treatment costs that were incurred solely due to the availability of expansion funding. In FY 2006 some treatment costs were allocated to Treatment Expansion when Expansion-eligible patients would likely have received treatment through other fund sources.
4. In FY 2007, expenditures are based on the number of patients served above the FY 2005 baseline and budgeted per-patient treatment costs.

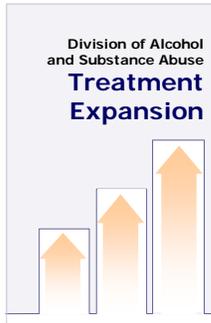
f. Estimated cost offsets in medical assistance, where applicable

1. For adult Medicaid Disabled patients, medical savings are estimated to be \$287 per treated patient per month (pmpm) in FY 2006, compared to \$199 in the original appropriation. *See pages 30-33.*
2. Medical savings for GA-U patients are estimated to be \$149 per treated patient per month (pmpm), compared to \$117 in the original appropriation. *See page 34.*
3. Despite greater-than-anticipated savings on a per-patient-treated basis, total savings in FY 2006 were lower than originally budgeted due to the slower than expected ramp-up of treatment for Medicaid Disabled patients. The total cost offset estimate for Medical Assistance Expenditures for Medicaid Disabled and GA-U patients for FY 2006 is \$2.49 million. Cost offset estimates for FY 2007 will be presented in the next report in this series. *See page 32.*



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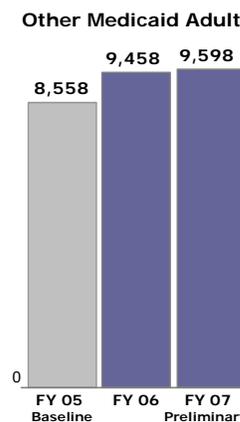
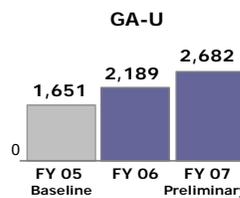
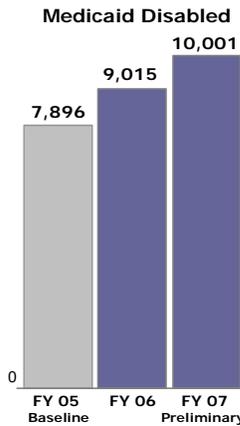
REPORT 4.65 | Expanding access to alcohol/drug treatment



Summary

SENATE BILL 5763, The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005 provided expanded funding for alcohol or other drug (AOD) treatment of approximately \$32 million for adults and \$6.7 million for youth. The adult expansion was targeted for adults on Medicaid and General Assistance and was funded primarily by assumed savings in medical and long-term care costs. Youth expansion funds were earmarked for adolescents in households with income below 200 percent of the federal poverty level. No offsetting savings were budgeted for the youth treatment expansion.

PATIENTS TREATED BY FISCAL YEAR



Progress in achieving the expansion goals

The original intent of SB 5763 was to double the number of Medicaid Disabled, Medicaid Aged and GA-U adults in AOD treatment in FY 2007, relative to the number in treatment in FY 2003, and to increase the number of other Medicaid adults in treatment by 50 percent over the same timeframe. Due to slower than expected ramp-up, supplemental budget actions reduced expansion funding from the originally budgeted amounts for FY 2007.

- For the key Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,896 patients in FY 2005 to 9,015 patients in FY 2006 and 10,001 patients in FY 2007. These increases represent 26 percent of the original expansion goal for FY 2006 and 78 percent of the revised expansion goal for FY 2007.
- For the GA-U population, the number of patients in treatment increased from a baseline of 1,651 patients in FY 2005 to 2,189 patients in FY 2006 and 2,682 patients in FY 2007. These increases represent 149 percent of the original expansion goal for FY 2006 and 88 percent of the revised expansion goal for FY 2007.
- For the other Medicaid adult population, the number of patients in treatment increased from a baseline of 8,558 patients in FY 2005 to 9,458 patients in FY 2006 and 9,598 patients in FY 2007. These increases represent 54 percent of the original expansion goal for FY 2006 and 51 percent of the revised expansion goal for FY 2007.
- The increase in number of other Medicaid adults treated was mitigated by the unanticipated decline in the overall size of the medical coverage group.
- Treatment levels for youth are below baseline levels.

We examined treatment completion rates and found that since the implementation of Treatment Expansion, outpatient treatment completion rates increased for adult Medicaid Disabled patients, other Medicaid adults, and youth. Youth residential treatment completion rates also increased.

We examined the geographic and demographic distribution of patients receiving AOD treatment, and found significant variation across counties in performance. Spokane County was a notably strong performer. We found no significant change in the demographic composition of patients in AOD treatment since the implementation of the expansion.

Medical savings per treated patient in FY 2006 exceeded original budget assumptions

2006 COST SAVINGS

Medicaid Disabled

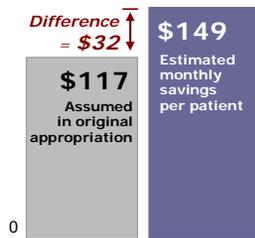


Treatment Expansion was funded on the assumption that expanding the proportion of "AOD problem" patients who receive AOD treatment would dampen the rate of growth of medical and nursing home costs in the key Medicaid Disabled and GA-U target populations. We used an evaluation approach that combines difference-of-difference and intent-to-treat design elements to reduce potential biases in the measurement of Treatment Expansion impacts.

We used the last two years of actual pre-expansion cost data to form a trend projection of costs in the post-expansion period. We then measured the percent deviation of actual post-expansion costs from the expected cost trend projection. Then we compared the percent deviation from the expected cost trend for patients affected by the expansion (patients with identified AOD problems) to the percent deviation from expected cost trends for patients not affected by the expansion (patients without identified AOD problems). We found that patients with AOD problems did experience greater reductions in the rate of growth of costs, relative to other patients in the coverage group without identified AOD problems.

Expressed in terms of per-member per-month effects for the additional patients entering treatment in FY 2006, we found:

GA-U



- For adult **Medicaid Disabled** patients, **medical savings** are estimated to be **\$287** per treated patient per month in FY 2006, compared to \$199 in the original appropriation.
- For adult **Medicaid Disabled** patients, **nursing home savings** are estimated to be **\$137** per treated patient per month, compared to \$58 in the original appropriation.
- **Medical savings** for **GA-U patients** are estimated to be **\$149** per treated patient per month, compared to \$117 in the original appropriation.

FISCAL YEAR 2006	Assumed	Actual	Difference
Disabled – Medical Savings	\$199	\$287	+ \$88
Disabled – NH Savings	\$58 ¹	\$137	+ \$79
GA-U – Medical Savings	\$117	\$149	+ \$32

Despite greater-than-anticipated savings on a per-patient-treated basis, total savings in FY 2006 were lower than originally budgeted due to the slower than expected ramp-up of treatment for Medicaid Disabled patients. The original appropriation assumed savings of \$6.57 million in Medical Assistance Expenditures and \$1.87 million in Aging and Disability Services nursing home expenditures. Current savings estimates for FY 2006 in these areas are \$2.49 million and \$1.07 million, respectively.

¹ Savings assumed in original 2005-07 Biennium appropriation.

Background

What is Treatment Expansion?

Senate Bill 5763, The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005, provided additional funding to the Division of Alcohol and Substance Abuse (DASA) for chemical dependency treatment of almost \$32 million for adults and over \$6.7 million for youth in the 2005-07 Biennium. The adult Treatment Expansion funds were earmarked for:

- Medicaid Disabled, General Assistance Expedited Medicaid Disability (GA-X), Blind, and Aged clients (including SSI clients);
- General Assistance Unemployable (GA-U) clients; and
- Other Medicaid adults, including clients receiving medical coverage related to the Temporary Assistance for Needy Families (TANF) program.

Youth expansion funds were earmarked for youth living in households under 200 percent of the federal poverty level.

The intent of funds made available from SB 5763 was to:

- Double the number of aged, blind, disabled, GA-X, and GA-U adults in chemical dependency treatment in FY 2007, relative to the number in treatment in FY 2003²;
- Increase the number of other Medicaid adults in treatment by 50 percent during the same timeframe; and
- Serve an additional 1,051 youth in each year of the biennium.

How was Treatment Expansion funded in the 2005-07 Biennium?

Of the \$32 million allocated for adult Treatment Expansion:

- Approximately \$24 million came from expected savings – also known as “cost offsets” – in the Medical Assistance Administration budget (now the Health and Recovery Services Administration);
- Approximately \$7 million came from expected cost offsets in the Aging and Disability Services Administration budget; and
- Approximately \$1 million came from new expenditures.

The youth Treatment Expansion was funded entirely through new expenditures. For the adult Treatment Expansion, cost offsets were budgeted to occur in the Medicaid Disabled, Aged, and GA-U populations. No offsets were assumed in the population of other Medicaid adults.

THE TARGET POPULATIONS

MEDICAID DISABLED – Includes clients receiving DSHS medical coverage through the Disabled, GA-X, and Blind medical programs. Includes both categorically needy and medically needy coverage. Includes clients who are dually eligible for Medicare, as well as those eligible for Medicaid only. Medical cost offset analyses will focus on Medicaid-only clients because most medical care for dual eligibles is paid for by the Federal Medicare program. Nursing home cost offset analyses will include dual eligibles.

MEDICAID AGED – Includes both categorically needy and medically needy coverage. Includes clients who are dually eligible for Medicare, as well as those eligible for Medicaid only.

OTHER MEDICAID ADULTS – Includes clients age 18 and above receiving DSHS medical coverage through the Family Medical, Pregnant Women, and Children’s Medical coverage groups. This group is not included in medical cost offset analyses because most clients are enrolled with a managed care plan through the Healthy Options program. Therefore, savings from reduced medical service utilization that may result from increased use of chemical dependency treatment would tend to accrue to Healthy Options managed care plans.

GENERAL ASSISTANCE-UNEMPLOYABLE (GA-U) – The GA-U program provides cash and medical benefits for low-income adults (age 18 to 64) without dependents who are physically or mentally incapacitated and expected to be unemployable for 90 days or more. GA-U clients are expected to return to work or become eligible for other benefit programs, such as Supplemental Security Income (SSI).

YOUTH – Youth expansion funds were earmarked for youth living in households under 200 percent of the federal poverty level. Includes a relatively small number of patients aged 18 to 20 served by youth treatment providers.

² Expansion goals were set relative to FY 2003 treatment levels because FY 2003 data were the most current data available when the original treatment expansion budget was developed.

Background

Development of the original Treatment Expansion goals

The original Treatment Expansion goals were developed using **penetration rate** goals derived from (1) estimates of need for treatment based on the 2003 Washington Needs Assessment Household Survey³ (WANAHS II) and (2) administrative indicators of need for treatment derived from medical claims, AOD service encounters, and arrest data. The treatment penetration rate is the proportion of clients estimated to need AOD treatment who receive AOD treatment in the fiscal year. The exhibits on the following page provide treatment need and penetration rate estimates associated with the original Treatment Expansion goals.

Supplemental revisions to the original Treatment Expansion goals

Due to the slower than anticipated ramp-up of the Treatment Expansion, supplemental budget actions reduced Treatment Expansion funding from the originally budgeted amounts. The original budget allocation for the adult target populations for FY 2007 was reduced from \$20.4 million in the original appropriation to \$10.6 million, while expansion funding for youth in FY 2007 was reduced from the original \$3.36 million to \$469,000.

In the pages that follow, we express expansion progress in FY 2006 relative to the Treatment Expansion goals contained in the original 2005-07 Biennium budget documents. Performance in FY 2007 is expressed relative to the revised goals implied by the funding levels after the supplemental budget adjustments.

Data sources

The analyses presented in this report rely on linked client-level information from several data sources:

- Extracts from DASA's TARGET management information system were used to measure chemical dependency treatment admissions and activities.
- Fee-for-service medical claims data from the Medicaid Management Information System (MMIS) were used to measure medical and nursing home service costs and to identify AOD treatment activities that were not reported into the TARGET system.
- The OFM "span" eligibility file provided client medical coverage spans.
- The RDA Client Services Database (CSDB) provided demographic and geographic data and the crosswalk necessary to link client identifiers across information systems.

Definitions

Substance abuse treatment includes outpatient, residential, opiate substitution treatment, and case management service modalities. Detoxification and assessment services are not considered to be AOD treatment. Patients are counted as receiving treatment services when they are admitted to treatment or when they engage in formal treatment activities. Private-pay and DOC-paid services are excluded.

To obtain unduplicated counts of patients served by year, we define a patient to be an adult or youth based on their age in the first month they received chemical dependency treatment in the fiscal year. For example, a youth who receives treatment while age 17 and continues in treatment in the fiscal year at age 18 is counted as a youth. In cases where a patient is eligible for DSHS medical assistance in more than one category in the fiscal year, we unduplicated the patient into a single eligibility category based on the following hierarchy:

- Adult Medicaid Disabled
- Medicaid Aged
- Other Medicaid adults
- GA-U

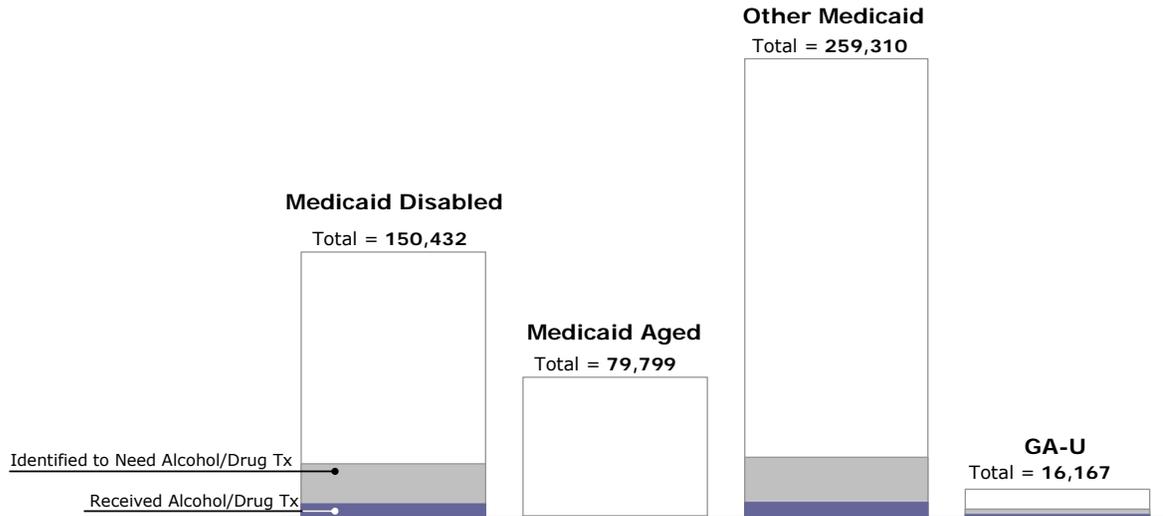
For example, a patient who first received treatment while enrolled in GA-U medical coverage and then transitioned to GA-X coverage is counted in the Medicaid Disabled category.

³ 2005. Washington State Needs Assessment Household Survey (WANAHS II): Profile of Substance Use and Need for Treatment Services, DSHS Division of Research and Data Analysis, www1.dshs.wa.gov/rda/research/4/52/state.shtm.

Development of the Original Treatment Expansion Goals

Treatment Expansion Adult Target Populations

Fiscal Year 2005, Adults 18+, unduplicated annual total

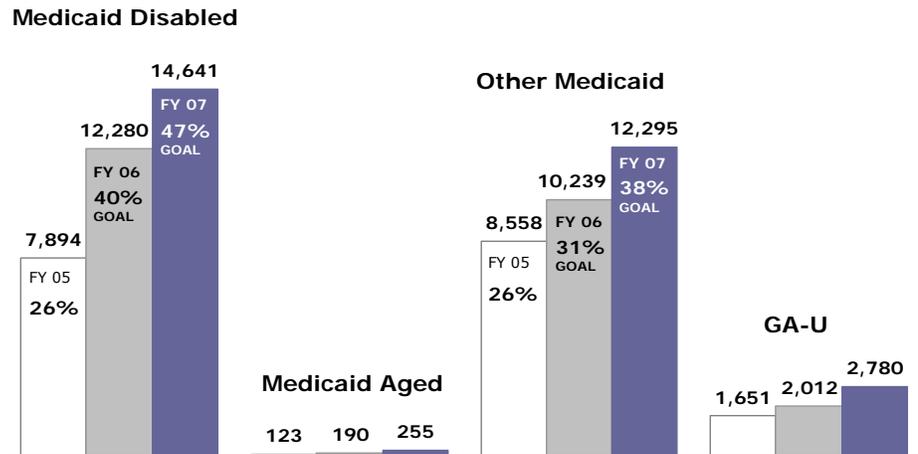


TOTAL POPULATION	150,432	RATE	79,799	RATE	259,310	RATE	16,167	RATE
Estimated to Need AOD Tx	30,688	(20.4%)*	1,277	(1.6%)*	34,229	(13.2%)*	4,850	(30%)*
Received AOD Tx	7,894	(26%)**	123	(10%)**	8,558	(25%)**	1,651	(34%)**

* Represents "Need Rate."
 ** "Penetration Rate" (percent of those in need who actually received AOD treatment) in parentheses.
 SOURCE: DSHS Research and Data Analysis Division, 2007.

Original Adult Treatment Expansion Goals (2005-07 Biennium)

As funded by the Legislature prior to Supplemental Budget adjustments



TREATED IN FY 2005	7,894	(26%)*	123	(10%)*	8,558	(25%)*	1,651	(34%)*
Treatment Goal FY 2006	12,280	(40%)	190	(14%)	10,239	(31%)	2,012	(37%)
Treatment Goal FY 2007	14,641	(47%)	255	(19%)	12,295	(38%)	2,780	(47%)

* "Penetration Rate" (percent of those in need who actually received AOD treatment) in parentheses.
 SOURCE: DSHS Research and Data Analysis Division, 2007.

Progress toward Achieving Treatment Goals



Key Findings

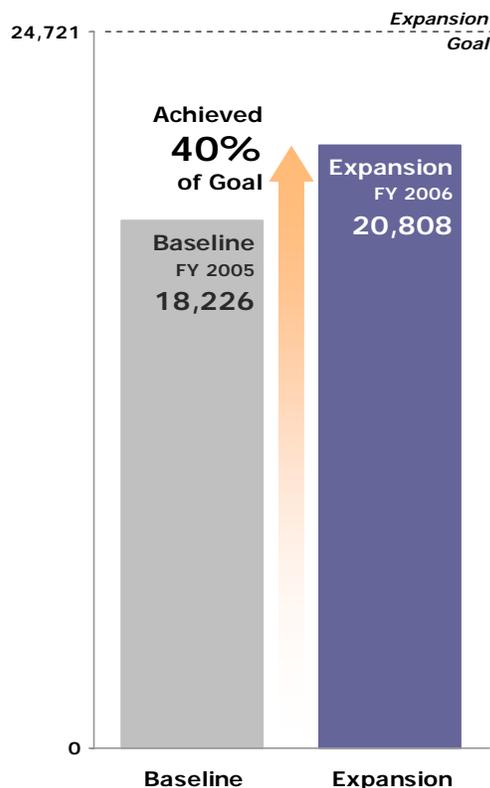
- In FY 2006, 2,582 additional adult Medicaid or GA-U patients received AOD treatment when compared to FY 2005. This increase was 40 percent of the **original** FY 2006 expansion goal of 6,495 additional patients to be treated.
- Supplemental budget actions reduced Treatment Expansion goals for FY 2007 from the originally budgeted amounts. Based on preliminary lag-adjusted data, in FY 2007 4,211 additional adult target patients received AOD treatment when compared to FY 2005. This increase was 70 percent of the **revised** FY 2007 expansion goal of 6,020 additional patients to be treated in FY 2007.
- A significant part of the shortfall for FY 2007 for other Medicaid adults is due to the unexpected decline in the size of the medical coverage population.
- Since the implementation of Treatment Expansion, treatment completion rates have increased for adult Medicaid Disabled patients, other Medicaid adults, and youth.

Overall Progress for Adult Target Populations

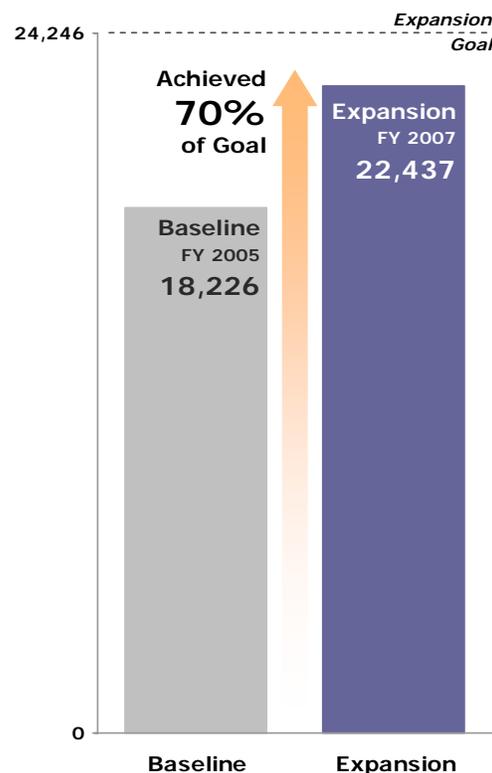
The Treatment Expansion target populations include adults receiving DSHS medical coverage through the Medicaid and General Assistance – Unemployable programs. In FY 2005, 18,226 adult Medicaid or GA-U patients received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of Medicaid and GA-U patients receiving AOD treatment by 6,495 patients to a total of 24,721 adult Medicaid or GA-U patients receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of adult Medicaid and GA-U patients receiving AOD treatment by 6,020 patients to a total of 24,246 adult Medicaid or GA-U patients receiving treatment in FY 2007.

- In FY 2006, 2,582 additional adult Medicaid or GA-U patients received AOD treatment when compared to FY 2005. This increase was 40 percent of the FY 2006 expansion goal of 6,495 additional patients to be treated.
- Based on preliminary lag-adjusted data, in FY 2007 4,211 additional adult target patients received AOD treatment when compared to FY 2005. This increase was 70 percent of the FY 2007 expansion goal of 6,020 additional patients to be treated in FY 2007.

YEAR ONE (FY 2006) 40 Percent of the Original Expansion Goal was Achieved



YEAR TWO (FY 2007) 70 Percent of the Revised Expansion Goal was Achieved



All Patients Receiving Treatment in the Adult Treatment Expansion Target Populations First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007* Preliminary	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
Any AOD Treatment	18,226	20,808	22,437	2,582	4,211
Residential Treatment	4,697	5,548	N/A	851	N/A
Outpatient Treatment	16,318	18,716	N/A	2,398	N/A
Outpatient Treatment Only	13,529	15,260	N/A	1,731	N/A

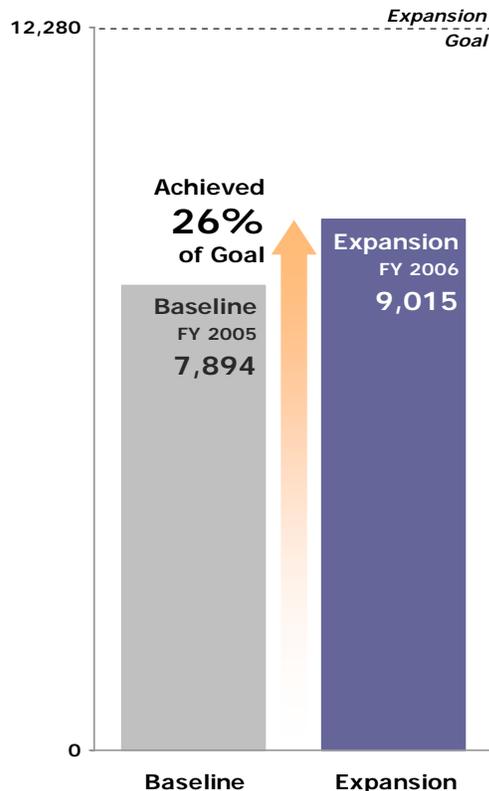
*The FY 2007 estimate is based on lag-adjusted data from MMIS services paid through June 2007 and TARGET data extracted in July 2007. The estimate will be updated in subsequent reports. Because lag-adjustment factors were not developed separately by treatment modality, counts by modality are not presented for FY 2007.

Adult Medicaid Disabled Patients

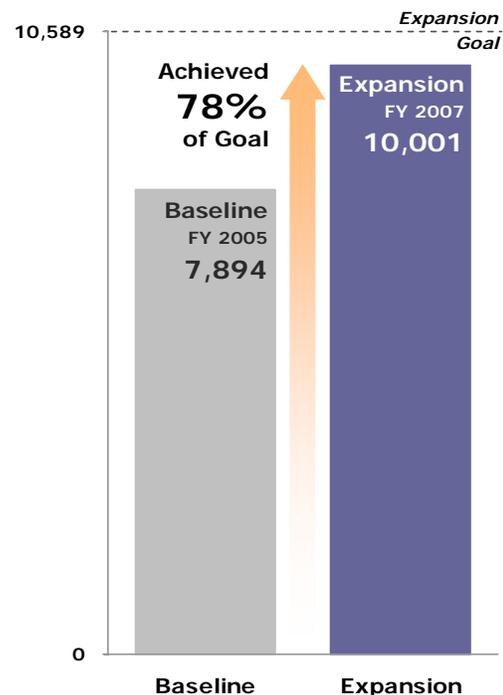
In FY 2005, 7,894 adult Medicaid Disabled patients received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of Medicaid Disabled patients receiving AOD treatment by 4,386 patients to a total of 12,280 adult Medicaid Disabled patients receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of Medicaid Disabled patients receiving AOD treatment by 2,695 to a total of 10,589 patients receiving treatment in FY 2007.

- In FY 2006, 1,121 additional adult Medicaid Disabled patients received AOD treatment when compared to FY 2005. This increase was 26 percent of the FY 2006 expansion goal of 4,386 additional patients to be treated.
- Based on preliminary lag-adjusted data, 2,107 additional adult Medicaid Disabled patients received AOD treatment in FY 2007 when compared to FY 2005. This increase was 78 percent of the FY 2007 goal of 2,695 additional patients to be treated in FY 2007.

YEAR ONE (FY 2006) 26 Percent of the Original Expansion Goal was Achieved



YEAR TWO (FY 2007) 78 Percent of the Revised Expansion Goal was Achieved



Adult Medicaid Disabled Patients Receiving DASA-Funded AOD Treatment

First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005	FY 2006	FY 2007*	Year One	Year Two
	Baseline	First Year	Preliminary	FY 2006 from FY 2005	FY 2007 from FY 2005
Any AOD Treatment	7,894	9,015	10,001	1,121	2,107
Residential Treatment	1,785	2,148	N/A	363	N/A
Outpatient Treatment	7,028	8,078	N/A	1,050	N/A
Outpatient Treatment Only	6,109	6,867	N/A	758	N/A

*The FY 2007 estimate is based on lag-adjusted data from MMIS services paid through June 2007 and TARGET data extracted in July 2007. The estimate will be updated in subsequent reports. Because lag-adjustment factors were not developed separately by treatment modality, counts by modality are not presented for FY 2007.

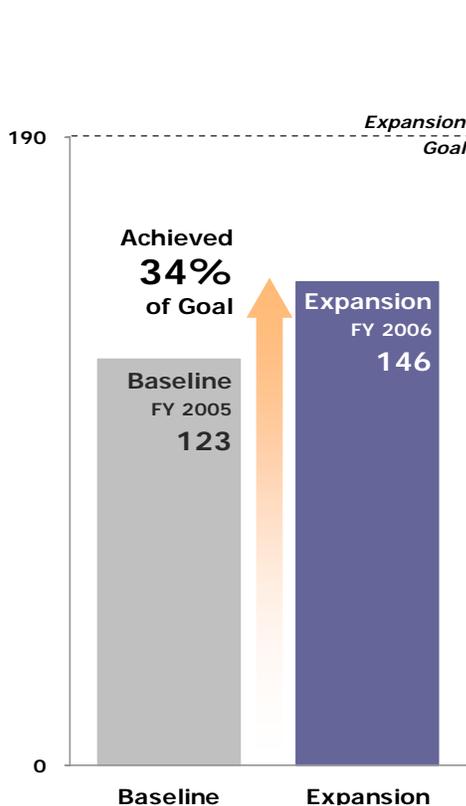
Medicaid Aged

In FY 2005, 123 Medicaid Aged patients received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of Medicaid Aged patients receiving AOD treatment by 67 patients to a total of 190 Medicaid Aged patients receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of Medicaid Aged patients receiving AOD treatment by 100 patients to a total of 223 Medicaid Aged patients receiving treatment in FY 2007. Although the revised goal for FY 2007 is relatively aggressive compared to baseline treatment levels, it represents the achievement of a relatively modest 20 percent treatment penetration rate for the Medicaid Aged target population.

- In FY 2006, 23 additional Medicaid Aged patients received AOD treatment when compared to FY 2005. This increase was 34 percent of the FY 2006 expansion goal of 67 additional patients to be treated.
- Based on preliminary lag-adjusted data, 33 additional Medicaid Aged patients received AOD treatment in FY 2007 when compared to FY 2005. This increase was 33 percent of the expansion goal of 100 additional patients to be treated in FY 2007.

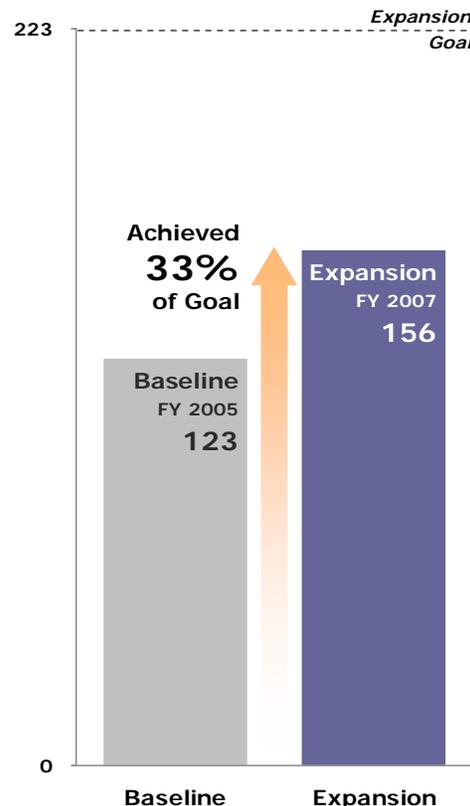
YEAR ONE (FY 2006)

34 Percent of the Original Expansion Goal was Achieved



YEAR TWO (FY 2007)

33 Percent of the Revised Expansion Goal was Achieved



Medicaid Aged Patients Receiving DASA-Funded AOD Treatment

First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007* Preliminary	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
Any AOD Treatment	123	146	156	23	33
Residential Treatment	10	21	N/A	11	N/A
Outpatient Treatment	117	136	N/A	19	N/A
Outpatient Treatment Only	113	125	N/A	12	N/A

*The FY 2007 estimate is based on lag-adjusted data from MMIS services paid through June 2007 and TARGET data extracted in July 2007. The estimate will be updated in subsequent reports. Because lag-adjustment factors were not developed separately by treatment modality, counts by modality are not presented for FY 2007.

Other Medicaid Adults

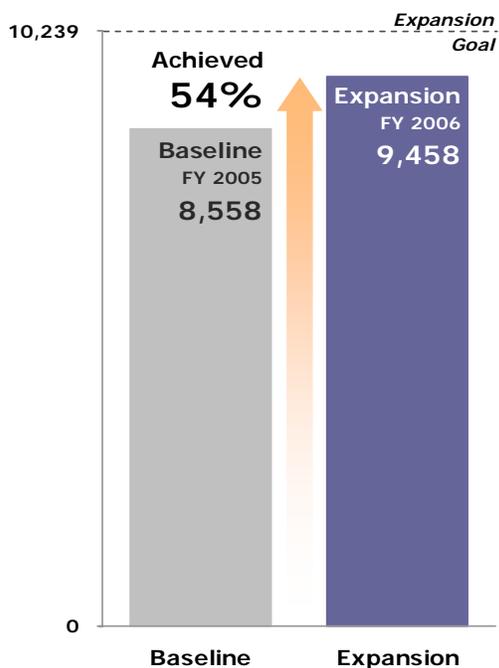
In FY 2005, 8,558 other Medicaid adults received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of other Medicaid adults receiving AOD treatment by 1,681 patients to a total of 10,239 other Medicaid adults receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of other Medicaid adults receiving AOD treatment by 2,054 patients to a total of 10,612 other Medicaid adults receiving treatment in FY 2007.

- In FY 2006, 900 additional other Medicaid adult patients received AOD treatment when compared to FY 2005. This increase was 54 percent of the FY 2006 expansion goal of 1,681 additional patients to be treated.
- Based on preliminary lag-adjusted data, 1,040 additional other Medicaid adults received AOD treatment in FY 2007 when compared to FY 2005. This increase was 51 percent of the goal of 2,054 additional patients to be treated in FY 2007.

The revised Treatment Expansion goals for FY 2007 were set in relation to Caseload Forecast Council (CFC) estimated growth in other adult Medicaid coverage – primarily the TANF-related Family Medical caseload. Since the goals were developed, the Family Medical caseload has fallen significantly below the CFC forecast available at the time the revised goals were developed. Consequently, a significant part of the shortfall for this medical coverage group is due to the unexpected decline in the size of the medical coverage population.

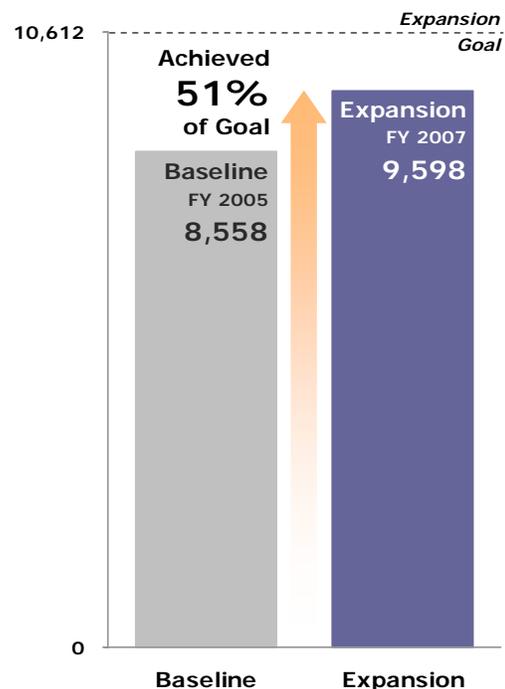
YEAR ONE (FY 2006)

54 Percent of the Original Expansion Goal was Achieved



YEAR TWO (FY 2007)

51 Percent of the Revised Expansion Goal was Achieved



Other Medicaid Adults Receiving DASA-Funded AOD Treatment

First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007* Preliminary	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
Any AOD Treatment	8,558	9,458	9,598	900	1,040
Residential Treatment	2,216	2,592	N/A	376	N/A
Outpatient Treatment	7,784	8,613	N/A	829	N/A
Outpatient Treatment Only	6,342	6,866	N/A	524	N/A

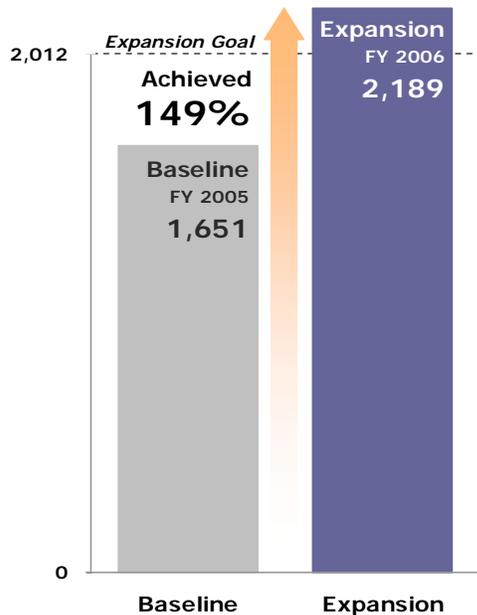
*The FY 2007 estimate is based on lag-adjusted data from MMIS services paid through June 2007 and TARGET data extracted in July 2007. The estimate will be updated in subsequent reports. Because lag-adjustment factors were not developed separately by treatment modality, counts by modality are not presented for FY 2007.

General Assistance-Unemployable (GA-U)

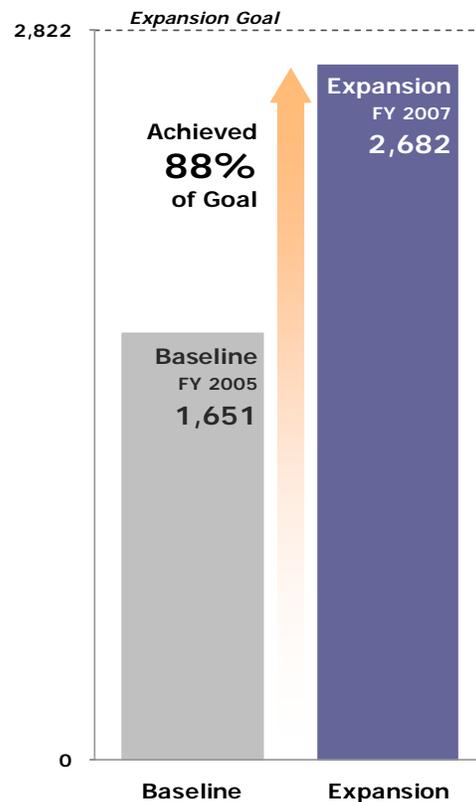
In FY 2005, 1,651 GA-U patients received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of GA-U patients receiving AOD treatment by 361 patients to a total of 2,012 GA-U patients receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of GA-U patients receiving AOD treatment by 1,171 patients to a total of 2,822 GA-U patients receiving treatment in FY 2007.

- In FY 2006, 538 additional GA-U patients received AOD treatment when compared to FY 2005. This increase is 149 percent of the FY 2006 expansion goal of 361 additional patients to be treated.
- Based on preliminary lag-adjusted data, 1,031 additional GA-U patients received AOD treatment in FY 2007 when compared to FY 2005. This increase was 88 percent of the FY 2007 expansion goal of 1,171 additional patients to be treated in FY 2007.

YEAR ONE (FY 2006) 149 Percent of the Original Expansion Goal was Achieved



YEAR TWO (FY 2007) 88 Percent of the Revised Expansion Goal was Achieved



GA-U Patients Receiving DASA-Funded AOD Treatment

First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005	FY 2006	FY 2007*	Year One	Year Two
	Baseline	First Year	Preliminary	FY 2006 from FY 2005	FY 2007 from FY 2005
Any AOD Treatment	1,651	2,189	2,682	538	1,031
Residential Treatment	686	787	N/A	101	N/A
Outpatient Treatment	1,389	1,889	N/A	500	N/A
Outpatient Treatment Only	965	1,402	N/A	437	N/A

*The FY 2007 estimate is based on lag-adjusted data from MMIS services paid through June 2007 and TARGET data extracted in July 2007. The estimate will be updated in subsequent reports. Because lag-adjustment factors were not developed separately by treatment modality, counts by modality are not presented for FY 2007.

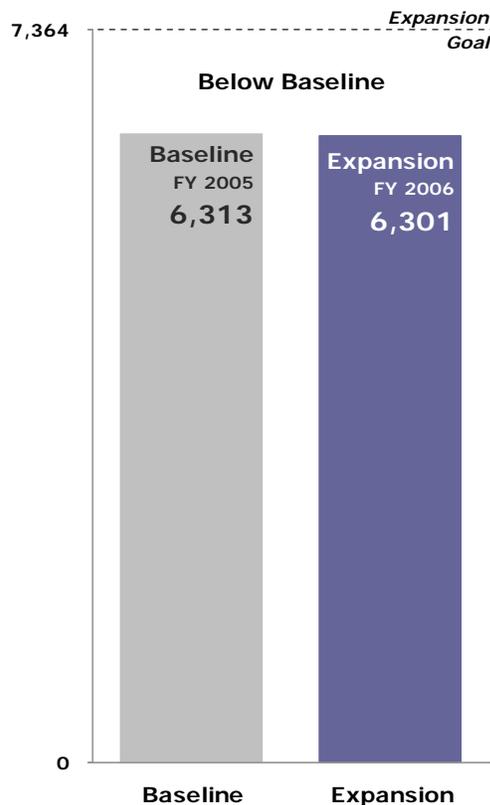
Youth

In FY 2005, 6,275 adolescents aged 10 to 17 received DASA-funded AOD treatment services. The overall expansion goal for FY 2006 was to increase the number of adolescents receiving AOD treatment by 1,051 patients to a total of 7,332 adolescents receiving treatment in FY 2006. Supplemental budget reductions reduced youth Treatment Expansion funding for FY 2007 to \$469,000. With an estimated average treatment cost of \$3,200 per youth served per year, this translates into a revised Treatment Expansion goal of 147 additional youth served in FY 2007, to a total of 6,422 adolescents receiving treatment in FY 2007.

- In FY 2006, 12 fewer adolescents received AOD treatment than in FY 2005.
- Based on preliminary lag-adjusted data, 218 fewer adolescents received AOD treatment in FY 2007 than in FY 2005.

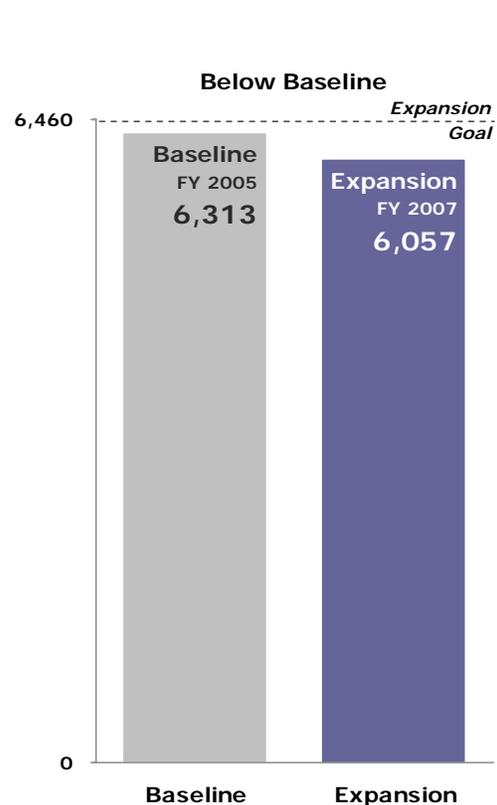
YEAR ONE (FY 2006)

Number Served was Below Baseline for Youth



YEAR TWO (FY 2007)

Number Served was Below Baseline for Youth



Youth Receiving DASA-Funded AOD Treatment

First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007* Preliminary	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
Any AOD Treatment	6,313	6,301	6,057	- 12	- 256
Residential Treatment	1,425	1,516	N/A	91	N/A
Outpatient Treatment	5,727	5,646	N/A	- 81	N/A
Outpatient Treatment Only	4,888	4,785	N/A	- 103	N/A

*The FY 2007 estimate is based on lag-adjusted data from MMIS services paid through June 2007 and TARGET data extracted in July 2007. The estimate will be updated in subsequent reports. Because lag-adjustment factors were not developed separately by treatment modality, counts by modality are not presented for FY 2007.

Adult and Youth Treatment Completion Rates

Treatment completion rates were measured using the following definitions:

- Admissions with a discharge type of “completed treatment” were counted as complete.
- Discharge types counted as not complete included: no contact/abort; not amenable to treatment/lacks engagement; rule violation; and withdrew against program advice.
- The following discharge types were not included in the completion rate calculations: charitable choice; patient died; funds exhausted; inappropriate admission; incarcerated; transfer to a different facility; moved; and withdrew with program advice.

Youth residential and intensive inpatient treatment completion rates have increased significantly since Treatment Expansion was implemented, with residential completion rates rising from 55 percent in FY 2005 to 60 percent in FY 2007 and intensive inpatient completion rates rising from 63 percent to 71 percent over the period. Adult residential and intensive inpatient treatment completion rates have shown no systematic trend since Treatment Expansion was implemented.

Outpatient treatment completion rates increased slightly for youth, adult Medicaid Disabled patients, and other Medicaid adults. Medicaid Aged and GA-U patients showed no systematic trend in outpatient treatment completion.

Treatment Completion Rates by Population and Treatment Modality

Based on discharges recorded in TARGET data

	FY 2005 Discharges		
	TARGET POPULATIONS		
	Outpatient*	Residential	Intensive Inpatient
Adult Medicaid Disabled	34.1%	73.2%	71.7%
Medicaid Aged	81.6%	75.0%	75.0%
Other Medicaid Adults	35.5%	51.2%	76.2%
GA-U	34.9%	79.0%	78.2%
Youth	38.6%	55.0%	62.5%
	NON-TARGET		
Other Adults	47.5%	72.8%	79.3%
FY 2006 Discharges			
TARGET POPULATIONS			
	Outpatient*	Residential	Intensive Inpatient
Adult Medicaid Disabled	35.2%	77.4%	71.0%
Medicaid Aged	58.1%	75.0%	61.5%
Other Medicaid Adults	37.3%	52.3%	73.7%
GA-U	29.9%	65.6%	74.8%
Youth	42.0%	59.5%	68.2%
	NON-TARGET		
Other Adults	48.1%	75.4%	80.9%
FY 2007 Discharges			
TARGET POPULATIONS			
	Outpatient*	Residential	Intensive Inpatient
Adult Medicaid Disabled	36.4%	72.8%	72.9%
Medicaid Aged	68.9%	100.0%	100.0%
Other Medicaid Adults	38.9%	52.0%	71.8%
GA-U	37.0%	66.3%	73.5%
Youth	41.9%	60.4%	71.0%
	NON-TARGET		
Other Adults	49.0%	73.1%	79.2%

* Outpatient treatment includes intensive outpatient, MICA outpatient, outpatient, and group care enhancement modalities. Residential treatment includes long-term residential and recovery house modalities. Intensive inpatient includes only the intensive inpatient treatment modality.

Adult and Youth Treatment Completion Rates

The treatment completion rate table on the previous page shows that completion rates tend to be lower for adult Treatment Expansion target populations than for non-target adults – both before and after the implementation of Treatment Expansion in FY 2006. We hypothesized that the relatively high completion rates for non-target adults were due to two factors:

- Non-target adults are more likely to be referred to AOD treatment through the criminal justice system which can provide stronger incentives for patients to complete treatment.
- Adults in the Treatment Expansion target populations are more likely to have chronic health problems, co-occurring mental illness, or other barriers to completing treatment.

Self-reported assessment data reported in TARGET support these hypotheses. We found that non-target adults were more likely (a) to have been arrested in the year prior to admission to AOD treatment, (b) more likely to have any criminal justice involvement at the time of admission, and (c) more likely to have been referred to AOD treatment by a court or through community supervision.

We also found that adults in the Treatment Expansion target populations were more likely than non-target adults (a) to be on mental health medications at the time of admission, (b) to have multiple ER visits in the year prior to admission, and (c) to have reported a physical or mental health disability at admission (with the exception of patients in the other Medicaid adult category).

Criminal Justice Involvement by Population

Based on discharges recorded in TARGET data

	FY 2007 Discharges		
	TARGET POPULATIONS		
	Percent Arrested in Year Prior to Admission ANY ARREST	Involved in Criminal Justice System at Admission ANY INVOLVEMENT*	Referred to Substance Abuse Treatment COURT OR PROBATION
Adult Medicaid Disabled	52.4%	57.9%	27.6%
Medicaid Aged	47.9%	57.7%	39.4%
Other Medicaid Adults	52.3%	64.2%	32.0%
GA-U	54.4%	57.2%	27.2%
Youth	62.6%	69.2%	46.0%
NON-TARGET			
Other Adults	64.9%	73.4%	40.7%

*Includes: 1) awaiting charges, 2) awaiting trial, 3) child custody issues, 4) convicted awaiting sentencing, 5) CPS court involved, 6) diversion, 7) Drug Court, 8) DUI deferred prosecution, 9) other supervised program (to monitor drug use/criminal behavior), 10) incarcerated post conviction, 11) incarcerated pre trial, 12) probation/parole, 13) on trial, or 14) petitioning for DUI deferred prosecution.

Health Status Indicators at Admission by Population

Based on discharges recorded in TARGET data

	FY 2007 Discharges				
	TARGET POPULATIONS				
	Taking Mental Health Medications at Admission	Number of ER Visits in Year Prior to Admission			Number with Physical or Mental Health Disability at Admission
		NONE	ONE	TWO+	
Adult Medicaid Disabled	56.4%	37.8%	18.7%	43.5%	85.9%
Medicaid Aged	25.8%	36.6%	28.2%	35.2%	70.4%
Other Medicaid Adults	19.8%	47.8%	21.7%	30.5%	22.0%
GA-U	38.0%	34.9%	21.5%	43.6%	65.9%
Youth	13.4%	66.1%	19.9%	13.9%	20.1%
NON-TARGET					
Other Adults	13.1%	56.8%	20.7%	22.5%	25.7%

Treatment Expansion Budget and Expenditures

In the original 2005-07 biennial budget, DASA received \$32.9 million to expand treatment for adults and \$6.7 million to expand treatment for youth. The table below shows the revised total Treatment Expansion appropriation of \$22.3 million, which reflects budget reductions due to a reduction in caseload assumptions in both the 2006 and 2007 supplemental budget cycles. Specifically, the expansion appropriation in the 2006 supplemental budget was reduced by \$2.9 million for adult treatment and \$740,000 for youth. Similarly, the 2007 supplemental budget was reduced by \$10.1 million for adults and \$2.9 million for youth.

The expenditures in the table below were derived from the Agency Financial Reporting System (AFRS). In FY 2006, Treatment Expansion allocations were spent even though expansion goals were not met. It is not possible to directly identify treatment expansion patients or the portion of their treatment costs that were incurred only due to the availability of expansion funding, and in FY 2006 some treatment costs were allocated to Treatment Expansion when patients would likely have received treatment through other fund sources. In FY 2007, expenditures are based on the number of patients served above the FY 2005 baseline and the budgeted per-patient treatment costs. We note that FY 2007 expenditures are preliminary since the year-end close is still in progress. Final expenditure reports will appear in the next reporting cycle.

To improve the financial reporting and monitoring of this program, DASA has implemented several changes effective July 1, 2007. These include: improving accountability in the county contracts by implementing BARS codes changes to better track expenditure data; establishing Maintenance of Efforts (MOE) in county contracts to track caseload performance; and creating account codes for the DASA Chart of Accounts as well as financial reports to support management reporting and program monitoring.

FY 2006 and FY 2007 Budget and Expenditures (DASA)

As of August 31, 2007

	FY 2006		
ADULTS	Budget	Expenditures	Variance
GF-State	5,475,000	5,475,000	
GF-Federal	3,137,000	3,137,000	
TOTAL	8,612,000	8,612,000	
YOUTH			
GF-State	1,967,000	1,967,000	
GF-Federal	655,000	655,000	
TOTAL	2,622,000	2,622,000	
	FY 2007 <i>PRELIMINARY</i>		
ADULTS	Budget	Expenditures	Variance
GF-State	6,727,000	6,195,000	532,000
GF-Federal	3,861,000	1,845,000	2,016,000
TOTAL	10,588,000	8,040,000	2,548,000
YOUTH			
GF-State	469,000	469,000	
GF-Federal			
TOTAL	469,000	469,000	
	2005-07 Biennium TOTAL <i>PRELIMINARY</i>		
ADULTS	Budget	Expenditures	Variance
GF-State	12,202,000	11,670,000	532,000
GF-Federal	6,998,000	4,982,000	2,016,000
TOTAL	19,200,000	16,652,000	2,548,000
YOUTH			
GF-State	2,436,000	2,436,000	
GF-Federal	655,000	655,000	
TOTAL	3,091,000	3,091,000	

NOTES: Budget amounts include both 2006 and 2007 supplementals. Expenditure information is from the Agency Financial Reporting System. FY 2006 expenditures assume all funds were expended for treatment expansion. FY 2007 expenditures are preliminary, through August 31, 2007.

Estimated Treatment Costs Per Patient

In this section we report estimated annual treatment costs per patient served in the Treatment Expansion target populations. Because it is not possible to directly identify Treatment Expansion patients or the portion of their treatment costs that were incurred solely due to the availability of expansion funding, it is important note that the reported average costs are for all patients in the target population – not the just additional patients served due to the expansion.

Average annual treatment costs by target population are estimated based on reimbursement amounts from MMIS claims paid through June 2007 and imputed costs associated with TARGET service encounters extracted in late July 2007. Lag factors have not been developed to adjust for data completeness for FY 2007. Consequently, average treatment costs reported for FY 2007 should be viewed as preliminary estimates to be updated in subsequent reports.

In cases where an adult patient was in more than one reporting category in the fiscal year, we unduplicated the patient into a single category based on the following hierarchy:

- Adult Medicaid Disabled
- Medicaid Aged
- Other Medicaid adults
- GA-U
- Non-expansion

Reported average costs for the adult Treatment Expansion target populations are for all treatment services received in the fiscal year, not just those incurred while the patients were in the specified medical coverage status. Treatment costs are defined to include outpatient, residential, and opiate substitution treatment services. Case management, assessment, and county administrative costs are excluded. Private-pay and DOC-paid services are excluded.

Most treatment services reimbursed through MMIS-paid claims are also recorded as service encounters in TARGET. To avoid double counting, we did not impute costs for TARGET treatment encounters when the patient had an MMIS-paid claim for the same service modality on the same day.

The table below shows that average treatment costs for the adult target populations were relatively stable from FY 2005 to FY 2006, with costs increasing slightly for Aged patients and other Medicaid adults, but decreasing slightly for Medicaid Disabled and GA-U patients.

Average treatment costs for youth increased significantly from \$1,935 in FY 2005 to \$2,168 in FY 2006. This increase reflects a shift towards greater use of residential treatment, as indicated by the treatment counts by modality reported on page 11.

Average DASA Service Cost per Treated Patient per Year

Total Treatment Cost by Target Population and Fiscal Year

- *Assessment, case management, detoxification, and county administration costs are excluded*

	FY 2005	FY 2006	FY 2007*
TARGET POPULATIONS			
Adult Medicaid Disabled	2,336	2,264	2,165
Medicaid Aged	2,277	2,321	2,139
Other Medicaid	2,492	2,529	2,589
GA-U	1,847	1,824	1,888
Youth	1,935	2,168	2,190
NON-TARGET POPULATIONS			
Other Adults	1,412	1,526	1,575

*Preliminary estimate not lag-adjusted.

Changes in the Geographic and Demographic Distribution of Patients in Treatment



Key Findings

- There has been significant variation across counties in Treatment Expansion performance. Spokane County has been a notably strong performer. Patients were unduplicated to a single county affiliation based on the governing county (or county of residence when governing county information was not available) when the patient was first in treatment in the fiscal year.
- Since the implementation of Treatment Expansion, there has been no significant change in the demographic composition of patients receiving AOD treatment.
- Preliminary FY 2007 treatment counts were lag-adjusted using the statewide lag-adjustment factors developed by target population.

County Treatment Counts

by Sub-Population

NON-TARGET ADULTS	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007 <i>PRELIMINARY</i>	2005 to 2006	2005 to 2007
Adams	73	81	110	11.0%	50.7%
Asotin	134	124	129	-8.1%	-3.7%
Benton	309	411	468	24.8%	51.5%
Chelan	375	348	366	-7.8%	-2.4%
Clallam	315	339	367	7.1%	16.5%
Clark	640	862	1,172	25.8%	83.1%
Columbia	77	76	66	-1.3%	-14.3%
Cowlitz	625	499	444	-25.3%	-29.0%
Douglas	0	2	1	N/A	N/A
Ferry	19	23	44	17.4%	131.6%
Franklin	267	338	372	21.0%	39.3%
Garfield	11	8	5	-37.5%	-54.5%
Grant	206	249	238	17.3%	15.5%
Grays Harbor	244	233	246	-4.7%	0.8%
Island	140	157	151	10.8%	7.9%
Jefferson	48	85	72	43.5%	50.0%
King	3,243	3,409	3,424	4.9%	5.6%
Kitsap	630	673	583	6.4%	-7.5%
Kittitas	199	145	103	-37.2%	-48.2%
Klickitat	67	67	75	0.0%	11.9%
Lewis	186	239	226	22.2%	21.5%
Lincoln	31	30	39	-3.3%	25.8%
Mason	131	173	146	24.3%	11.5%
Okanogan	288	289	285	0.3%	-1.0%
Pacific	132	107	102	-23.4%	-22.7%
Pend Oreille	28	35	42	20.0%	50.0%
Pierce	2,316	2,817	2,722	17.8%	17.5%
San Juan	76	80	80	5.0%	5.3%
Skagit	598	643	644	7.0%	7.7%
Skamania	34	72	84	52.8%	147.1%
Snohomish	1,274	1,364	1,146	6.6%	-10.0%
Spokane	1,217	1,381	1,304	11.9%	7.1%
Stevens	135	129	127	-4.7%	-5.9%
Thurston	596	582	534	-2.4%	-10.4%
Wahkiakum	25	22	39	-13.6%	56.0%
Walla Walla	198	165	163	-20.0%	-17.7%
Whatcom	549	526	557	-4.4%	1.5%
Whitman	76	84	72	9.5%	-5.3%
Yakima	1,125	1,192	1,326	5.6%	17.9%
Unknown	68	77	100	11.7%	47.1%
TOTAL	16,705	18,136	18,174	7.9%	8.8%

County Treatment Counts, *continued*

ADULT MEDICAID DISABLED	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007 <i>PRELIMINARY</i>	2005 to 2006	2005 to 2007
Adams	3	3	2	0.0%	-33.3%
Asotin	46	52	53	13.0%	15.2%
Benton	93	105	123	12.9%	32.3%
Chelan	178	178	192	0.0%	7.9%
Clallam	89	101	127	13.5%	42.7%
Clark	337	356	412	5.6%	22.3%
Columbia	11	18	18	63.6%	63.6%
Cowlitz	147	129	140	-12.2%	-4.8%
Douglas	0	3	2	N/A	N/A
Ferry	8	14	12	75.0%	50.0%
Franklin	134	164	157	22.4%	17.2%
Garfield	4	7	5	75.0%	25.0%
Grant	44	60	59	36.4%	34.1%
Grays Harbor	59	67	76	13.6%	28.8%
Island	48	29	28	-39.6%	-41.7%
Jefferson	27	41	49	51.9%	81.5%
King	2,800	3,191	3,531	14.0%	26.1%
Kitsap	326	394	426	20.9%	30.7%
Kittitas	16	28	25	75.0%	56.3%
Klickitat	40	52	49	30.0%	22.5%
Lewis	95	85	96	-10.5%	1.1%
Lincoln	12	10	5	-16.7%	-58.3%
Mason	51	62	67	21.6%	31.4%
Okanogan	46	48	66	4.3%	43.5%
Pacific	32	22	21	-31.3%	-34.4%
Pend Oreille	22	23	20	4.5%	-9.1%
Pierce	947	1,102	1,186	16.4%	25.2%
San Juan	16	16	16	0.0%	0.0%
Skagit	235	259	282	10.2%	20.0%
Skamania	14	16	16	14.3%	14.3%
Snohomish	557	659	684	18.3%	22.8%
Spokane	476	614	793	29.0%	66.6%
Stevens	41	40	35	-2.4%	-14.6%
Thurston	274	271	299	-1.1%	9.1%
Wahkiakum	4	3	3	-25.0%	-25.0%
Walla Walla	49	49	46	0.0%	-6.1%
Whatcom	196	257	320	31.1%	63.3%
Whitman	15	16	19	6.7%	26.7%
Yakima	370	450	512	21.6%	38.4%
Unknown	32	21	30	-34.4%	-6.3%
TOTAL	7,894	9,015	10,001	12.4%	26.7%

County Treatment Counts, *continued*

MEDICAID AGED	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007 <i>PRELIMINARY</i>	2005 to 2006	2005 to 2007
Adams	0	0	0	N/A	N/A
Asotin	2	1	0	-50.0%	-100.0%
Benton	2	2	1	0.0%	-50.0%
Chelan	2	3	4	50.0%	100.0%
Clallam	0	2	1	N/A	N/A
Clark	3	7	4	133.3%	33.3%
Columbia	0	0	1	N/A	N/A
Cowlitz	1	2	0	100.0%	-100.0%
Douglas	0	0	0	N/A	N/A
Ferry	0	2	0	N/A	N/A
Franklin	5	4	2	-20.0%	-60.0%
Garfield	0	0	0	N/A	N/A
Grant	1	1	0	0.0%	-100.0%
Grays Harbor	2	1	2	-50.0%	0.0%
Island	0	1	1	N/A	N/A
Jefferson	0	0	0	N/A	N/A
King	49	57	63	16.3%	28.6%
Kitsap	4	5	5	25.0%	25.0%
Kittitas	1	0	0	-100.0%	-100.0%
Klickitat	1	0	0	-100.0%	-100.0%
Lewis	0	1	1	N/A	N/A
Lincoln	0	0	0	N/A	N/A
Mason	1	1	0	0.0%	-100.0%
Okanogan	1	0	1	-100.0%	0.0%
Pacific	4	2	1	-50.0%	-75.0%
Pend Oreille	0	0	0	N/A	N/A
Pierce	14	21	23	50.0%	64.3%
San Juan	0	0	1	N/A	N/A
Skagit	2	5	8	150.0%	300.0%
Skamania	0	0	0	N/A	N/A
Snohomish	4	6	6	50.0%	50.0%
Spokane	12	9	12	-25.0%	0.0%
Stevens	1	0	1	-100.0%	0.0%
Thurston	0	1	0	N/A	N/A
Wahkiakum	0	0	0	N/A	N/A
Walla Walla	0	1	2	N/A	N/A
Whatcom	1	2	3	100.0%	200.0%
Whitman	1	1	0	0.0%	-100.0%
Yakima	8	8	11	0.0%	37.5%
Unknown	1	0	0	-100.0%	-100.0%
TOTAL	123	146	154	15.8%	25.2%

County Treatment Counts, *continued*

OTHER MEDICAID ADULTS	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007 PRELIMINARY	2005 to 2006	2005 to 2007
Adams	15	17	15	13.3%	0.0%
Asotin	44	58	43	31.8%	-2.3%
Benton	219	242	260	10.5%	18.7%
Chelan	177	176	172	-0.6%	-2.8%
Clallam	186	198	234	6.5%	25.8%
Clark	505	593	586	17.4%	16.0%
Columbia	7	14	10	100.0%	42.9%
Cowlitz	293	299	274	2.0%	-6.5%
Douglas	1	2	1	100.0%	0.0%
Ferry	9	13	22	44.4%	144.4%
Franklin	103	147	172	42.7%	67.0%
Garfield	5	6	3	20.0%	-40.0%
Grant	86	111	88	29.1%	2.3%
Grays Harbor	155	141	156	-9.0%	0.6%
Island	36	34	38	-5.6%	5.6%
Jefferson	40	42	40	5.0%	0.0%
King	1,350	1,435	1,462	6.3%	8.3%
Kitsap	307	320	314	4.2%	2.3%
Kittitas	43	37	48	-14.0%	11.6%
Klickitat	49	55	49	12.2%	0.0%
Lewis	131	122	127	-6.9%	-3.1%
Lincoln	10	11	9	10.0%	-10.0%
Mason	87	100	116	14.9%	33.3%
Okanogan	126	117	119	-7.1%	-5.6%
Pacific	38	24	38	-36.8%	0.0%
Pend Oreille	16	24	28	50.0%	75.0%
Pierce	1,251	1,372	1,271	9.7%	1.6%
San Juan	9	18	22	100.0%	144.4%
Skagit	244	252	241	3.3%	-1.2%
Skamania	25	24	21	-4.0%	-16.0%
Snohomish	839	935	931	11.4%	11.0%
Spokane	686	908	928	32.4%	35.3%
Stevens	65	56	75	-13.8%	15.4%
Thurston	307	323	376	5.2%	22.5%
Wahkiakum	4	5	13	25.0%	225.0%
Walla Walla	60	73	75	21.7%	25.0%
Whatcom	291	328	350	12.7%	20.3%
Whitman	30	29	23	-3.3%	-23.3%
Yakima	692	787	823	13.7%	18.9%
Unknown	17	10	23	-41.2%	35.3%
TOTAL	8,558	9,458	9,598	9.5%	12.1%

County Treatment Counts, *continued*

GA-U	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007 <i>PRELIMINARY</i>	2005 to 2006	2005 to 2007
Adams	0	1	1	N/A	N/A
Asotin	3	7	9	133.3%	200.0%
Benton	20	37	60	85.0%	200.0%
Chelan	65	54	74	-16.9%	13.8%
Clallam	37	55	64	48.6%	73.0%
Clark	71	80	84	12.7%	18.3%
Columbia	1	1	3	0.0%	200.0%
Cowlitz	45	37	55	-17.8%	22.2%
Douglas	0	1	0	N/A	N/A
Ferry	2	4	4	100.0%	100.0%
Franklin	35	42	34	20.0%	-2.9%
Garfield	2	0	1	-100.0%	-50.0%
Grant	13	19	17	46.2%	30.8%
Grays Harbor	6	13	25	116.7%	316.7%
Island	10	9	9	-10.0%	-10.0%
Jefferson	10	7	12	-30.0%	20.0%
King	573	755	874	31.8%	52.5%
Kitsap	42	44	50	4.8%	19.0%
Kittitas	5	9	5	80.0%	0.0%
Klickitat	7	17	9	142.9%	28.6%
Lewis	14	18	15	28.6%	7.1%
Lincoln	0	0	0	N/A	N/A
Mason	14	12	19	-14.3%	35.7%
Okanogan	17	9	20	-47.1%	17.6%
Pacific	5	5	8	0.0%	60.0%
Pend Oreille	5	0	4	-100.0%	-20.0%
Pierce	191	261	346	36.6%	81.2%
San Juan	2	2	2	0.0%	0.0%
Skagit	42	53	75	26.2%	78.6%
Skamania	6	5	5	-16.7%	-16.7%
Snohomish	130	210	192	61.5%	47.7%
Spokane	121	215	296	77.7%	144.6%
Stevens	10	8	17	-20.0%	70.0%
Thurston	21	42	46	100.0%	119.0%
Wahkiakum	0	2	3	N/A	N/A
Walla Walla	4	11	7	175.0%	75.0%
Whatcom	34	45	64	32.4%	88.2%
Whitman	2	7	6	250.0%	200.0%
Yakima	76	86	145	13.2%	90.8%
Unknown	10	6	18	-40.0%	80.0%
TOTAL	1,651	2,189	2,682	24.6%	62.2%

County Treatment Counts, *continued*

YOUTH	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007 <i>PRELIMINARY</i>	2005 to 2006	2005 to 2007
Adams	5	3	4	-40.0%	-20.0%
Asotin	25	21	19	-16.0%	-24.0%
Benton	146	143	170	-2.1%	16.4%
Chelan	103	122	118	18.4%	14.6%
Clallam	116	138	166	19.0%	43.1%
Clark	315	305	321	-3.2%	1.9%
Columbia	10	5	4	-50.0%	-60.0%
Cowlitz	131	131	84	0.0%	-35.9%
Douglas	2	1	3	-50.0%	50.0%
Ferry	13	4	1	-69.2%	-92.3%
Franklin	37	59	65	59.5%	75.7%
Garfield	0	1	1	N/A	N/A
Grant	32	44	52	37.5%	62.5%
Grays Harbor	172	173	175	0.6%	1.7%
Island	48	46	55	-4.2%	14.6%
Jefferson	37	43	25	16.2%	-32.4%
King	1333	1218	1146	-8.6%	-14.0%
Kitsap	213	214	175	0.5%	-17.8%
Kittitas	24	16	15	-33.3%	-37.5%
Klickitat	14	25	30	78.6%	114.3%
Lewis	160	162	198	1.3%	23.8%
Lincoln	1	0	1	-100.0%	0.0%
Mason	87	95	99	9.2%	13.8%
Okanogan	67	44	35	-34.3%	-47.8%
Pacific	9	9	8	0.0%	-11.1%
Pend Oreille	1	6	2	500.0%	100.0%
Pierce	700	637	471	-9.0%	-32.7%
San Juan	15	15	11	0.0%	-26.7%
Skagit	184	272	222	47.8%	20.7%
Skamania	15	17	23	13.3%	53.3%
Snohomish	425	365	290	-14.1%	-31.8%
Spokane	782	806	893	3.1%	14.2%
Stevens	38	25	39	-34.2%	2.6%
Thurston	258	313	331	21.3%	28.3%
Wahkiakum	2	9	8	350.0%	300.0%
Walla Walla	25	40	28	60.0%	12.0%
Whatcom	287	311	287	8.4%	0.0%
Whitman	10	24	28	140.0%	180.0%
Yakima	470	435	452	-7.4%	-3.8%
Unknown	1	4	3	300.0%	200.0%
TOTAL	6,313	6,301	6,057	-0.2%	-4.0%

Demographics

by Sub-Population

	FY 2005	FY 2006	FY 2007 PRELIMINARY	
GENDER	Number	Number	Number	Distribution
Non-Target Adults				
Female	3,744	4,199	4,124	
Male	12,819	13,784	14,050	
Unknown	142	153	0	
Adult Medicaid Disabled				
Female	3,429	3,984	4,423	
Male	4,465	5,031	5,578	
Unknown	0	0	0	
Medicaid Aged				
Female	35	52	52	
Male	88	94	104	
Unknown	0	0	0	
Other Medicaid Adults				
Female	6,147	6,956	7,051	
Male	2,411	2,502	2,547	
Unknown	0	0	0	
GA-U				
Female	580	747	898	
Male	1,071	1,442	1,784	
Unknown	0	0	0	
Youth				
Female	2,352	2,308	2,210	
Male	3,916	3,957	3,794	
Unknown	45	36	53	

	FY 2005	FY 2006	FY 2007 PRELIMINARY	
RACE ETHNICITY	Number	Number	Number	Distribution
Non-Target Adults				
Asian Pacific Islander	346	418	434	
Black	1,074	1,170	1,202	
Hispanic	2,396	2,605	2,650	
American Indian	1,589	1,753	1,840	
Other	220	240	249	
White	10,863	11,719	11,779	
Unknown	217	231	21	

Demographics, continued

	FY 2005	FY 2006	FY 2007	
RACE ETHNICITY	Number	Number	Number	Distribution
Adult Medicaid Disabled				
Asian Pacific Islander	101	115	145	
Black	943	1,101	1,300	■
Hispanic	344	442	486	■
American Indian	395	450	497	■
Other	32	51	47	
White	6,078	6,855	7,524	■
Unknown	1	1	2	
Medicaid Aged				
Asian Pacific Islander	14	18	14	■
Black	14	18	23	■
Hispanic	15	16	15	■
American Indian	12	18	18	■
Other	1	1	0	
White	67	75	86	■
Unknown	0	0	0	
Other Medicaid Adults				
Asian Pacific Islander	111	117	146	
Black	565	624	613	■
Hispanic	773	904	895	■
American Indian	1,047	1,156	1,185	■
Other	62	64	70	
White	5,997	6,590	6,686	■
Unknown	3	3	2	
GA-U				
Asian Pacific Islander	19	22	28	
Black	205	304	374	■
Hispanic	94	134	141	■
American Indian	88	109	157	■
Other	19	25	28	
White	1,226	1,595	1,952	■
Unknown	0	0	1	
Youth				
Asian Pacific Islander	167	149	131	
Black	416	413	382	■
Hispanic	906	961	995	■
American Indian	552	503	469	■
Other	49	61	78	
White	4,150	4,147	3,936	■
Unknown	73	67	65	

Demographics, *continued*

	FY 2005	FY 2006	FY 2007 <i>PRELIMINARY</i>	
AGE	Number	Number	Number	Distribution
Non-Target Adults				
18-24	3,864	4,289	4,124	
25-34	4,817	5,296	5,491	
35-44	4,764	5,031	4,849	
45-54	2,647	2,879	3,043	
55-64	515	556	568	
65-74	83	71	85	
75+	15	14	15	
Adult Medicaid Disabled				
18-24	536	654	720	
25-34	1,430	1,577	1,745	
35-44	2,622	2,834	3,115	
45-54	2,583	3,010	3,311	
55-64	723	940	1,109	
Medicaid Aged				
65-74	112	129	138	
75-84	11	17	18	
Other Medicaid Adults				
18-24	2,503	2,746	2,792	
25-34	3,343	3,805	3,879	
35-44	2,175	2,346	2,352	
45-54	517	536	540	
55-64	20	25	35	
GA-U				
18-24	122	162	233	
25-34	325	423	499	
35-44	637	842	993	
45-54	505	675	834	
55-64	62	87	122	
Youth				
12 and under	142	141	141	
13	322	302	242	
14	816	810	744	
15	1,491	1,497	1,437	
16	1,728	1,751	1,716	
17	1,814	1,800	1,777	

Cost Offset Estimates



Key Findings

- For adult Medicaid Disabled patients, medical savings are estimated to be \$287 per treated patient per month (pmpm) in FY 2006, compared to \$199 in the original appropriation.
- For adult Medicaid Disabled patients, nursing home savings are estimated to be \$137 per treated patient per month (pmpm), compared to \$58 in the original appropriation.
- For GA-U patients, medical savings are estimated to be \$149 per treated patient per month (pmpm), compared to \$117 in the original appropriation.

Evaluation Design

The DASA Treatment Expansion was funded primarily through assumed savings (cost offsets) in medical and nursing home costs for Medicaid Disabled and GA-U patients. Savings assumptions were based on estimates from the SSI Cost Offset Study⁴ and related analyses conducted during the legislative session.⁵ Statistical models comparing how costs evolve over time for treated and untreated clients with substance use problems were used to estimate the impact of treatment on medical and long-term care costs. Although the statistical models included a rich set of variables to control for differences between treated and untreated clients, the estimated (budgeted) cost offsets could differ from actual cost savings – in particular due to potential biases in the estimates introduced by the non-random entry of clients into chemical dependency treatment. That is, clients entering treatment may be systematically different from clients with substance use problems who do not enter treatment – different in ways that are related to changes over time in medical and long-term care service costs but that cannot be measured with available data and therefore cannot be controlled for in the statistical models.

The expansion of chemical dependency treatment in the 2005-07 Biennium provides a “natural experiment” that makes possible the use of alternative models to estimate the impact of chemical dependency treatment on medical and nursing home expenditures that may be more robust against the selection bias critique of the original savings estimates used in the legislative process. We use an evaluation approach that combines difference-of-difference and intent-to-treat design elements to reduce potential biases in the measurement of treatment impacts. We compare the percent deviation from expected cost trends for clients affected by the expansion (clients with identified alcohol/drug problems), relative to the percent deviation from expected cost trends for clients not affected by the expansion (clients without identified alcohol/drug problems). The difference-of-difference component helps control for common confounding factors affecting changes in expenditures, such as secular trends in service utilization or changes in reimbursement rates. The intent-to-treat component helps mitigate the problem of selection bias that is created by the non-random entry of clients to treatment. By examining changes in costs for all clients with substance use disorders, as opposed to only those who choose to enter treatment, we eliminate measurement bias that could occur if clients entering chemical dependency treatment tend to experience smaller increases in costs over time, independent of any impact of treatment on costs.

We compare the percent deviation from expected cost trends, rather than using a simple pre/post difference-of-difference model, because medical costs have historically grown more rapidly for clients with alcohol/drug problems, compared to clients without alcohol/drug problems. Therefore, the simple pre/post difference-of-difference calculation would tend to **underestimate** the true Treatment Expansion effect. We compare “percent-change” deviations from the trend forecast, rather than “level-change” deviations from the trend forecast, because key confounding factors are expected to have a common proportional effect on costs. For example, we would expect changes in reimbursement rates to have a common proportional impact, but a larger absolute impact on the client group with higher “baseline” expenditure levels. Given that per-member-per-month (pmpm) medical costs have tended to be higher for clients with substance use disorders than for other clients with similar DSHS medical coverage, comparing “level-change” deviations from the trend forecast medical costs would tend to **overestimate** the Treatment Expansion effect.

The key challenge for our estimation framework is to control for the potential confounding effects of other contemporaneous interventions disproportionately affecting clients with alcohol/drug problems. One such intervention that is currently being evaluated is the Screening, Brief Intervention, and Referral to Treatment pilot project (WASBIRT). Through this project, chemical dependency professionals have been stationed in hospital emergency rooms around the state to provide screening, brief intervention, and referral to treatment for patients with substance use problems. WASBIRT was implemented at approximately the same time as the Treatment Expansion, and has served many clients in the Treatment Expansion target populations. We use preliminary estimates from the ongoing WASBIRT evaluation to attempt to separate WASBIRT impacts from Treatment Expansion impacts on medical service use.

⁴ 2003. Estee and Nordlund. Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project: 2002 Progress Report, DSHS Research and Data Analysis Division, www1.dshs.wa.gov/rda/research/11/109.shtm.

⁵ 2005. Kohlenberg, Mancuso, and Nordlund. Alternative Health and Nursing Home Cost Offset Models, DSHS Research and Data Analysis Division, www1.dshs.wa.gov/rda/research/11/125.shtm.

Technical Issues

Client populations and service areas examined for potential cost offsets

Cost impact analyses focus on:

- HRSA Medical Assistance expenditures for Medicaid-only Disabled adults.
- HRSA Medical Assistance expenditures for GA-U clients.
- ADSA nursing home expenditures for Medicaid Disabled adults, including clients dually eligible for Medicare.

Clients dually eligible for Medicare were excluded from the medical cost analyses because most medical costs for dual eligibles are paid for through the Federal Medicare program. Aged clients were excluded because they comprise a very small proportion of the Treatment Expansion target population. Other Medicaid adults were excluded because they are infrequent users of nursing home services and because most are enrolled in managed care. Thus, savings associated with reduced medical service utilization by other Medicaid adults would tend to accrue to Healthy Options plans, and would not be captured directly as savings in the DSHS budget.

Key Definitions

Our evaluation design requires separating clients in the Medicaid Disabled and GA-U medical coverage groups into clients with identified substance use problems and clients without substance use problems. For each client in the medical coverage group and for each month of coverage used in our analysis, we identified whether the client had a recent indicator of a substance use problem using flags in the client's administrative records including:

- Diagnosis of a substance use disorder in an MMIS paid claim.
- AOD treatment or detox encounters reported in TARGET.
- Arrests for substance-related crimes reported to the Washington State Patrol arrest database (for example, arrests for the manufacturing, possession, or sale of illicit drugs).

We looked for these indicators in the two-year period of time leading up to the measurement month. For example, the July 2005 data point on the "AOD Problem" trendline in the chart on page 31 measures the average HRSA-MA expenditure per client enrolled in Medicaid-only Disabled medical coverage in July 2005, among the subset of clients who had an AOD problem indicator in the two-year period from August 2003 to July 2005. Similarly, the July 2005 data point on the "No AOD Problem" trendline in the chart on page 31 measures the average HRSA-MA expenditure per client enrolled in Medicaid-only Disabled medical coverage in July 2005, among the subset of clients who did NOT have an AOD problem indicator in the period from August 2003 to July 2005. In other words, the line chart compares the trend in pmpm medical costs for Medicaid-only Disabled adults with and without recently identified AOD problems.

The expectation is that by expanding the proportion of the "AOD Problem" group to have recently received AOD treatment (increasing AOD treatment penetration), the Treatment Expansion would dampen the rate of growth of pmpm medical and nursing home costs in the key Medicaid Disabled and GA-U target populations. We used a two-year "look-back" window to ensure that by the end of Fiscal Year 2007, all clients entering AOD treatment during the Treatment Expansion period would still be counted in the "AOD problem" trendline at the end of the biennium. This ensures that any impacts on costs for clients who entered AOD treatment at the beginning of the expansion period (July 2005) would continue to be associated with impacts on the "AOD problem" group through the end of biennium.

The estimation model applies a linear trend forecast to the monthly trend in pmpm medical and nursing home costs for the key target populations in the 24 months prior to the implementation of Treatment Expansion in July 2005. Cost trends were derived from MMIS paid claims and OFM "span file" eligibility data. Medical costs were lag adjusted using lag factors provided by HRSA finance staff. MMIS claims-based reimbursement amounts for inpatient costs incurred at hospitals participating in the Certified Public Expenditure program were adjusted to reflect the estimated full cost of the inpatient stay.

Cost Offset Estimates

The average Medical Assistance expenditure for Medicaid-only Disabled clients with identified AOD problems in FY 2006 was \$1,247 pmpm, which was 5.5 percent below the \$1,320 linear trend forecast based on the FY 2004-05 experience (see page 31). The average expenditure for clients without identified AOD problems in FY 2006 was \$795 pmpm, which was 4.4 percent below the \$831 linear trend forecast based on the FY 2004-05 experience.

If Medical Assistance expenditures for Medicaid-only Disabled clients with identified AOD problems had experienced the same rate of change as observed for clients without identified AOD problems (a 4.4 percent decrease relative to trend forecast), then the average Medical Assistance expenditure for Medicaid-only Disabled clients with identified AOD problems in FY 2006 would have been \$1,262 pmpm. The difference between the actual expenditure (\$1,247 pmpm) and the expected expenditure based on the experience of non-AOD problem clients (\$1,262 pmpm) is the estimate of the reduction in pmpm medical expenditures for Medicaid-only Disabled clients with identified AOD problems in the first year of the Treatment Expansion.

Accumulating the \$15.38 pmpm estimate over the 16,972 associated member months in FY 2006 produces an estimated total cost savings of \$3,131,997. Preliminary estimates from the WASBIRT evaluation were used to back out the estimated cost savings associated with the WASBIRT pilot, leaving a total of \$2,246,724 in savings associated with Treatment Expansion.⁶

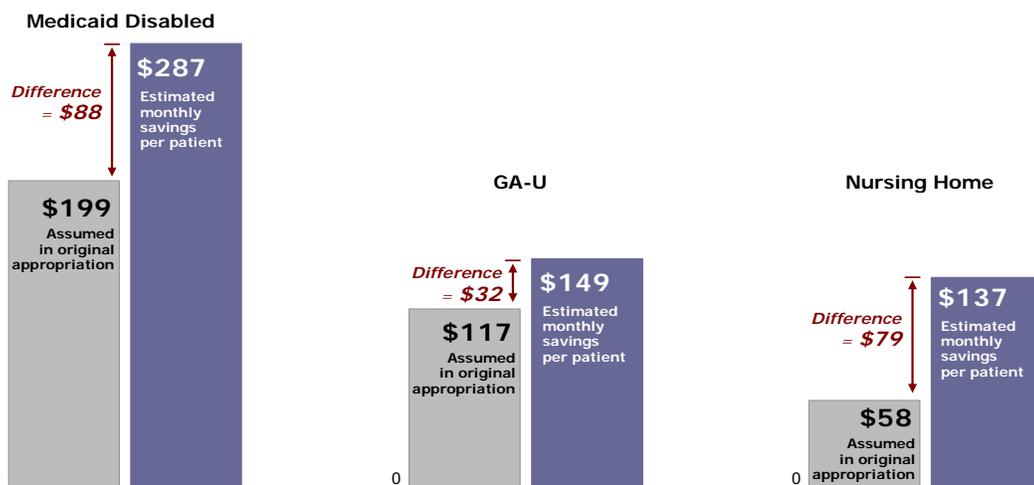
Treatment expansion resulted in an estimated 7,817 additional post-treatment member months for Medicaid-only Disabled clients with identified AOD problems in FY 2006, compared to FY 2005. Dividing the estimated total savings by the number of additional post-treatment member months produces estimated pmpm savings of \$287 for the additional Medicaid Disabled clients receiving AOD treatment through Treatment Expansion in FY 2006. This is higher than the savings estimate of \$199 pmpm assumed in the original appropriation.

We used the same technique to measure the impact of Treatment Expansion on medical costs for GA-U clients and nursing home costs for Medicaid Disabled clients. Estimated FY 2006 medical cost savings for GA-U clients are \$149 pmpm, compared to \$117 pmpm assumed in the original appropriation for FY 2006. Estimated FY 2006 nursing home savings for Medicaid Disabled clients are \$137 pmpm, compared to \$58 pmpm assumed in the original appropriation.

Despite greater-than-anticipated savings on a per-client-treated basis, total savings in FY 2006 were lower than originally budgeted due to the slow ramp-up of treatment for Medicaid Disabled clients. The original appropriation assumed savings of \$6.57 million in Medical Assistance expenditures and \$1.87 million in ADSA nursing home expenditures. Current savings estimates for FY 2006 in these areas are \$2.49 million and \$1.07 million, respectively.

FY 2006 Cost Offset Estimates

Based on MMIS claims paid through June 2007

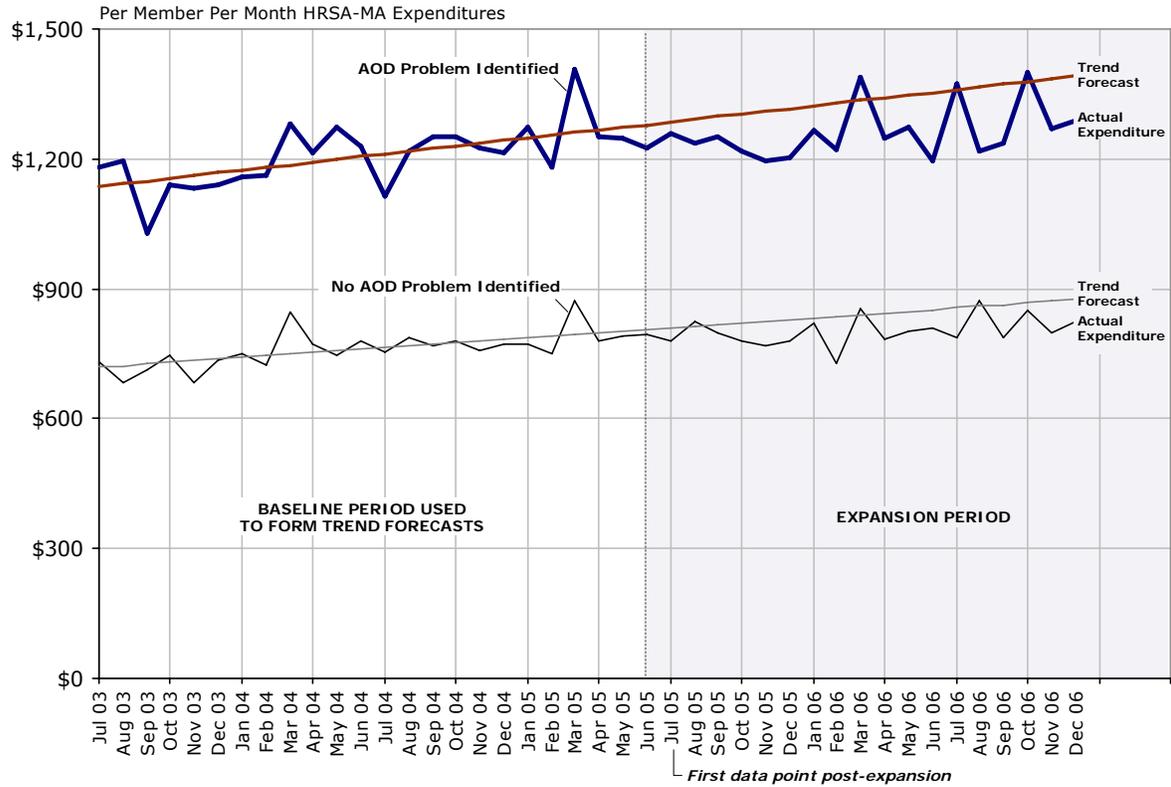


SOURCE: DSHS Research and Data Analysis Division, 2007.

⁶ We used the latest propensity-score model estimate of reduced medical costs of \$192 pmpm for Medicaid-only Disabled clients who received at least a brief intervention through the WASBIRT project. We combined this estimate with information on (a) the ramp-up of clients treated through WASBIRT and (b) the proportion of clients who were flagged as AOD problem clients. We estimated that the FY 2006 WASBIRT impact on medical costs accounted for \$885,273 of the estimated total cost deflection in FY 2006 for Medicaid Disabled clients with flagged AOD problems.

HRSA-Medical Assistance Costs for Medicaid-Only Disabled Adults

Based on MMIS claims paid through June 2007 and incurred through December 2006 (Lag Adjusted)



SOURCE: DSHS Research and Data Analysis Division, 2007.

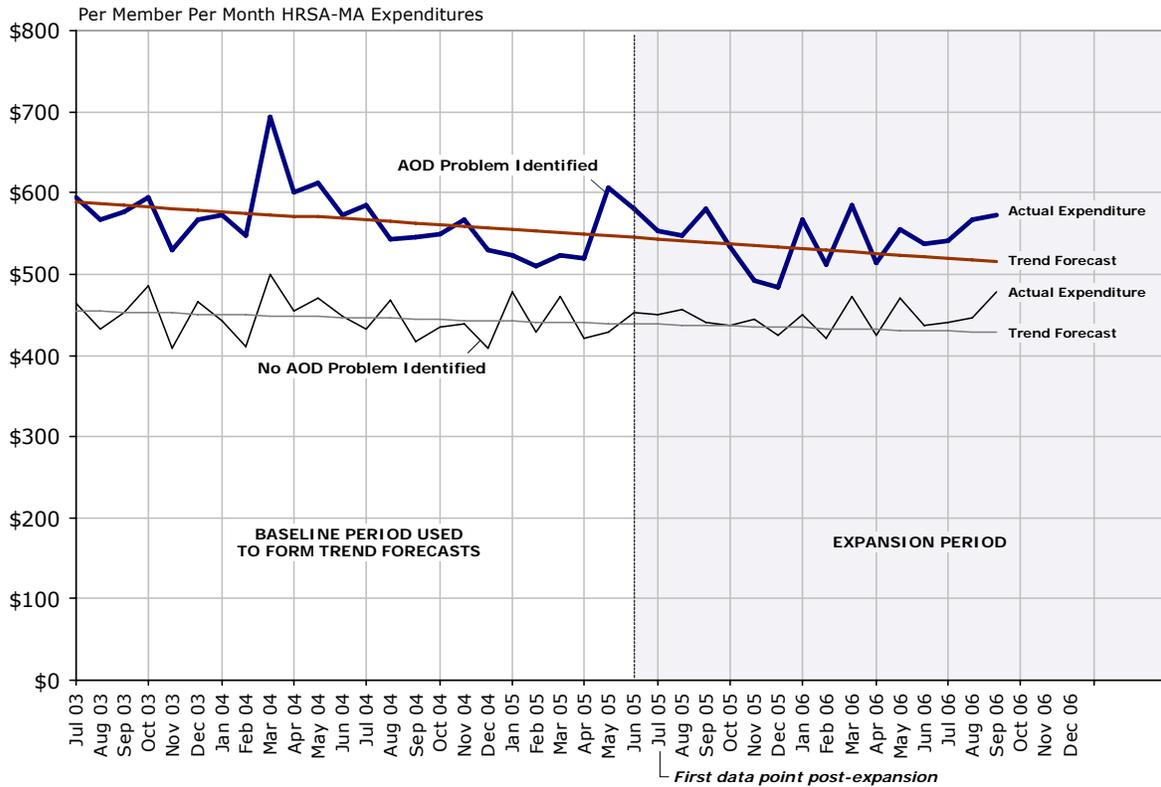
FY 2006 Cost Savings Estimates

Based on MMIS claims paid through June 30, 2007 for services incurred through June 30, 2006

Medical Costs for Medicaid-only Disabled Clients Claim-level CPE adjustment	AOD Problem	Non-AOD Problem
	TOTAL	TOTAL
FY 2006 actual	\$1,247	\$795
FY 2006 linear trend forecast Based on FY 2004-05 trend	\$1,320	\$831
Percent change from linear forecast	-5.5%	-4.4%
FY 2006 forecast Using non-AOD percent change	\$1,262	\$795
FY 2006 actual FY 2006 forecast Using non-AOD percent change	-\$15.38	\$0
FY 2006 average monthly caseload	16,972	
Annualized savings	-\$3,131,997	
Estimated WASBIRT effect	-\$885,273	
Estimated Treatment Expansion effect	-\$2,246,724	
Cumulative additional post-treatment member months	7,817	
Estimated pmpm effect on patients receiving AOD treatment	-\$287	

HRSA-Medical Assistance Costs for GA-U

Based on MMIS claims paid through June 2007 and incurred through September 2006 (Lag Adjusted)



SOURCE: DSHS Research and Data Analysis Division, 2007.

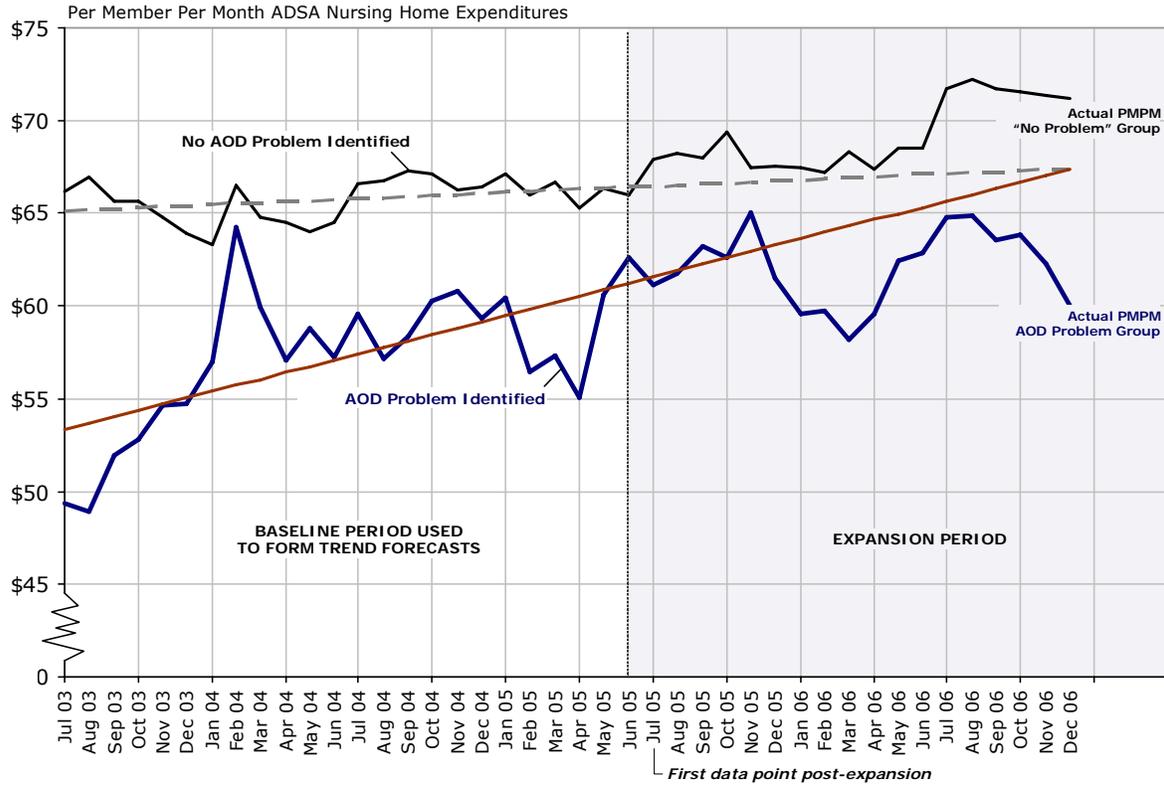
FY 2006 Cost Savings Estimates

Based on MMIS claims paid through June 30, 2007 for services incurred through June 30, 2006

Medical Costs for GA-U Clients	AOD Problem	Non-AOD Problem
	TOTAL	TOTAL
FY 2006 actual	\$540	\$445
FY 2006 linear trend forecast Based on FY 2004-05 trend	\$532	\$434
Percent change from linear forecast	1.4%	2.4%
FY 2006 forecast Using non-AOD percent change	\$545	\$445
FY 2006 actual FY 2006 forecast Using non-AOD percent change	-\$5.06	\$0
FY 2006 average monthly caseload	4,032	
Annualized savings	-\$244,745	
Cumulative additional post-treatment member months	1,640	
Estimated pmpm effect on patients receiving AOD treatment	-\$149	

Aging and Adult Services Nursing Home Costs for Medicaid Aged

Based on MMIS claims paid through June 2007 and incurred through December 2006
Includes clients dually eligible for Medicare and Medicaid (Lag Adjusted)



SOURCE: DSHS Research and Data Analysis Division, 2007.

FY 2006 Cost Savings Estimates

Based on MMIS claims paid through June 30, 2007 for services incurred through June 30, 2006

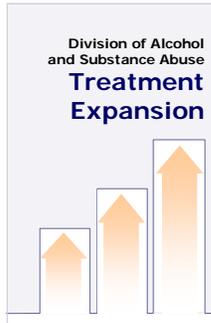
Nursing Home Costs for Adult Medicaid Disabled Clients	AOD Problem	Non-AOD Problem
	TOTAL	TOTAL
FY 2006 actual	\$61.46	\$67.99
FY 2006 linear trend forecast Based on FY 2004-05 trend	\$63.47	\$66.77
Percent change from linear forecast	-3.2%	1.8%
FY 2006 forecast Using non-AOD percent change	\$64.63	\$67.99
FY 2006 actual FY 2006 forecast Using non-AOD percent change	-\$3.17	\$0
FY 2006 average monthly caseload	22,470	
Annualized savings	-\$1,068,672	
Cumulative additional post-treatment member months	7,817	
Estimated pmpm effect on patients receiving AOD treatment	-\$137	



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REPORT 4.65A | Expanding access to alcohol and drug treatment

APPENDIX



Appendix tables provide chronic disease, pharmacy, and DSHS service use profiles for patients receiving AOD treatment in the Treatment Expansion target populations in FY 2005 and FY 2006. In general, the tables indicate that there was little change in the composition of patients in treatment in the first year of expansion (FY 2006), compared to the baseline year (FY 2005).

Chronic disease profiles were developed from MMIS claims diagnoses using the Chronic Illness and Disability Payment System (CDPS). Tables include the CDPS risk score, which is a measure of expected annual medical costs relative to the average Medicaid-only Disabled client. Pharmacy profiles were developed from MMIS prescription drug claims using the Medicaid-Rx system. CDPS and Medicaid-Rx profiles are restricted to Medicaid Disabled and GA-U patients who are not dually eligible for Medicare. DSHS service profiles were developed using the RDA Clients Services Database.

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TABLE 1
Chronic Disease Categories (CDPS)

CDPS Category		SAMPLE DIAGNOSES
CANH	Cancer, high	Lung cancer, ovarian cancer, secondary malignant neoplasms
CANM	Cancer, medium	Mouth, breast or brain cancer, malignant melanoma
CANL	Cancer, low	Colon, cervical, or prostate cancer, carcinomas in situ
CARVH	Cardiovascular, very high	Heart transplant status/complications
CARM	Cardiovascular, medium	Congestive heart failure, cardiomyopathy
CARL	Cardiovascular, low	Endocardial disease, myocardial infarction, angina
CAREL	Cardiovascular, extra low	Hypertension
CERL	Cerebrovascular, low	Intracerebral hemorrhage, precerebral occlusion
CNSH	CNS, high	Quadriplegia, amyotrophic lateral sclerosis
CNSM	CNS, medium	Paraplegia, muscular dystrophy, multiple sclerosis
CNSL	CNS, low	Epilepsy, Parkinson's disease, cerebral palsy, migraine
DDM	DD, medium	Severe or profound mental retardation
DDL	DD, low	Mild or moderate mental retardation, Down's syndrome
DIA1H	Diabetes, type 1 high	Type 1 diabetes with renal manifestations/coma
DIA1M	Diabetes, type 1 medium	Type 1 diabetes without complications
DIA2M	Diabetes, type 2 medium	Type 2 or unspecified diabetes with complications
DIA2L	Diabetes, type 2 low	Type 2 or unspecified diabetes w/out complications
EYEL	Eye, low	Retinal detachment, choroidal disorders
EYEVL	Eye, very low	Cataract, glaucoma, congenital eye anomaly
GENEL	Genital, extra low	Uterine and pelvic inflammatory disease, endometriosis
GIH	Gastro, high	Peritonitis, hepatic coma, liver transplant
GIM	Gastro, medium	Regional enteritis and ulcerative colitis, enterostomy
GIL	Gastro, low	Ulcer, hernia, GI hemorrhage, intestinal infectious disease
HEMEH	Hematological, extra high	Hemophilia
HEMVH	Hematological, very high	Hemoglobin-S sickle-cell disease
HEMM	Hematological, medium	Other hereditary hemolytic anemias, aplastic anemia
HEML	Hematological, low	Other white blood cell disorders, other coagulation defects
AIDSH	AIDS, high	AIDS, pneumocystis pneumonia, cryptococcosis
HIVM	HIV, medium	Asymptomatic HIV infection
INFH	Infectious, high	Staphylococcal or pseudomonas septicemia
INFM	Infectious, medium	Other septicemia, pulmonary or disseminated candida
INFL	Infectious, low	Poliomyelitis, oral candida, herpes zoster
METH	Metabolic, high	Panhypopituitarism, pituitary dwarfism
METM	Metabolic, medium	Kwashiorkor, merasmus, and other malnutrition, parathyroid
METVL	Metabolic, very low	Other pituitary disorders, gout
PSYH	Psychiatric, high	Schizophrenia
PSYM	Psychiatric, medium	Bipolar affective disorder
PSYL	Psychiatric, low	Other depression, panic disorder, phobic disorder
PULVH	Pulmonary, very high	Cystic fibrosis, lung transplant, tracheostomy status
PULH	Pulmonary, high	Respiratory arrest or failure, primary pulmonary hypertension
PULM	Pulmonary, medium	Other bacterial pneumonias, chronic obstructive asthma
PULL	Pulmonary, low	Viral pneumonias, chronic bronchitis, asthma, COPD
RENVH	Renal, very high	Chronic renal failure, kidney transplant status/complications
RENM	Renal, medium	Acute renal failure, chronic nephritis, urinary incontinence
RENL	Renal, low	Kidney infection, kidney stones, hematuria, urethral stricture
SKCM	Skeletal, medium	Chronic osteomyelitis, aseptic necrosis of bone
SKCL	Skeletal, low	Rheumatoid arthritis, osteomyelitis, systemic lupus
SKCVL	Skeletal, very low	Osteoporosis, musculoskeletal anomalies
SKCEL	Skeletal, extra low	Osteoarthritis, skull fractures, other disc disorders
SKNH	Skin, high	Decubitus ulcer
SKNL	Skin, low	Other chronic ulcer of skin
SKNVL	Skin, very low	Cellulitis, burn, lupus erythematosus
SUBL	Substance abuse, low	Drug abuse, dependence, or psychosis
SUBVL	Substance abuse, very low	Alcohol abuse, dependence, or psychosis

TABLE 2
Pharmacy Categories (Medicaid-Rx)

PHARMACY Category		SUMMARY DRUG DESCRIPTIONS
MRX1	Alcoholism	Disulfiram
MRX2	Alzheimers	Tacrine
MRX3	Anti-coagulants	Heparins
MRX4	Asthma/COPD	Inhaled glucocorticoids, bronchodilators
MRX5	Attention Deficit	Methylphenidate, CNS stimulants
MRX6	Burns	Silver Sulfadiazine
MRX7	Cardiac	Ace inhibitors, beta blockers, nitrates, digitalis, vasodilators
MRX8	Cystic Fibrosis	Pancrelipase
MRX9	Depression/Anxiety	Antidepressants, antianxiety
MRX10	Diabetes	Insulin, sulfonylureas
MRX11	EENT	Anti-infectives for EENT related conditions
MRX12	ESRD/Renal	Erythropoietin, Calcitriol
MRX13	Folate Deficiency	Folic acid
MRX14	Gallstones	Ursodiol
MRX15	Gastric Acid Disorder	Cimetidine
MRX16	Glaucoma	Carbonic anhydrase inhibitors
MRX17	Gout	Colchicine, Allopurinol
MRX18	Growth Hormone	Growth hormones
MRX19	Hemophilia/von Willebrands	Factor IX concentrates
MRX20	Hepatitis	Interferon beta
MRX21	Herpes	Acyclovir
MRX22	HIV	Antiretrovirals
MRX23	Hyperlipidemia	Antihyperlipidemics
MRX24	Infections, high	Aminoglycosides
MRX25	Infections, medium	Vancomycin, Fluoroquinolones
MRX26	Infections, low	Cephalosporins, Erythromycins
MRX27	Inflammatory/Autoimmune	Glucocorticosteroids
MRX28	Insomnia	Sedatives, Hypnotics
MRX29	Iron Deficiency	Iron
MRX30	Irrigating solution	Sodium chloride
MRX31	Liver Disease	Lactulose
MRX32	Malignancies	Antineoplastics
MRX33	Multiple Sclerosis/Paralysis	Baclofen
MRX34	Nausea	Antiemetics
MRX35	Neurogenic bladder	Oxybutin
MRX36	Osteoporosis/Pagets	Etidronate/calcium regulators
MRX37	Pain	Narcotics
MRX38	Parkinsons/Tremor	Benzotropine, Trihexyphenidyl
MRX39	PCP Pneumonia	Pentamidine, Atovaquone
MRX40	Psychotic Illness/Bipolar	Antipsychotics, lithium
MRX41	Replacement solution	Potassium chloride
MRX42	Siezure disorders	Anticonvulsants
MRX43	Thyroid Disorder	Thyroid hormones
MRX44	Transplant	Immunosuppressive agents
MRX45	Tuberculosis	Rifampin

TABLE 3A
Medicaid-only Disabled Patients
 Not dually eligible for Medicare

Chronic Disease Profile (CDPS)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
CANH	1%	57	1%	65
CANM	1%	79	1%	76
CANL	1%	41	1%	36
CARVH	1%	27	1%	32
CARM	4%	233	5%	308
CARL	10%	592	11%	700
CAREL	16%	890	16%	1,051
CERL	3%	152	3%	186
CNSH	0%	3	0%	7
CNSM	1%	77	1%	71
CNSL	21%	1,213	22%	1,443
DDM	0%	0	0%	0
DDL	0%	15	0%	19
DIA1H	0%	11	0%	8
DIA1M	3%	156	3%	193
DIA2M	1%	50	1%	66
DIA2L	7%	403	7%	431
EYEL	0%	22	0%	20
EYEVL	2%	110	2%	117
GENEL	3%	187	4%	228
GIH	2%	119	2%	111
GIM	9%	487	9%	594
GIL	17%	984	17%	1,104
HEMEH	0%	0	0%	2
HEMVH	0%	5	0%	5
HEMM	3%	143	3%	160
HEML	4%	200	4%	231
AIDSH	3%	177	3%	186
HIVM	0%	12	0%	17
INFH	1%	26	0%	28
INFM	1%	52	1%	82
INFL	4%	253	3%	223
METH	3%	186	3%	184
METM	2%	118	1%	92
METVL	4%	249	4%	282
PSYH	10%	571	11%	683
PSYM	12%	674	11%	680
PSYL	32%	1,848	34%	2,211
PULVH	0%	15	0%	8
PULH	3%	184	3%	211
PULM	3%	146	3%	211
PULL	24%	1,361	23%	1,501
RENVH	1%	47	0%	20
RENM	5%	261	6%	372
RENL	4%	230	5%	300
SKCM	1%	38	1%	39
SKCL	4%	221	4%	236
SKCVL	9%	520	9%	610
SKCEL	14%	778	14%	885
SKNH	0%	20	0%	6
SKNL	3%	162	3%	160
SKNVL	19%	1,104	20%	1,277
SUBL	61%	3,443	61%	3,924
SUBVL	26%	1,451	27%	1,750
Risk Score	147%		145%	
TOTAL		5,695		6,466

TABLE 3B
Medicaid-only Disabled Patients
 Not dually eligible for Medicare

Pharmacy Profile (Medicaid-Rx)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
MRX1	1%	75	2%	98
MRX2	0%	2	0%	7
MRX3	2%	120	2%	141
MRX4	29%	1,650	28%	1,796
MRX5	1%	37	1%	48
MRX6	1%	64	1%	64
MRX7	38%	2,177	38%	2,486
MRX8	0%	21	0%	22
MRX9	56%	3,192	50%	3,226
MRX10	5%	293	5%	327
MRX11	18%	1,042	14%	884
MRX12	0%	20	0%	11
MRX13	2%	116	2%	145
MRX14	0%	2	0%	1
MRX15	13%	765	16%	1,050
MRX16	0%	14	0%	27
MRX17	1%	30	1%	43
MRX18	0%	0	0%	0
MRX19	0%	0	0%	0
MRX20	0%	0	0%	0
MRX21	3%	176	3%	201
MRX22	1%	69	1%	58
MRX23	7%	397	8%	488
MRX24	0%	15	0%	19
MRX25	15%	840	14%	874
MRX26	55%	3,128	49%	3,165
MRX27	13%	738	12%	748
MRX28	5%	256	5%	289
MRX29	4%	207	4%	262
MRX30	0%	19	0%	19
MRX31	3%	143	2%	133
MRX32	1%	60	1%	68
MRX33	2%	124	2%	140
MRX34	17%	964	17%	1,071
MRX35	1%	74	1%	78
MRX36	1%	50	1%	58
MRX37	53%	3,022	53%	3,417
MRX38	3%	185	4%	283
MRX39	0%	3	0%	1
MRX40	33%	1,886	32%	2,071
MRX41	7%	397	6%	395
MRX42	23%	1,330	18%	1,183
MRX43	3%	163	2%	102
MRX44	0%	12	0%	11
MRX45	1%	32	1%	42
TOTAL		5,695		6,466

TABLE 3C
Medicaid-only Disabled Patients
 Includes dually eligible for Medicare
DSHS Service Profile (CSDB)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
Any Aging and Adult Service	5%	430	6%	548
Adult Family Home	0%	33	1%	43
Adult Residential Care	0%	25	0%	40
Assisted Living	0%	11	0%	14
In-Home Services	3%	218	3%	308
Nursing Home	2%	168	2%	174
Any DASA Service	100%	7,894	100%	9,015
ADATSA Assessment	19%	1,463	9%	841
Other Assessment	39%	3,076	45%	4,045
Detoxification	13%	1,036	13%	1,198
Outpatient Treatment	87%	6,900	88%	7,910
Opiate Substitution Treatment	25%	2,008	23%	2,109
Residential Treatment	21%	1,683	21%	1,931
Any Mental Health Division Service	57%	4,528	59%	5,318
Child Study Treatment Center	0%	1	0%	0
Child Long-Term Inpatient	0%	1	0%	0
Community Inpatient	9%	712	9%	837
Community Services	56%	4,438	58%	5,227
State Institutions	2%	138	2%	153
Any Children's Administration Service	11%	873	11%	960
Adoptions Support	0%	18	0%	17
Behavioral Rehabilitation Services	0%	1	0%	0
Child Care Services	0%	19	0%	16
DCFS CPS Case Management	7%	518	7%	592
Child Welfare Services Case Management	6%	482	6%	522
Crisis Care	0%	0	0%	0
Family Reconciliation Services	1%	70	1%	75
Family Focused Services	2%	151	2%	135
Foster Care Services - In Placement	0%	3	0%	1
Foster Care Services - Support Services	2%	166	2%	197
Other Intensive Services	0%	1	0%	0
Any Juvenile Rehabilitation Service	0%	7	0%	9
Community Residences and Group Homes	0%	3	0%	4
Dispositional Alternatives	0%	1	0%	4
JRA Institutions and Youth Camps	0%	5	0%	5
Parole	0%	6	0%	5
ESA	92%	7,257	93%	8,350
Washington Basic Food Program	89%	6,990	90%	8,087
Consolidated Emergency Assistance Program	0%	0	0%	0
Diversion	0%	8	0%	2
ESA Child Care	1%	41	0%	38
GA-Unemployable or GA-X (Pending SSI)	40%	3,121	39%	3,539
Refugee Grants	0%	0	0%	1
SSI State Supplement	2%	162	2%	157
TANF and State Family Assistance	3%	265	3%	302
WorkFirst Participants	7%	570	n/a	n/a
Child Support Enforcement Services	30%	2,396	31%	2,746
TOTAL		7,894		9,015

TABLE 4A
GA-U Patients
 Not dually eligible for Medicare

Chronic Disease Profile (CDPS)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
CANH	1%	8	0%	5
CANM	0%	6	1%	17
CANL	0%	4	0%	7
CARVH	0%	3	0%	5
CARM	2%	29	1%	30
CARL	6%	90	7%	156
CAREL	13%	217	14%	304
CERL	1%	12	1%	27
CNSH	0%	1	0%	1
CNSM	0%	4	1%	12
CNSL	14%	226	13%	289
DDM	0%	0	0%	0
DDL	0%	0	0%	0
DIA1H	0%	2	0%	1
DIA1M	1%	16	2%	32
DIA2M	1%	8	0%	8
DIA2L	4%	72	4%	88
EYEL	0%	7	0%	4
EYEVL	1%	19	1%	24
GENEL	3%	41	3%	63
GIH	0%	4	1%	19
GIM	6%	99	5%	117
GIL	13%	218	13%	278
HEMEH	0%	2	0%	0
HEMVH	0%	0	0%	0
HEMM	1%	20	1%	27
HEML	1%	22	2%	33
AIDSH	2%	35	2%	48
HIVM	0%	3	0%	2
INFH	0%	1	0%	5
INFM	1%	12	1%	10
INFL	3%	46	3%	54
METH	1%	22	1%	25
METM	1%	13	1%	17
METVL	3%	43	2%	50
PSYH	3%	47	3%	55
PSYM	8%	134	6%	140
PSYL	28%	448	29%	630
PULVH	0%	0	0%	0
PULH	1%	16	1%	27
PULM	1%	21	1%	26
PULL	15%	242	14%	293
RENVH	0%	4	0%	2
RENM	2%	26	2%	52
RENL	4%	58	4%	75
SKCM	1%	9	1%	10
SKCL	3%	47	3%	58
SKCVL	8%	137	10%	206
SKCEL	14%	227	14%	294
SKNH	0%	3	0%	1
SKNL	1%	14	2%	41
SKNVL	14%	235	15%	329
SUBL	20%	333	23%	501
SUBVL	14%	220	11%	245
Risk Score	94%		92%	
TOTAL		1,630		2,173

TABLE 4B
GA-U Patients
 Not dually eligible for Medicare

Pharmacy Profile (Medicaid-Rx)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
MRX1	2%	26	1%	25
MRX2	0%	0	0%	0
MRX3	1%	18	1%	27
MRX4	16%	264	15%	315
MRX5	0%	7	0%	5
MRX6	0%	5	0%	4
MRX7	25%	410	22%	485
MRX8	0%	2	0%	4
MRX9	39%	634	33%	711
MRX10	3%	49	3%	57
MRX11	12%	201	8%	163
MRX12	0%	2	0%	1
MRX13	2%	24	1%	25
MRX14	0%	0	0%	0
MRX15	8%	136	9%	195
MRX16	0%	4	0%	4
MRX17	0%	6	1%	10
MRX18	0%	0	0%	0
MRX19	0%	0	0%	0
MRX20	0%	0	0%	0
MRX21	1%	23	2%	37
MRX22	0%	7	0%	7
MRX23	4%	64	4%	78
MRX24	0%	0	0%	3
MRX25	8%	127	7%	161
MRX26	39%	635	33%	726
MRX27	9%	138	7%	148
MRX28	2%	39	2%	41
MRX29	2%	33	2%	33
MRX30	0%	7	0%	0
MRX31	0%	3	1%	11
MRX32	1%	8	0%	5
MRX33	1%	22	1%	24
MRX34	9%	138	9%	193
MRX35	1%	8	1%	10
MRX36	0%	1	0%	3
MRX37	42%	690	42%	909
MRX38	1%	12	1%	19
MRX39	0%	0	0%	0
MRX40	17%	280	15%	322
MRX41	3%	46	2%	50
MRX42	14%	226	9%	204
MRX43	1%	20	1%	19
MRX44	0%	1	0%	2
MRX45	0%	6	1%	10
TOTAL		1,630		2,173

TABLE 4C
GA-U Patients
Includes dually eligible for Medicare
DSHS Service Profile (CSDB)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
Any Aging and Adult Service	1%	21	1%	25
Adult Family Home	0%	0	0%	0
Adult Residential Care	0%	0	0%	0
Assisted Living	0%	0	0%	0
In-Home Services	0%	0	0%	2
Nursing Home	1%	20	1%	19
Any DASA Service	100%	1,651	100%	2,189
ADATSA Assessment	48%	788	34%	752
Other Assessment	26%	429	42%	917
Detoxification	22%	365	18%	402
Outpatient Treatment	82%	1,360	84%	1,845
Opiate Substitution Treatment	12%	200	11%	232
Residential Treatment	40%	658	34%	751
Any Mental Health Division Service	30%	488	25%	547
Child Study Treatment Center	0%	0	0%	0
Child Long-Term Inpatient	0%	0	0%	0
Community Inpatient	7%	108	6%	137
Community Services	28%	459	23%	494
State Institutions	0%	4	0%	6
Any Children's Administration Service	8%	133	8%	184
Adoptions Support	0%	2	0%	1
Behavioral Rehabilitation Services	0%	0	0%	0
Child Care Services	0%	0	0%	2
DCFS CPS Case Management	4%	70	4%	83
Child Welfare Services Case Management	5%	82	5%	110
Crisis Care	0%	0	0%	0
Family Reconciliation Services	1%	8	1%	16
Family Focused Services	1%	14	1%	16
Foster Care Services - In Placement	0%	0	0%	0
Foster Care Services - Support Services	1%	23	2%	44
Other Intensive Services	0%	0	0%	0
Any Juvenile Rehabilitation Service	0%	0	0%	0
Community Residences and Group Homes	0%	0	0%	0
Dispositional Alternatives	0%	0	0%	0
JRA Institutions and Youth Camps	0%	0	0%	0
Parole	0%	0	0%	0
ESA	100%	1,651	100%	2,189
Washington Basic Food Program	97%	1,606	97%	2,132
Consolidated Emergency Assistance Program	0%	0	0%	0
Diversion	0%	0	0%	0
ESA Child Care	0%	2	0%	6
GA-Unemployable or GA-X (Pending SSI)	100%	1,651	100%	2,189
Refugee Grants	0%	0	0%	0
SSI State Supplement	0%	0	0%	0
TANF and State Family Assistance	0%	0	0%	2
WorkFirst Participants	6%	96	n/a	n/a
Child Support Enforcement Services	36%	600	37%	817
TOTAL		1,651		2,189

TABLE 5
Aged Patients
Includes dually eligible for Medicare
DSHS Service Profile (CSDB)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
Any Aging and Adult Service	26%	32	34%	49
Adult Family Home	2%	2	3%	4
Adult Residential Care	1%	1	1%	2
Assisted Living	2%	2	3%	4
In-Home Services	19%	23	19%	28
Nursing Home	7%	8	9%	13
Any DASA Service	100%	123	100%	146
ADATSA Assessment	7%	8	3%	4
Other Assessment	29%	36	32%	46
Detoxification	5%	6	6%	9
Outpatient Treatment	91%	112	91%	133
Opiate Substitution Treatment	38%	47	34%	50
Residential Treatment	7%	8	12%	18
Any Mental Health Division Service	20%	24	27%	39
Child Study Treatment Center	0%	0	0%	0
Child Long-Term Inpatient	0%	0	0%	0
Community Inpatient	1%	1	1%	2
Community Services	19%	23	25%	37
State Institutions	0%	0	0%	0
Any Children's Administration Service	1%	1	2%	3
Adoptions Support	0%	0	1%	1
Behavioral Rehabilitation Services	0%	0	0%	0
Child Care Services	0%	0	0%	0
DCFS CPS Case Management	1%	1	2%	3
Child Welfare Services Case Management	1%	1	1%	2
Crisis Care	0%	0	0%	0
Family Reconciliation Services	0%	0	1%	1
Family Focused Services	1%	1	1%	1
Foster Care Services - In Placement	0%	0	0%	0
Foster Care Services - Support Services	1%	1	1%	1
Other Intensive Services	0%	0	0%	0
Any Juvenile Rehabilitation Service	0%	0	0%	0
Community Residences and Group Homes	0%	0	0%	0
Dispositional Alternatives	0%	0	0%	0
JRA Institutions and Youth Camps	0%	0	0%	0
Parole	0%	0	0%	0
ESA	83%	102	87%	127
Washington Basic Food Program	66%	81	75%	109
Consolidated Emergency Assistance Program	0%	0	0%	0
Diversion	0%	0	0%	0
ESA Child Care	0%	0	0%	0
GA-Unemployable or GA-X (Pending SSI)	1%	1	2%	3
Refugee Grants	0%	0	0%	0
SSI State Supplement	54%	66	53%	78
TANF and State Family Assistance	1%	1	0%	0
WorkFirst Participants	2%	2	n/a	n/a
Child Support Enforcement Services	6%	7	8%	11
TOTAL		123		146

TABLE 6
Other Medicaid Adult Patients
 Includes dually eligible for Medicare
DSHS Service Profile (CSDB)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
Any Aging and Adult Service	0%	11	0%	10
Adult Family Home	0%	0	0%	0
Adult Residential Care	0%	0	0%	0
Assisted Living	0%	0	0%	0
In-Home Services	0%	7	0%	5
Nursing Home	0%	4	0%	5
Any DASA Service	100%	8,558	100%	9,458
ADATSA Assessment	18%	1,568	15%	1,439
Other Assessment	50%	4,304	52%	4,903
Detoxification	7%	590	7%	636
Outpatient Treatment	90%	7,665	90%	8,469
Opiate Substitution Treatment	9%	785	10%	904
Residential Treatment	22%	1,890	25%	2,323
Any Mental Health Division Service	24%	2,009	22%	2,098
Child Study Treatment Center	0%	1	0%	0
Child Long-Term Inpatient	0%	0	0%	1
Community Inpatient	2%	177	2%	162
Community Services	23%	1,972	22%	2,065
State Institutions	0%	6	0%	5
Any Children's Administration Service	37%	3,197	36%	3,422
Adoptions Support	0%	31	0%	28
Behavioral Rehabilitation Services	0%	3	0%	0
Child Care Services	1%	114	1%	77
DCFS CPS Case Management	30%	2,535	28%	2,649
Child Welfare Services Case Management	15%	1,303	16%	1,543
Crisis Care	0%	0	0%	0
Family Reconciliation Services	2%	197	2%	195
Family Focused Services	7%	608	7%	650
Foster Care Services - In Placement	0%	12	0%	9
Foster Care Services - Support Services	7%	554	7%	646
Other Intensive Services	0%	2	0%	0
Any Juvenile Rehabilitation Service	1%	106	1%	78
Community Residences and Group Homes	1%	45	0%	38
Dispositional Alternatives	1%	49	0%	35
JRA Institutions and Youth Camps	1%	39	0%	29
Parole	1%	47	0%	34
ESA	96%	8,187	96%	9,084
Washington Basic Food Program	90%	7,682	91%	8,587
Consolidated Emergency Assistance Program	0%	1	0%	0
Diversion	2%	198	3%	240
ESA Child Care	19%	1,655	19%	1,831
GA-Unemployable or GA-X (Pending SSI)	3%	252	4%	334
Refugee Grants	0%	0	0%	0
SSI State Supplement	0%	0	0%	0
TANF and State Family Assistance	63%	5,426	65%	6,173
WorkFirst Participants	68%	5,786	n/a	n/a
Child Support Enforcement Services	78%	6,647	79%	7,506
TOTAL		8,558		9,458

TABLE 7
Youth
Includes dually eligible for Medicare
DSHS Service Profile (CSDB)

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
Any DASA Service	100%	6,313	100%	6,301
ADATSA Assessment	0%	18	0%	15
Other Assessment	61%	3,876	60%	3,780
Detoxification	4%	254	5%	311
Outpatient Treatment	88%	5,584	87%	5,484
Opiate Substitution Treatment	0%	1	0%	1
Residential Treatment	21%	1,353	23%	1,478
Any Mental Health Division Service	27%	1,696	25%	1,544
Child Study Treatment Center	1%	40	0%	28
Child Long-Term Inpatient	1%	39	0%	19
Community Inpatient	2%	107	2%	107
Community Services	27%	1,688	24%	1,537
State Institutions	0%	0	0%	0
Any Children's Administration Service	33%	2,052	32%	2,022
Adoptions Support	2%	119	2%	136
Behavioral Rehabilitation Services	3%	176	3%	182
Child Care Services	0%	12	0%	13
DCFS CPS Case Management	13%	847	12%	783
Child Welfare Services Case Management	11%	683	11%	667
Crisis Care	0%	16	0%	6
Family Reconciliation Services	15%	941	15%	955
Family Focused Services	3%	213	2%	152
Foster Care Services - In Placement	5%	303	5%	294
Foster Care Services - Support Services	6%	379	7%	445
Other Intensive Services	1%	49	1%	68
Any Juvenile Rehabilitation Service	13%	842	13%	813
Community Residences and Group Homes	2%	140	2%	103
Dispositional Alternatives	9%	586	9%	579
JRA Institutions and Youth Camps	4%	273	4%	262
Parole	3%	164	2%	155
ESA	62%	3,886	62%	3,879
Washington Basic Food Program	38%	2,414	38%	2,412
Consolidated Emergency Assistance Program	0%	0	0%	1
Diversion	1%	66	1%	64
ESA Child Care	1%	47	1%	42
GA-Unemployable or GA-X (Pending SSI)	0%	6	0%	7
Refugee Grants	0%	0	0%	0
SSI State Supplement	0%	8	0%	14
TANF and State Family Assistance	23%	1,474	21%	1,322
WorkFirst Participants	6%	348	n/a	n/a
Child Support Enforcement Services	49%	3,090	49%	3,061
TOTAL		6,313		6,301

Additional copies of this paper may be obtained from <http://www1.dshs.wa.gov/RDA/>.



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