

Division of Alcohol and Substance Abuse
Treatment Expansion:

Spring 2009 Update



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Plus Appendix | June 2009
As required by Chapter 522 Laws of 2007
Report 4.75



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Title: DASA Treatment Expansion: Spring 2009 Update

Abstract: This report provides an Spring 2009 update of findings on the progress of the DASA Treatment Expansion in achieving treatment goals and budgeted cost savings for FY 2006 through FY 2008, as required by Chapter 522 Laws of 2007 (SHB 1128).

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To the
Reader

June 2009



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HEALTH AND RECOVERY SERVICES ADMINISTRATION
DIVISION OF ALCOHOL AND SUBSTANCE ABUSE

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Honorable Members of the Washington State Legislature:

It is my privilege to transmit this report—*DASA Treatment Expansion: Spring 2009 Update*—as required under Substitute House Bill 1128.

This update continues to demonstrate that the extraordinary initiative under Senate Bill 5763 to provide proven cost-effective chemical dependency treatment to Medicaid-eligible individuals in need of it continues to bear fruit. This is the third of a series of required reports on the impact of these efforts.

Cost offsets per patient have turned out to be substantially greater than anticipated. Savings for adult Medicaid patients receiving chemical dependency treatment are now estimated at \$321 per patient per month, some 60 percent higher than the \$200 assumed in the original appropriation. Medical savings for GA-U patients are estimated at \$162 per patient per month, 36 percent greater than the \$119 assumed in the original appropriation.

Significant medical cost savings have been realized. Estimated total medical cost savings in FY 2008 were \$16.8 million, including \$14.5 million for Medicaid Disabled Adult patients, and \$2.3 million for GA-U patients. These estimates include the ongoing impact of increases in substance abuse treatment penetration that began in FY 2005.

The number of patients served is increasing. For the Treatment Expansion target populations, the number of patients served increased from a baseline of 18,378 in FY 2005 to 23,791 in FY 2008, representing a 29.5 percent increase.

The work continues. The Division of Alcohol and Substance Abuse is now targeting efforts toward serving harder-to-reach and more-difficult-to-serve populations. The good news is that we now treat significantly more patients as a result of the Treatment Expansion authorization, ensuring healthier individuals and families, safer communities, and a more vibrant, more productive state. With our partners, including the Governor and Legislature, community-based treatment providers and county alcohol/drug advisory boards, we at DASA will continue our commitment to supporting individuals in their recovery from the disease of chemical dependency.

A handwritten signature in black ink, appearing to read "David A. Dickinson".

David A. Dickinson, MA, Director
Division of Alcohol and Substance Abuse
DSHS Health and Recovery Services Administration

Alcohol and Drug Treatment Expansion: Spring 2009 Update

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Executive Summary

Senate Bill 5763, The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005, provided the Division of Alcohol and Substance (DASA) Abuse 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. For the adult Treatment Expansion target populations, the number of patients in treatment increased from a baseline of 18,378 patients in FY 2005, to 20,955 in FY 2006, to 22,465 in FY 2007, and 23,791 in FY 2008. *See page 6.*
2. For the adult Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,960 patients in FY 2005, to 9,100 in FY 2006, to 10,069 in FY 2007, and 10,915 in FY 2008. *See page 7.*
3. For the GA-U population, the number of patients in treatment increased from a baseline of 1,660 patients in FY 2005 to 2,192 patients in FY 2006, to 2,652 in FY 2007, and 2,923 in FY 2008. *See page 10.*
4. For adults who are not in the Treatment Expansion target population, the number in treatment increased from a baseline of 16,685 patients in FY 2005, to 18,156 in FY 2006, to 18,343 in FY 2007, and 18,869 in FY 2008. *See page 16.*
5. 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 8,634 patients in FY 2005, to 9,514 in FY 2006, to 9,590 in FY 2007, and 9,768 in FY 2008. *See page 9.*
6. Treatment levels for youth were 132 patients above the FY 2005 baseline in FY 2008. *See page 11.*

7. 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 22-24.*
8. There were few significant changes in the chronic disease profile of Medicaid Disabled, Aged, or GA-U patients in AOD treatment in the first two years year of Treatment Expansion, compared to the baseline year (FY 2005). *See Appendix.*
9. There were no significant changes in the DSHS service profile of patients in AOD treatment in the first two years of Treatment Expansion, compared to the baseline year (FY 2005). *See Appendix.*

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 17-21.*

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 2008. *See pages 7-10.*
2. The number of youth in residential treatment increased from FY 2005 to FY 2008, while the number of youth receiving outpatient treatment declined from FY 2005 to FY 2007, before increasing from FY 2007 to FY 2008. *See page 11.*

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 12.*
2. Youth residential and intensive inpatient treatment completion rates have also increased since the implementation of Treatment Expansion. *See page 12.*

e. Funds spent

1. FY 2006 Treatment Expansion expenditures were \$8,612,000 for adults and \$2,622,000 for youth (all funds). FY 2007 Treatment Expansion expenditures were \$9,880,297 for adults and \$469,000 for youth (all funds). FY 2008 Treatment Expansion expenditures were \$16,257,000 for adults and \$775,000 for youth (all funds). *See page 13.*
2. Direct identification of Treatment Expansion patients and the portion of their treatment costs that were incurred solely due to the availability of expansion funding is not possible. In FY 2006 some treatment costs were allocated to Treatment Expansion when Expansion-eligible patients would likely have received treatment through other fund sources.
3. In FY 2007 and FY 2008, 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 \$321 per treated patient per month (pmpm) over the FY 2006 to FY 2008 time period, compared to the \$200 assumed in the original appropriation. *See pages 26-36.*
2. Medical savings for GA-U patients are estimated to be \$162 pmpm over the FY 2006 to FY 2008 time period, compared to \$119 in the original appropriation. *See pages 26-36.*
3. Including unbudgeted savings resulting from the ongoing impact of increases in AOD treatment penetration that began in FY 2005, estimated total medical cost savings for Medicaid-only Disabled patients were \$15.4 million in the 2005-07 Biennium, while medical cost savings for GA-U patients were estimated to be \$2.4 million. In FY 2008, total medical cost savings for Medicaid-only Disabled patients were \$14.5 million and medical cost savings for GA-U patients were estimated to be \$2.3 million. *See pages 26-36.*



DSHS | DASA Treatment Expansion: Spring 2009 Update

REPORT 4.75 | 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 in the 2005-07 Biennium. 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. Treatment Expansion funding for adults was increased to approximately \$40 million in the 2007-09 Biennium. This report provides information on the progress of the DASA Treatment Expansion through the 2008 Fiscal Year (FY).

Progress in achieving the expansion goals

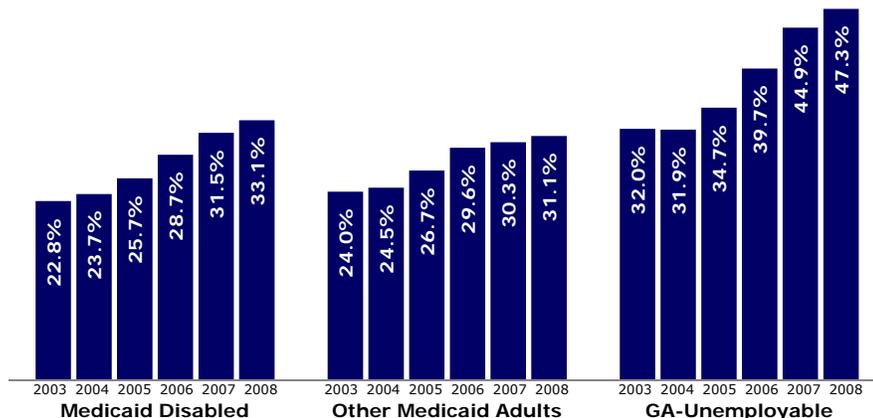
The FY 2008 adult Treatment Expansion appropriation was \$17.3 million, with the goal of an additional 6,812 patients served in the adult Medicaid and General Assistance Unemployable (GA-U) target populations.

- For the key Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,960 patients in FY 2005 to 10,915 in FY 2008. The increase in FY 2008 represents 87 percent of the Treatment Expansion goal for the year.
- For the GA-U population, the number of patients in treatment increased from a baseline of 1,660 patients in FY 2005 to 2,923 patients in FY 2008. The increase in FY 2008 represents 96 percent of the expansion goal for the year.
- For the other Medicaid adult population, the number of patients in treatment increased from a baseline of 8,617 patients in FY 2005 to 9,768 patients in FY 2008. The increase in FY 2008 represents 53 percent of the revised expansion goal for the year.
- FY 2008 Treatment levels for youth were above baseline levels for the first time since the inception of Treatment Expansion.

Treatment Expansion was funded on the assumption that increasing AOD treatment penetration (the proportion of "AOD problem" clients who receive AOD treatment) would dampen the rate of growth of medical and nursing home costs in the Medicaid Disabled and GA-U target populations. The increased numbers of clients in treatment has resulted in significant increases in AOD treatment penetration rates in the adult Treatment Expansion target populations. Increased AOD treatment penetration rates for Medicaid Disabled and GA-U clients coincided with greater reductions in the rate of growth of costs in these populations relative to other patients in the medical coverage groups without identified AOD problems (see charts on next page).

Treatment expansion has resulted in increased treatment for the target populations

PENETRATION
Proportion of clients with an alcohol/drug problem who receive treatment



Medical savings per treated patient exceed original budget assumptions

We used an evaluation approach that combined difference-of-difference and intent-to-treat design elements to reduce potential biases in the measurement of Treatment Expansion impacts.

Expressed in terms of per-member per-month (pmpm) effects for the additional patients entering treatment in the expansion era—above the number necessary to maintain baseline treatment penetration rates—we found:

- For adult **Medicaid Disabled** patients, **medical savings** are estimated to be **\$321** per treated patient per month from FY 2006 to FY 2008, compared to \$200 in the original 2005-07 Biennium appropriation.
- For adult **Medicaid Disabled** patients, **nursing home savings** are estimated to be **\$82** per treated patient per month, compared to \$58 in the original appropriation.
- Medical savings** for **GA-U patients** are estimated to be **\$162** per treated patient per month, compared to \$119 in the original appropriation.

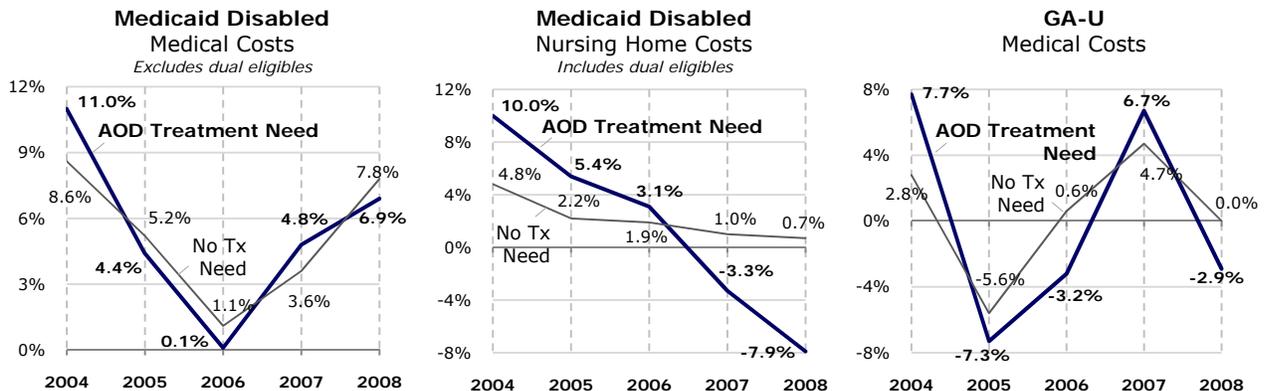
FISCAL YEARS 2006 - 2008	Assumed ¹	Actual	Difference
Medicaid Disabled—Medical Savings	\$200	\$321	+ \$121
Medicaid Disabled—NH Savings	\$58	\$82	+\$24
GA-U—Medical Savings	\$119	\$162	+ \$43

In the 2005-07 Biennium, total medical cost savings for Medicaid-only Disabled patients were \$15.9 million. Nursing home savings for Medicaid Disabled patients were \$2.9 million over the biennium, while medical cost savings for GA-U patients were estimated to be \$2.3 million. Combining all three components, total estimated savings were \$20.7 million (all funds) in the 2005-07 Biennium. These estimates include the unbudgeted savings resulting from the ongoing impact of increases in AOD treatment penetration associated with the criminal justice treatment expansion that began in FY 2005. Total 2005-07 Biennium Treatment Expansion AOD treatment expenditures for adults were \$18.5 million, while total treatment expenditures for youth were \$3.1 million (all funds).

In FY 2008, total medical cost savings for Medicaid-only Disabled patients were \$14.5 million, nursing home savings for Medicaid Disabled patients were \$4.9 million, and medical cost savings for GA-U patients were estimated to be \$2.3 million. These estimates include ongoing unbudgeted savings resulting from the criminal justice treatment expansion that began in FY 2005. Combining all three components, total estimated savings were \$21.7 million (all funds) in FY 2008. FY 2008 Treatment Expansion expenditures were \$16.3 million for adults and \$775,000 for youth (all funds).

Treatment expansion has reduced relative rates of growth in medical and nursing home costs for clients with alcohol/drug problems

YEAR TO YEAR CHANGE | Percent change in pmpm costs from prior year



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 ADULTS—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 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 year.

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.

The FY 2008 adult Treatment Expansion appropriation was \$17.3 million. At an average treatment cost of \$2,541 per patient per year (including case management, assessment and county administration costs), the revised overall expansion goal for FY 2008 was an additional 6,812 patients served in the adult Medicaid and GA-U target populations.

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 DSHS Research and Data Analysis Division (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:

- Medicaid Disabled adults
- 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.

Progress toward Achieving Treatment Goals



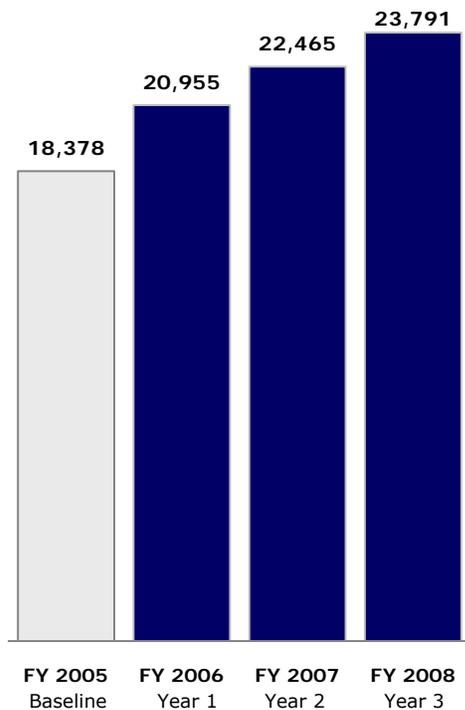
Key Findings

- In FY 2008, 5,413 additional adult Medicaid or GA-U patients received AOD treatment when compared to FY 2005. This increase was 79 percent of the FY 2008 expansion goal of 6,812 additional patients to be treated.
- Part of the shortfall for FY 2008 was due to the decline in the size of the TANF-related Family 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 GA-U programs. In FY 2005, 18,378 adult Medicaid or GA-U patients received DASA-funded AOD treatment services.

PATIENTS TREATED BY FISCAL YEAR All Adult Target Populations



The **revised** expansion goal for FY 2008 was to increase the number of adult Medicaid and GA-U patients receiving AOD treatment by 6,812 patients to a total of 25,190 adult Medicaid or GA-U patients receiving treatment in FY 2007.

- In FY 2008, 5,413 additional adult target patients received AOD treatment when compared to FY 2005. This increase was 79 percent of the FY 2008 expansion goal.

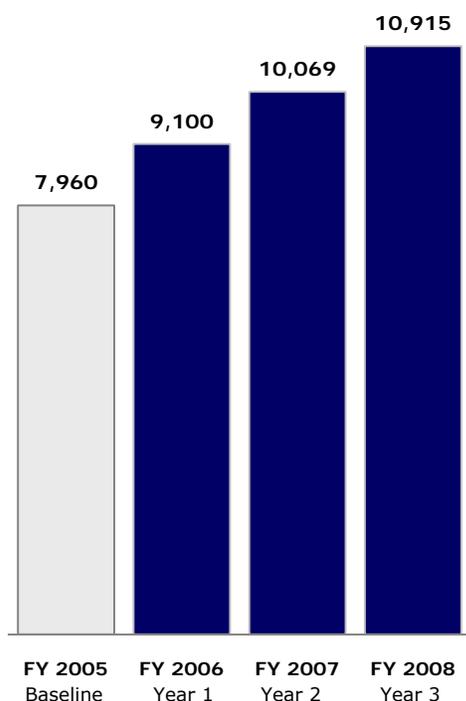
All Patients Receiving Treatment in the Adult Treatment Expansion Target Populations First Three Expansion Years (FY 2006 through FY 2008), by Target Population and Service Modality

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year
Any AOD Treatment	18,378	20,955	22,465	23,791
Residential Treatment	4,806	5,633	6,095	6,447
Outpatient Treatment	16,395	18,803	20,094	21,219
Outpatient Treatment Only	13,572	15,322	16,370	17,344

	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005
Any AOD Treatment		2,577	4,087	5,413
Residential Treatment		827	1,289	1,641
Outpatient Treatment		2,408	3,699	4,824
Outpatient Treatment Only		1,750	2,798	3,772

Medicaid Disabled Adult Patients

PATIENTS TREATED BY FISCAL YEAR
Medicaid Disabled Adult Patients



In FY 2005, 7,960 adult Medicaid Disabled patients received DASA-funded AOD treatment services.

The **revised** expansion goal for FY 2008 was to increase the number of Medicaid Disabled patients receiving AOD treatment by 3,386 to a total of 11,346 patients receiving treatment in FY 2008.

- 2,955 additional adult Medicaid Disabled patients received AOD treatment in FY 2008 when compared to FY 2005. This increase was 87 percent of the FY 2008 goal of 3,386 additional patients to be treated in FY 2008.

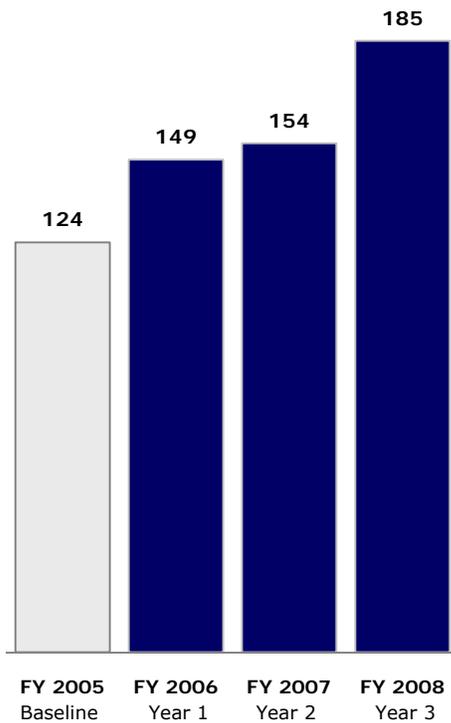
Medicaid Disabled Adult Patients Receiving DASA-Funded AOD Treatment

First Three Expansion Years (FY 2006 through FY 2008), by Target Population and Service Modality

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year
Any AOD Treatment	7,960	9,100	10,069	10,915
Residential Treatment	1,846	2,206	2,507	2,887
Outpatient Treatment	7,044	8,121	9,017	9,610
Outpatient Treatment Only	6,114	6,894	7,562	8,028
	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005
Any AOD Treatment		1,140	2,109	2,955
Residential Treatment		360	661	1,041
Outpatient Treatment		1,077	1,973	2,566
Outpatient Treatment Only		780	1,448	1,914

Medicaid Aged

PATIENTS TREATED BY FISCAL YEAR
Medicaid Aged Patients



Specific Treatment Expansion goals for the Medicaid Aged population are no longer being tracked due to the small number of clients needing treatment in this coverage group. The following information is presented for informational purposes.

In FY 2005, 124 Medicaid Aged patients received DASA-funded AOD treatment services. In FY 2008, 185 Medicaid Aged patients received AOD treatment.

Medicaid Aged Patients Receiving DASA-Funded AOD Treatment

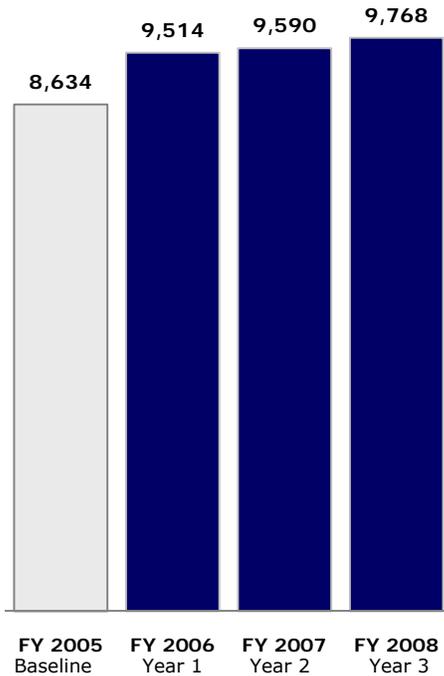
First Three Expansion Years (FY 2006 through FY 2008), by Target Population and Service Modality

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year
Any AOD Treatment	124	149	154	185
Residential Treatment	11	24	16	55
Outpatient Treatment	117	136	146	135
Outpatient Treatment Only	113	125	138	130

	DIFFERENCE		
	YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005
Any AOD Treatment	25	30	61
Residential Treatment	13	5	44
Outpatient Treatment	19	29	18
Outpatient Treatment Only	12	25	17

Other Medicaid Adults

PATIENTS TREATED BY FISCAL YEAR
Other Medicaid Adult Patients



In FY 2005, 8,634 other Medicaid adults received DASA-funded AOD treatment services.

The **revised** expansion goal for FY 2008 was to increase the number of other Medicaid adults receiving AOD treatment by 2,120 patients to a total of 10,754 other Medicaid adults receiving treatment in FY 2008.

- 1,134 additional other Medicaid adults received AOD treatment in FY 2008 when compared to FY 2005. This increase was 53 percent of the goal of 2,120 additional patients to be treated in FY 2008.

The revised Treatment Expansion goals for FY 2008 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.

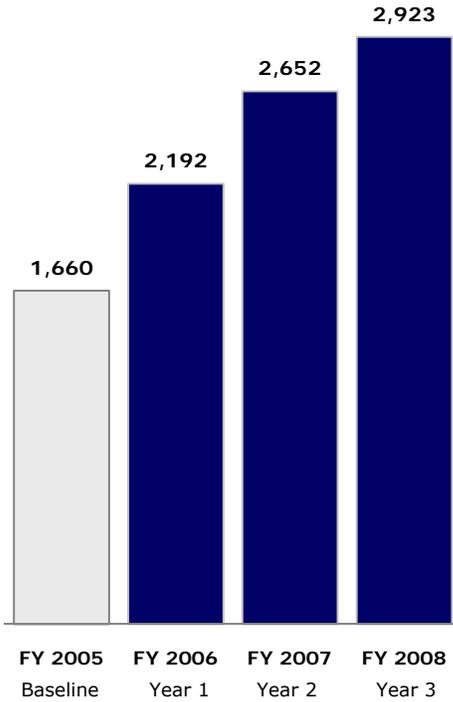
Other Medicaid Adults Receiving DASA-Funded AOD Treatment

First Three Expansion Years (FY 2006 through FY 2008), by Target Population and Service Modality

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year
Any AOD Treatment	8,634	9,514	9,590	9,768
Residential Treatment	2,258	2,616	2,516	2,370
Outpatient Treatment	7,841	8,655	8,719	8,993
Outpatient Treatment Only	6,376	6,898	7,074	7,398
	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005
Any AOD Treatment		880	956	1,134
Residential Treatment		358	258	112
Outpatient Treatment		814	878	1,152
Outpatient Treatment Only		522	698	1,022

General Assistance-Unemployable

PATIENTS TREATED BY FISCAL YEAR
GA-U Patients



In FY 2005, 1,660 GA-U patients received DASA-funded AOD treatment services.

The **revised** expansion goal for FY 2008 was to increase the number of GA-U patients receiving AOD treatment by 1,305 patients to a total of 2,965 GA-U patients receiving treatment in FY 2008.

- 1,263 additional GA-U patients received AOD treatment in FY 2008 when compared to FY 2005. This increase was 96 percent of the FY 2008 expansion goal of 1,305 additional patients to be treated in FY 2008.

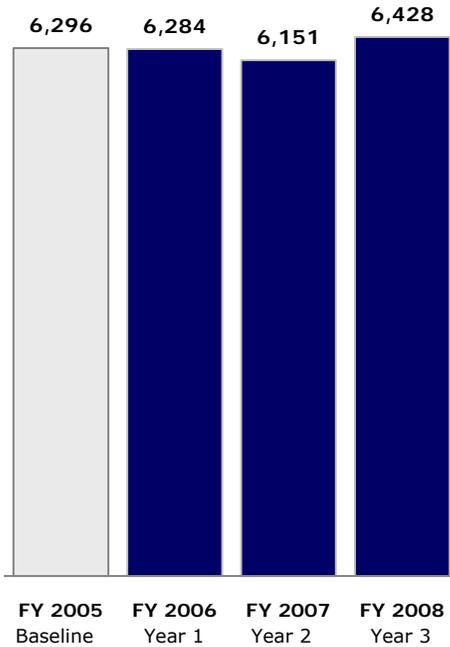
GA-U Patients Receiving DASA-Funded AOD Treatment

First Three Expansion Years (FY 2006 through FY 2008), by Target Population and Service Modality

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year
Any AOD Treatment	1,660	2,192	2,652	2,923
Residential Treatment	691	787	1,056	1,135
Outpatient Treatment	1,393	1,891	2,212	2,481
Outpatient Treatment Only	969	1,405	1,596	1,788
	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005
Any AOD Treatment		532	992	1,263
Residential Treatment		96	365	444
Outpatient Treatment		498	819	1,088
Outpatient Treatment Only		436	627	819

Youth

PATIENTS TREATED BY FISCAL YEAR
Youth Patients



In FY 2005, 6,296 adolescents aged 10 to 17 received DASA-funded AOD treatment services. In FY 2008, 6,428 youth received DASA-funded AOD treatment services—the first year that treatment levels have risen above the FY 2005 baseline. The increase in youth treatment from FY 2007 to FY 2008 was due almost entirely to an increase in outpatient treatment.

Youth Receiving DASA-Funded AOD Treatment

First Three Expansion Years (FY 2006 through FY 2008), by Target Population and Service Modality

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year
Any AOD Treatment	6,296	6,284	6,151	6,428
Residential Treatment	1,425	1,517	1,529	1,522
Outpatient Treatment	5,710	5,630	5,455	5,762
Outpatient Treatment Only	4,871	4,767	4,622	4,906

	DIFFERENCE		
	YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005
Any AOD Treatment	-12	-145	132
Residential Treatment	92	104	97
Outpatient Treatment	-80	-255	52
Outpatient Treatment Only	-104	-249	35

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 81 percent in FY 2008 and intensive inpatient completion rates rising from 62 percent to 73 percent over the period. Adult residential and intensive inpatient treatment completion rates have shown no systematic trend since Treatment Expansion was implemented. The number of aged patients in the residential and intensive inpatient modalities is small (fewer than 15), so these trends should be interpreted with caution. Outpatient treatment completion rates have increased for youth, adult Medicaid Disabled patients, other Medicaid adults and GA-U patients.

Treatment Completion Rates by Population and Treatment Modality*

Based on discharges recorded in TARGET data

	FY 2005 Discharges		
	TARGET POPULATIONS		
	Outpatient	Residential	Intensive Inpatient
Medicaid Disabled Adults	34.8%	73.7%	70.7%
Medicaid Aged	81.6%	75.0%	80.0%
Other Medicaid Adults	36.1%	51.0%	76.3%
GA-U	29.5%	80.8%	79.6%
Youth	38.0%	55.3%	61.5%
	NON-TARGET		
Other Adults	48.0%	72.4%	78.8%
	FY 2006 Discharges		
	TARGET POPULATIONS		
	Outpatient	Residential	Intensive Inpatient
Medicaid Disabled Adults	35.8%	76.5%	69.9%
Medicaid Aged	58.1%	75.0%	61.5%
Other Medicaid Adults	38.0%	52.4%	73.7%
GA-U	28.6%	69.7%	77.4%
Youth	41.4%	59.5%	67.2%
	NON-TARGET		
Other Adults	48.5%	75.6%	80.6%
	FY 2007 Discharges		
	TARGET POPULATIONS		
	Outpatient	Residential	Intensive Inpatient
Medicaid Disabled Adults	37.3%	72.6%	72.1%
Medicaid Aged	68.9%	100.0%	100.0%
Other Medicaid Adults	39.9%	52.0%	72.0%
GA-U	36.2%	73.7%	75.8%
Youth	41.6%	60.4%	70.5%
	NON-TARGET		
Other Adults	49.8%	73.2%	79.1%
	FY 2008 Discharges		
	TARGET POPULATIONS		
	Outpatient	Residential	Intensive Inpatient
Medicaid Disabled Adults	41.0%	72.7%	72.1%
Medicaid Aged	56.4%	0% (n=2)	80.0%
Other Medicaid Adults	42.9%	54.0%	73.5%
GA-U	36.3%	65.3%	76.5%
Youth	46.9%	80.9%	73.4%
	NON-TARGET		
Other Adults	53.1%	78.6%	80.8%

*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.

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.

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 effort levels 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, FY 2007 and FY 2008 Treatment Expansion Budget and Expenditures (DASA)

	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		
ADULTS	Budget	Expenditures	Variance
GF-State	6,727,000	6,277,000	450,000
GF-Federal	3,861,000	3,603,000	258,000
TOTAL	10,588,000	9,880,297	708,000
YOUTH			
GF-State	469,000	469,000	
GF-Federal			
TOTAL	469,000	469,000	
	FY 2008		
ADULTS	Budget	Expenditures	Variance
GF-State	11,113,000	10,330,000	783,000
GF-Federal	6,193,000	5,927,000	266,000
TOTAL	17,306,000	16,257,000	1,049,000
YOUTH			
GF-State	698,000	698,000	
GF-Federal	77,000	77,000	
TOTAL	775,000	775,000	

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.

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 populations—not the just additional patients served due to the expansion.

Average annual treatment costs by target population are estimates based on reimbursement amounts from MMIS claims for services incurred through June 2008 and paid through December 2008, and imputed costs associated with TARGET service encounters extracted in late January 2009. 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.

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

Treatment costs are defined to include outpatient, residential, opiate substitution treatment, case management, assessment and county administrative costs. Prior reports in this series excluded case management, assessment and county administrative costs from this table.

Prior reports also counted all DASA-paid treatment and related costs in the fiscal year, including costs incurred when the patient was not enrolled in Medicaid or GA-U medical coverage. In this report, we report only costs incurred while enrolled in Medicaid or GA-U. Average annual treatment costs for GA-U patients are relatively low because these clients spend a relatively small proportion of time enrolled in GA-U in the fiscal year, compared to the length of time that Medicaid patients are enrolled in Medicaid in the year. Treatment costs for GA-U clients who transition to Medicaid within the fiscal year are counted in the appropriate Medicaid category.

Average DASA Service Cost per Treated Patient per Year

Total Treatment Cost by Target Population and Fiscal Year

	FY 2005	FY 2006	FY 2007	FY 2008
	TARGET POPULATIONS			
Medicaid Disabled Adults	\$2,585	\$2,492	\$2,492	\$2,693
Medicaid Aged	\$2,474	\$2,659	\$2,519	\$2,181
Other Medicaid Adults	\$2,597	\$2,574	\$2,729	\$2,949
GA-U	\$1,466	\$1,535	\$1,636	\$1,721
Youth	\$2,143	\$2,377	\$2,402	\$2,569

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.

County Treatment Counts

by Sub-Population

NON-TARGET ADULTS	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008	2005 to 2006	2005 to 2007	2005 to 2008
Adams	71	82	107	119	15.5%	50.7%	67.6%
Asotin	123	116	122	134	-5.7%	-0.8%	8.9%
Benton	310	397	442	393	28.1%	42.6%	26.8%
Chelan	367	339	350	333	-7.6%	-4.6%	-9.3%
Clallam	300	329	355	358	9.7%	18.3%	19.3%
Clark	636	855	1,157	1,155	34.4%	81.9%	81.6%
Columbia	76	75	65	43	-1.3%	-14.5%	-43.4%
Cowlitz	619	496	444	477	-19.9%	-28.3%	-22.9%
Douglas	0	2	2	1	N/A	N/A	N/A
Ferry	19	23	44	45	21.1%	131.6%	136.8%
Franklin	266	326	372	428	22.6%	39.8%	60.9%
Garfield	11	8	6	12	-27.3%	-45.5%	9.1%
Grant	204	249	221	178	22.1%	8.3%	-12.7%
Grays Harbor	240	229	246	290	-4.6%	2.5%	20.8%
Island	140	156	145	107	11.4%	3.6%	-23.6%
Jefferson	45	76	63	60	68.9%	40.0%	33.3%
King	3,234	3,421	3,481	3,732	5.8%	7.6%	15.4%
Kitsap	627	673	598	654	7.3%	-4.6%	4.3%
Kittitas	174	117	93	111	-32.8%	-46.6%	-36.2%
Klickitat	65	68	79	100	4.6%	21.5%	53.8%
Lewis	183	237	229	221	29.5%	25.1%	20.8%
Lincoln	30	30	37	29	0.0%	23.3%	-3.3%
Mason	129	172	149	148	33.3%	15.5%	14.7%
Okanogan	282	286	278	277	1.4%	-1.4%	-1.8%
Pacific	121	105	100	97	-13.2%	-17.4%	-19.8%
Pend Oreille	27	33	37	41	22.2%	37.0%	51.9%
Pierce	2,315	2,806	2,730	2,222	21.2%	17.9%	-4.0%
San Juan	76	78	81	87	2.6%	6.6%	14.5%
Skagit	563	618	615	640	9.8%	9.2%	13.7%
Skamania	34	71	83	69	108.8%	144.1%	102.9%
Snohomish	1,263	1,361	1,180	1,309	7.8%	-6.6%	3.6%
Spokane	1,214	1,380	1,309	1,497	13.7%	7.8%	23.3%
Stevens	125	108	118	110	-13.6%	-5.6%	-12.0%
Thurston	600	575	613	632	-4.2%	2.2%	5.3%
Wahkiakum	25	22	39	45	-12.0%	56.0%	80.0%
Walla Walla	197	162	152	143	-17.8%	-22.8%	-27.4%
Whatcom	547	523	571	637	-4.4%	4.4%	16.5%
Whitman	76	85	67	47	11.8%	-11.8%	-38.2%
Yakima	1,123	1,189	1,342	1,458	5.9%	19.5%	29.8%
Unknown	228	278	221	430	21.9%	-3.1%	88.6%
TOTAL	16,685	18,156	18,343	18,869	8.8%	9.9%	13.1%

County Treatment Counts
by Sub-Population, *continued*

MEDICAID DISABLED ADULTS	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008	2005 to 2006	2005 to 2007	2005 to 2008
Adams	3	3	3	9	0.0%	0.0%	200.0%
Asotin	45	52	52	34	15.6%	15.6%	-24.4%
Benton	96	107	120	115	11.5%	25.0%	19.8%
Chelan	178	177	200	188	-0.6%	12.4%	5.6%
Clallam	88	102	127	140	15.9%	44.3%	59.1%
Clark	338	358	425	474	5.9%	25.7%	40.2%
Columbia	11	18	17	16	63.6%	54.5%	45.5%
Cowlitz	151	130	142	136	-13.9%	-6.0%	-9.9%
Douglas	0	3	2	3	N/A	N/A	N/A
Ferry	8	14	14	18	75.0%	75.0%	125.0%
Franklin	134	163	153	173	21.6%	14.2%	29.1%
Garfield	4	7	5	6	75.0%	25.0%	50.0%
Grant	44	61	59	53	38.6%	34.1%	20.5%
Grays Harbor	59	72	74	74	22.0%	25.4%	25.4%
Island	47	30	28	28	-36.2%	-40.4%	-40.4%
Jefferson	28	41	48	39	46.4%	71.4%	39.3%
King	2,814	3,210	3,526	3,865	14.1%	25.3%	37.3%
Kitsap	330	393	429	415	19.1%	30.0%	25.8%
Kittitas	15	27	26	22	80.0%	73.3%	46.7%
Klickitat	40	52	51	53	30.0%	27.5%	32.5%
Lewis	95	84	99	101	-11.6%	4.2%	6.3%
Lincoln	12	10	5	7	-16.7%	-58.3%	-41.7%
Mason	51	64	74	81	25.5%	45.1%	58.8%
Okanogan	46	50	65	76	8.7%	41.3%	65.2%
Pacific	31	23	22	23	-25.8%	-29.0%	-25.8%
Pend Oreille	22	22	21	28	0.0%	-4.5%	27.3%
Pierce	961	1,120	1,190	1,195	16.5%	23.8%	24.3%
San Juan	16	16	16	13	0.0%	0.0%	-18.8%
Skagit	233	255	279	323	9.4%	19.7%	38.6%
Skamania	14	16	15	15	14.3%	7.1%	7.1%
Snohomish	563	670	678	699	19.0%	20.4%	24.2%
Spokane	476	619	816	871	30.0%	71.4%	83.0%
Stevens	41	38	34	28	-7.3%	-17.1%	-31.7%
Thurston	279	270	300	339	-3.2%	7.5%	21.5%
Wahkiakum	4	3	3	3	-25.0%	-25.0%	-25.0%
Walla Walla	49	46	41	52	-6.1%	-16.3%	6.1%
Whatcom	197	259	319	336	31.5%	61.9%	70.6%
Whitman	15	17	19	24	13.3%	26.7%	60.0%
Yakima	372	451	532	591	21.2%	43.0%	58.9%
Unknown	50	47	40	249	-6.0%	-20.0%	398.0%
TOTAL	7,960	9,100	10,069	10,915	14.3%	26.5%	37.1%

County Treatment Counts

by Sub-Population, *continued*

MEDICAID AGED	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008	2005 to 2006	2005 to 2007	2005 to 2008
Adams	0	0	0	0	N/A	N/A	N/A
Asotin	2	1	0	0	-50.0%	-100.0%	-100.0%
Benton	2	2	1	2	0.0%	-50.0%	0.0%
Chelan	2	3	4	0	50.0%	100.0%	-100.0%
Clallam	0	1	1	3	N/A	N/A	N/A
Clark	3	7	4	9	133.3%	33.3%	200.0%
Columbia	0	0	1	1	N/A	N/A	N/A
Cowlitz	1	3	0	2	200.0%	-100.0%	100.0%
Douglas	0	0	0	0	N/A	N/A	N/A
Ferry	0	2	0	0	N/A	N/A	N/A
Franklin	5	4	2	2	-20.0%	-60.0%	-60.0%
Garfield	0	0	0	0	N/A	N/A	N/A
Grant	1	1	0	0	0.0%	-100.0%	-100.0%
Grays Harbor	2	1	2	3	-50.0%	0.0%	50.0%
Island	0	1	1	1	N/A	N/A	N/A
Jefferson	0	0	0	0	N/A	N/A	N/A
King	50	58	61	81	16.0%	22.0%	62.0%
Kitsap	4	5	5	5	25.0%	25.0%	25.0%
Kittitas	1	0	0	0	-100.0%	-100.0%	-100.0%
Klickitat	1	0	0	1	-100.0%	-100.0%	0.0%
Lewis	0	1	1	2	N/A	N/A	N/A
Lincoln	0	0	0	0	N/A	N/A	N/A
Mason	1	1	0	1	0.0%	-100.0%	0.0%
Okanogan	1	0	3	2	-100.0%	200.0%	100.0%
Pacific	4	3	1	0	-25.0%	-75.0%	-100.0%
Pend Oreille	0	0	0	1	N/A	N/A	N/A
Pierce	14	21	22	16	50.0%	57.1%	14.3%
San Juan	0	0	1	2	N/A	N/A	N/A
Skagit	2	5	7	6	150.0%	250.0%	200.0%
Skamania	0	0	0	0	N/A	N/A	N/A
Snohomish	4	6	7	4	50.0%	75.0%	0.0%
Spokane	12	9	12	17	-25.0%	0.0%	41.7%
Stevens	1	0	1	0	-100.0%	0.0%	-100.0%
Thurston	0	1	1	1	N/A	N/A	N/A
Wahkiakum	0	0	0	0	N/A	N/A	N/A
Walla Walla	0	1	2	0	N/A	N/A	N/A
Whatcom	1	2	4	5	100.0%	300.0%	400.0%
Whitman	1	1	0	0	0.0%	-100.0%	-100.0%
Yakima	8	8	10	9	0.0%	25.0%	12.5%
Unknown	1	1	0	9	0.0%	-100.0%	800.0%
TOTAL	124	149	154	185	20.2%	24.2%	49.2%

County Treatment Counts
by Sub-Population, *continued*

OTHER MEDICAID ADULTS	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008	2005 to 2006	2005 to 2007	2005 to 2008
Adams	17	17	14	12	0.0%	-17.6%	-29.4%
Asotin	45	59	39	35	31.1%	-13.3%	-22.2%
Benton	217	239	256	280	10.1%	18.0%	29.0%
Chelan	177	173	168	168	-2.3%	-5.1%	-5.1%
Clallam	186	197	228	212	5.9%	22.6%	14.0%
Clark	508	594	571	662	16.9%	12.4%	30.3%
Columbia	7	14	9	9	100.0%	28.6%	28.6%
Cowlitz	297	300	275	296	1.0%	-7.4%	-0.3%
Douglas	1	2	0	4	100.0%	-100.0%	300.0%
Ferry	9	13	23	24	44.4%	155.6%	166.7%
Franklin	103	146	170	180	41.7%	65.0%	74.8%
Garfield	5	6	3	1	20.0%	-40.0%	-80.0%
Grant	87	112	83	62	28.7%	-4.6%	-28.7%
Grays Harbor	156	142	156	159	-9.0%	0.0%	1.9%
Island	36	33	42	41	-8.3%	16.7%	13.9%
Jefferson	40	41	40	42	2.5%	0.0%	5.0%
King	1358	1443	1481	1548	6.3%	9.1%	14.0%
Kitsap	312	320	312	321	2.6%	0.0%	2.9%
Kittitas	38	35	49	45	-7.9%	28.9%	18.4%
Klickitat	51	56	51	52	9.8%	0.0%	2.0%
Lewis	132	122	131	122	-7.6%	-0.8%	-7.6%
Lincoln	10	11	8	5	10.0%	-20.0%	-50.0%
Mason	88	101	109	107	14.8%	23.9%	21.6%
Okanogan	124	117	122	114	-5.6%	-1.6%	-8.1%
Pacific	38	24	40	45	-36.8%	5.3%	18.4%
Pend Oreille	16	24	27	29	50.0%	68.8%	81.3%
Pierce	1260	1383	1263	1105	9.8%	0.2%	-12.3%
San Juan	9	18	24	18	100.0%	166.7%	100.0%
Skagit	242	248	236	226	2.5%	-2.5%	-6.6%
Skamania	25	24	21	22	-4.0%	-16.0%	-12.0%
Snohomish	846	942	921	972	11.3%	8.9%	14.9%
Spokane	691	910	929	931	31.7%	34.4%	34.7%
Stevens	62	49	74	57	-21.0%	19.4%	-8.1%
Thurston	310	333	398	425	7.4%	28.4%	37.1%
Wahkiakum	4	6	13	6	50.0%	225.0%	50.0%
Walla Walla	61	72	71	56	18.0%	16.4%	-8.2%
Whatcom	297	330	341	303	11.1%	14.8%	2.0%
Whitman	30	29	23	25	-3.3%	-23.3%	-16.7%
Yakima	699	794	828	892	13.6%	18.5%	27.6%
Unknown	40	35	41	155	-12.5%	2.5%	287.5%
TOTAL	8,634	9,514	9,590	9,768	10.2%	11.1%	13.1%

County Treatment Counts
by Sub-Population, *continued*

GA-U	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008	2005 to 2006	2005 to 2007	2005 to 2008
Adams	0	1	1	4	N/A	N/A	N/A
Asotin	3	5	8	7	66.7%	166.7%	133.3%
Benton	19	37	53	41	94.7%	178.9%	115.8%
Chelan	64	53	67	100	-17.2%	4.7%	56.3%
Clallam	36	51	67	67	41.7%	86.1%	86.1%
Clark	71	81	79	106	14.1%	11.3%	49.3%
Columbia	1	1	3	1	0.0%	200.0%	0.0%
Cowlitz	45	37	53	41	-17.8%	17.8%	-8.9%
Douglas	0	1	0	0	N/A	N/A	N/A
Ferry	2	4	3	0	100.0%	50.0%	-100.0%
Franklin	35	40	35	25	14.3%	0.0%	-28.6%
Garfield	2	0	1	1	-100.0%	-50.0%	-50.0%
Grant	13	17	15	12	30.8%	15.4%	-7.7%
Grays Harbor	6	12	25	26	100.0%	316.7%	333.3%
Island	10	8	8	10	-20.0%	-20.0%	0.0%
Jefferson	10	7	13	5	-30.0%	30.0%	-50.0%
King	582	772	902	1014	32.6%	55.0%	74.2%
Kitsap	42	44	50	56	4.8%	19.0%	33.3%
Kittitas	4	3	7	4	-25.0%	75.0%	0.0%
Klickitat	7	17	9	17	142.9%	28.6%	142.9%
Lewis	14	19	14	17	35.7%	0.0%	21.4%
Lincoln	0	0	0	1	N/A	N/A	N/A
Mason	14	12	17	14	-14.3%	21.4%	0.0%
Okanogan	16	9	20	18	-43.8%	25.0%	12.5%
Pacific	4	5	8	7	25.0%	100.0%	75.0%
Pend Oreille	5	1	4	6	-80.0%	-20.0%	20.0%
Pierce	189	259	337	309	37.0%	78.3%	63.5%
San Juan	2	2	1	2	0.0%	-50.0%	0.0%
Skagit	39	53	75	79	35.9%	92.3%	102.6%
Skamania	6	5	6	12	-16.7%	0.0%	100.0%
Snohomish	132	208	186	184	57.6%	40.9%	39.4%
Spokane	122	209	285	373	71.3%	133.6%	205.7%
Stevens	7	8	15	14	14.3%	114.3%	100.0%
Thurston	21	39	50	58	85.7%	138.1%	176.2%
Wahkiakum	0	2	3	6	N/A	N/A	N/A
Walla Walla	4	11	7	6	175.0%	75.0%	50.0%
Whatcom	33	47	63	61	42.4%	90.9%	84.8%
Whitman	2	7	5	3	250.0%	150.0%	50.0%
Yakima	77	87	135	147	13.0%	75.3%	90.9%
Unknown	21	18	22	69	-14.3%	4.8%	228.6%
TOTAL	1,660	2,192	2,652	2,923	32.0%	59.8%	76.1%

County Treatment Counts
by Sub-Population, *continued*

YOUTH	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008	2005 to 2006	2005 to 2007	2005 to 2008
Adams	5	1	4	3	-80.0%	-20.0%	-40.0%
Asotin	25	21	17	11	-16.0%	-32.0%	-56.0%
Benton	143	141	164	149	-1.4%	14.7%	4.2%
Chelan	103	121	114	116	17.5%	10.7%	12.6%
Clallam	117	139	159	132	18.8%	35.9%	12.8%
Clark	314	303	310	284	-3.5%	-1.3%	-9.6%
Columbia	10	5	5	6	-50.0%	-50.0%	-40.0%
Cowlitz	132	130	84	81	-1.5%	-36.4%	-38.6%
Douglas	2	2	5	3	0.0%	150.0%	50.0%
Ferry	11	5	1	1	-54.5%	-90.9%	-90.9%
Franklin	38	58	59	140	52.6%	55.3%	268.4%
Garfield	0	1	1	0	N/A	N/A	N/A
Grant	32	44	51	31	37.5%	59.4%	-3.1%
Grays Harbor	172	173	170	170	0.6%	-1.2%	-1.2%
Island	48	45	54	36	-6.3%	12.5%	-25.0%
Jefferson	35	42	25	24	20.0%	-28.6%	-31.4%
King	1331	1222	1219	1430	-8.2%	-8.4%	7.4%
Kitsap	214	217	183	181	1.4%	-14.5%	-15.4%
Kittitas	24	16	23	29	-33.3%	-4.2%	20.8%
Klickitat	14	25	29	18	78.6%	107.1%	28.6%
Lewis	159	162	194	187	1.9%	22.0%	17.6%
Lincoln	1	0	2	2	-100.0%	100.0%	100.0%
Mason	87	95	95	110	9.2%	9.2%	26.4%
Okanogan	68	43	42	26	-36.8%	-38.2%	-61.8%
Pacific	9	9	11	23	0.0%	22.2%	155.6%
Pend Oreille	1	6	2	3	500.0%	100.0%	200.0%
Pierce	698	635	490	609	-9.0%	-29.8%	-12.8%
San Juan	15	15	10	15	0.0%	-33.3%	0.0%
Skagit	184	270	218	216	46.7%	18.5%	17.4%
Skamania	15	17	24	21	13.3%	60.0%	40.0%
Snohomish	414	363	292	359	-12.3%	-29.5%	-13.3%
Spokane	781	802	910	815	2.7%	16.5%	4.4%
Stevens	37	24	39	26	-35.1%	5.4%	-29.7%
Thurston	259	313	336	340	20.8%	29.7%	31.3%
Wahkiakum	2	9	7	7	350.0%	250.0%	250.0%
Walla Walla	25	40	24	28	60.0%	-4.0%	12.0%
Whatcom	286	309	297	303	8.0%	3.8%	5.9%
Whitman	10	24	25	23	140.0%	150.0%	130.0%
Yakima	467	433	454	379	-7.3%	-2.8%	-18.8%
Unknown	8	4	2	91	-50.0%	-75.0%	1,037.5%
TOTAL	6,296	6,284	6,151	6,428	-0.2%	-2.3%	2.1%

Demographics

by Sub-Population

	FY 2005	FY 2006	FY 2007	FY 2008	
GENDER	Number	Number	Number	Number	Percent
Non-Target Adults					
Female	3,713	4,196	4,131	4,306	23%
Male	12,830	13,799	14,061	14,563	77%
<i>Unknown</i>	142	161	151	0	0%
Medicaid Disabled Adults					
Female	3,458	4,021	4,429	4,769	44%
Male	4,502	5,079	5,640	6,146	56%
<i>Unknown</i>	0	0	0	0	0%
Medicaid Aged					
Female	35	54	52	73	39%
Male	89	95	102	112	61%
<i>Unknown</i>	0	0	0	0	0%
Other Medicaid Adults					
Female	6,188	6,980	7,015	7,060	72%
Male	2,446	2,534	2,575	2,708	28%
<i>Unknown</i>	0	0	0	0	0%
GA-U					
Female	581	742	868	965	33%
Male	1,079	1,450	1,784	1958	67%
<i>Unknown</i>	0	0	0	0	0%
Youth					
Female	2,347	2,298	2,238	2,267	35%
Male	3,905	3,951	3,866	4,161	65%
<i>Unknown</i>	44	35	47	0	0%

	FY 2005	FY 2006	FY 2007	FY 2008	
RACE ETHNICITY	Number	Number	Number	Number	Percent
Non-Target Adults					
Asian Pacific Islander	352	415	425	457	2%
Black	1,077	1,162	1,205	1,335	7%
Hispanic	2,347	2,724	2,692	2,821	15%
American Indian	1,587	1,744	1,846	1,910	10%
Other	217	231	251	256	1%
White	10,875	11,640	11,691	12,076	64%
<i>Unknown</i>	230	240	233	14	0%

Demographics

by Sub-Population, *continued*

	FY 2005	FY 2006	FY 2007	FY 2008	
RACE ETHNICITY	Number	Number	Number	Number	Percent
Medicaid Disabled Adults					
Asian Pacific Islander	103	111	142	140	1%
Black	948	1,108	1,310	1,457	13%
Hispanic	340	509	485	567	5%
Am. Indian or AK Native	401	448	516	586	5%
Other	32	39	46	50	0%
White	6,135	6,882	7,568	8,114	74%
<i>Unknown</i>	1	3	2	1	0%
Medicaid Aged					
Asian Pacific Islander	14	18	13	22	12%
Black	13	18	21	25	14%
Hispanic	15	17	14	15	8%
Am. Indian or AK Native	14	19	20	20	11%
Other	1	1	0	3	2%
White	67	76	86	100	54%
<i>Unknown</i>	0	0	0	0	0%
Other Medicaid Adults					
Asian Pacific Islander	111	116	152	137	1%
Black	568	616	618	656	7%
Hispanic	750	1,009	903	967	10%
Am. Indian or AK Native	1,075	1,148	1,230	1,253	13%
Other	60	68	59	65	1%
White	6,067	6,556	6,625	6,687	68%
<i>Unknown</i>	3	1	3	3	0%
GA-U					
Asian Pacific Islander	20	23	29	49	2%
Black	208	302	363	387	13%
Hispanic	92	158	142	169	6%
Am. Indian or AK Native	89	114	163	203	7%
Other	16	20	22	33	1%
White	1,234	1,575	1,933	2,082	71%
<i>Unknown</i>	1	0	0	0	0%
Youth					
Asian Pacific Islander	164	151	141	193	3%
Black	418	409	393	435	7%
Hispanic	899	1,029	1,019	1,241	19%
Am. Indian or AK Native	551	486	492	491	8%
Other	48	52	72	74	1%
White	4,142	4,089	3,966	3,981	62%
<i>Unknown</i>	74	68	68	13	0%

Demographics
by Sub-Population, *continued*

	FY 2005	FY 2006	FY 2007	FY 2008	
AGE	Number	Number	Number	Number	Percent
Non-Target Adults					
18-24	3,851	4,288	4,210	4,397	23%
25-34	4,812	5,297	5,506	5,700	30%
35-44	4,754	5,032	4,870	4,777	25%
45-54	2,649	2,889	3,057	3,236	17%
55-64	520	565	596	656	3%
65-74	84	71	87	85	0%
75+	15	14	17	18	0%
Medicaid Disabled Adults					
18-24	542	657	724	760	7%
25-34	1,439	1,588	1,764	1,964	18%
35-44	2,641	2,859	3,116	3,257	30%
45-54	2,601	3,050	3,353	3,688	34%
55-64	737	946	1,112	1,246	11%
Medicaid Aged					
65-74	113	129	137	156	84%
75-84	11	19	17	29	16%
Other Medicaid Adults					
18-24	2,534	2,754	2,815	2,917	30%
25-34	3,366	3,832	3,875	4,085	42%
35-44	2,190	2,362	2,327	2,192	22%
45-54	523	541	537	541	6%
55-64	21	25	36	33	0%
GA-U					
18-24	122	162	233	280	10%
25-34	327	431	518	661	23%
35-44	640	838	963	962	33%
45-54	508	673	823	883	30%
55-64	63	88	115	137	5%
Youth					
12 and under	130	122	97	113	2%
13	323	302	271	299	5%
14	815	807	780	846	13%
15	1,493	1,502	1,480	1,490	23%
16	1,724	1,749	1,742	1,823	28%
17	1,811	1,802	1,781	1,857	29%

Cost Offset Estimates



Key Findings

- For adult Medicaid Disabled patients, medical savings are estimated to be \$321 pmpm over the three-year period from FY 2006 to FY 2008, compared to \$200 in the original appropriation.
- Estimated nursing home savings per treated Medicaid Disabled patient are estimated to be \$82 pmpm over the three-year period from FY 2006 to FY 2008, compared to \$58 in the original appropriation.
- For GA-U patients, medical savings are estimated to be \$162 pmpm, compared to \$119 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 directly controlled for in the statistical models.

The expansion of chemical dependency treatment 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 tend 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 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 in medical costs would tend to **overestimate** the Treatment Expansion effect.

The key challenge for our estimation framework is the potential confounding effects of other interventions disproportionately affecting clients with alcohol/drug problems. One potentially confounding issue is that AOD treatment penetration rates increased significantly in the year prior to Treatment Expansion, primarily due to earlier increases in criminal justice related AOD treatment funding. We discuss this issue in detail below.

Another “confounding intervention” is the Screening, Brief Intervention, and Referral to Treatment pilot project (WASBIRT). This project stations chemical dependency professionals in several hospital emergency rooms across Washington State to provide screening, brief

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.

intervention, and referral to treatment for patients with substance use problems. WASBIRT was implemented in March 2004, ramped up significantly in FY 2005 (the year prior to Treatment Expansion), and continued into the 2007-09 Biennium. WASBIRT has served many patients in the Treatment Expansion target populations, and we use estimates from the ongoing WASBIRT evaluation to separate WASBIRT impacts from Treatment Expansion impacts on medical service use.

A third “confounding intervention” is the implementation of the GA-U managed care pilot in December 2004. The partial capitation of the GA-U medical benefit beginning in the middle of FY 2005 narrowed pmpm medical expenditure differences between GA-U clients with AOD problems and GA-U clients without AOD problems, making it problematic to use data prior to December 2004 as the baseline period in our analysis of GA-U clients.

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 with Medicaid Disabled and GA-U medical coverage into two groups: 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.

In previous analyses we also used arrests for substance-related crimes reported to the Washington State Patrol (WSP) arrest database (primarily arrests for the manufacturing, possession, or sale of illicit drugs). Beginning with the April 2008 report, we dropped the WSP arrest component of the “AOD treatment need flag” because complete arrest data are not always available in a timely fashion to be used in these semi-annual reports. Rather than changing our AOD treatment need definition from report to report, we dropped the WSP component of the AOD treatment need indicator. The vast majority of clients flagged as needing AOD treatment through WSP records are also flagged through MMIS claims or TARGET service encounters, so dropping the WSP component has only a small impact on the number of clients flagged as having an AOD problem.

We looked for these indicators in the two-year period of time leading up to the measurement month. 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 2005-07 Biennium 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 the biennium. ***The expectation is that by expanding the proportion of the “AOD Problem” group to have recently received AOD treatment (increasing the AOD treatment penetration rate), Treatment Expansion would dampen the rate of growth of pmpm medical and nursing home costs in the Medicaid Disabled and GA-U target populations.***

The Medicaid Disabled estimation model is based on a linear trend forecast derived from the monthly trend in pmpm medical and nursing home costs in the 24 months ending June 2004. We discuss the selection of this baseline time period in the next section. Note that the linear baseline trend projection provides a conservative estimate of the relative reduction in costs for clients with AOD problems. This is because medical and nursing home costs were growing significantly more rapidly for clients with AOD problems in the 24-month baseline period. For example, medical costs for Medicaid-only Disabled clients with AOD problems were growing at 11 percent per year over this time period, compared to 8.6 percent growth for the balance of clients in this medical coverage group (that is, the clients without identified AOD problems). These growth rates are shown in the chart on page 30. Using a linear rather than geometric baseline trend projection assumes that the relative rate of growth in costs for clients with AOD problems would have fallen to a significant degree in the absence of any focused intervention to reduce the growth in costs for these clients. As we estimate savings over longer time periods, this assumption becomes increasingly conservative and may need to be revisited.

In the charts and tables that follow, actual and forecast expenditures are rolled up to the fiscal year level to simplify the presentation. 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 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.

Establishing the Baseline Period

Fundamentally, we are evaluating whether increasing the **AOD treatment penetration rate** "bends the trend" in medical and nursing home expenditures for Medicaid Disabled and GA-U clients. The AOD treatment penetration rate is the proportion of patients who need alcohol/drug treatment who receive AOD treatment in a one-year period.

Analysis of the trends in AOD treatment penetration in the key adult target populations indicates that there was a significant increase in treatment penetration in FY 2005—the year **before** the expansion funded by The Omnibus Treatment of Mental and Substance Abuse Disorders Act of 2005 (see table on page 29).

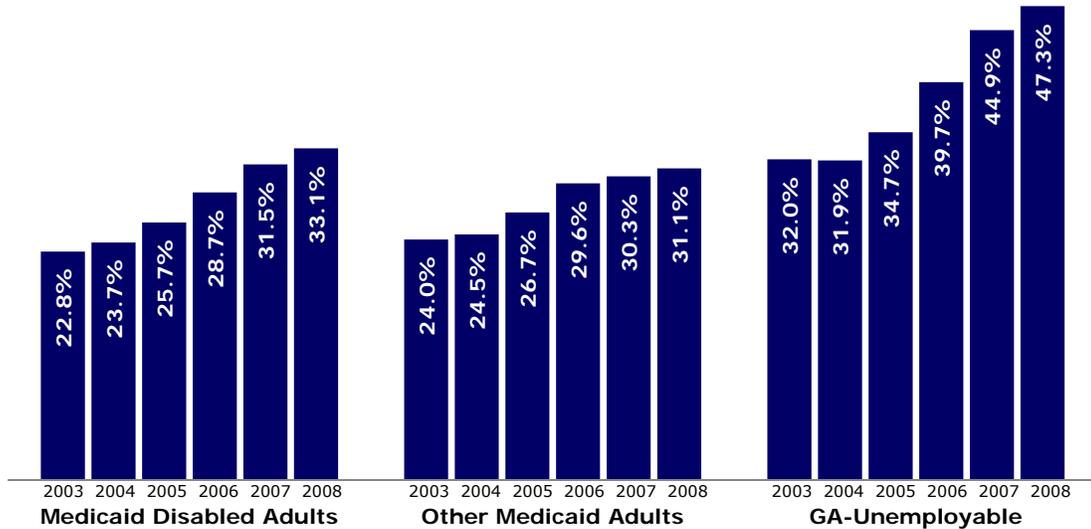
- For adult Medicaid Disabled clients, treatment penetration increased by 2 percentage points from 23.7 percent in FY 2004 to 25.7 percent in FY 2005. This is about two-thirds of the annual increase in AOD treatment penetration experienced in the first two years of Treatment Expansion.
- For GA-U clients, AOD treatment penetration increased by 2.8 percentage points from 31.9 percent in FY 2004 to 34.7 percent in FY 2005. This is about half of the increase experienced from FY 2005 to FY 2006, and again from FY 2006 to FY 2007.

This earlier expansion was primarily due to an increase in criminal justice related AOD treatment funding. A significant proportion of Medicaid Disabled and GA-U clients with substance abuse problems are involved in the criminal justice system, and it is not surprising that a large increase in criminal justice related treatment would have a significant impact on treatment penetration in these populations. From the perspective of measuring cost offsets, this means that the FY 2004 to FY 2005 expenditure trend is not an appropriate pre-expansion baseline, because FY 2005 expenditures were impacted by the significant increase in AOD treatment penetration that occurred in that year due to the increase in criminal justice related AOD treatment funding. The rapid ramp-up of the WASBIRT pilot project in FY 2005 also argues against using FY 2005 as part of the baseline. Consequently, for Medicaid Disabled clients we shifted the period used to form baseline expenditure trend forecasts to the FY 2003 to FY 2004 period. This allows us to use the expansion that occurred in FY 2005 as an additional test of the cost offset model: if the cost savings assumptions underlying Treatment Expansion are correct, then we should see impacts on medical and nursing home cost trends beginning in FY 2005.

The partial capitation of the GA-U medical benefit in King and Pierce counties beginning in December 2004 artificially narrowed pmpm medical expenditure differences between GA-U clients **with** AOD problems and GA-U clients **without** AOD problems, making it problematic to use data prior to December 2004 as the baseline period in our analysis of GA-U clients. As a consequence, we used the last seven months of FY 2005 to establish the baseline expenditure level for GA-U clients.

Penetration Rate Trends

FY 2003 to FY 2008



Medicaid Disabled Adults

	2003	2004	2005	2006	2007	2008
Number of Clients <i>Unduplicated</i>	138,026	145,198	151,642	155,622	156,798	161,421
Percent needing AOD treatment <i>Estimate</i>	20.4%	20.4%	20.4%	20.4%	20.4%	20.4%
Number needing AOD treatment <i>Estimate</i>	28,157	29,620	30,935	31,747	31,987	32,930
Number receiving AOD treatment	6,429	7,012	7,960	9,100	10,069	10,915
AOD Penetration Rate	22.8%	23.7%	25.7%	28.7%	31.5%	33.1%

Other Medicaid Adults

	2003	2004	2005	2006	2007	2008
Number of Clients <i>Unduplicated</i>	230,103	240,533	244,826	243,833	239,765	238,013
Percent needing AOD treatment <i>Estimate</i>	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%
Number needing AOD treatment <i>Estimate</i>	30,374	31,750	32,317	32,186	31,649	31,418
Number receiving AOD treatment	7,291	7,785	8,634	9,514	9,590	9,768
AOD Penetration Rate	24.0%	24.5%	26.7%	29.6%	30.3%	31.1%

GA-Unemployable

	2003	2004	2005	2006	2007	2008
Number of Clients <i>Unduplicated</i>	11,100	13,284	15,949	18,406	19,671	20,611
Percent needing AOD treatment <i>Estimate</i>	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
Number needing AOD treatment <i>Estimate</i>	3,330	3,985	4,785	5,522	5,901	6,183
Number receiving AOD treatment	1,067	1,271	1,660	2,192	2,652	2,923
AOD Penetration Rate	32.0%	31.9%	34.7%	39.7%	44.9%	47.3%

SOURCES: TARGET AOD treatment records, MMIS AOD treatment records, and OFM "span" eligibility data, linked at the client level. Treatment needs estimates based on 2003 Washington Needs Assessment Household Survey (WANAHS) and administrative data indicators of AOD treatment need. AOD treatment need estimates are fixed at the levels used in the development of the original budget proposal for the 2005-07 Biennium.

Medical Cost Trends

Treatment Expansion was funded on the assumption that increasing AOD treatment penetration (the proportion of "AOD problem" clients 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. As shown on the preceding tables and charts, the increased number of clients in treatment has resulted in significant increases in AOD treatment penetration rates in the adult Treatment Expansion target populations. We found that the increased AOD treatment penetration rates for Medicaid Disabled and GA-U clients coincided with significant relative reductions in the rates of growth of costs in these populations, compared to other clients in the medical coverage groups without identified AOD treatment need (see charts below).

The FY 2003 to FY 2004 growth in pmpm HRSA medical expenditures was 11 percent for Medicaid Disabled clients with AOD problems. This compares to a growth rate of only 8.6 percent over the same period for the balance of the population of Medicaid Disabled clients who did not have AOD problems. Since treatment rates for Medicaid Disabled clients started to increase significantly in FY 2005, the relative rate of growth in HRSA medical expenditures has been significantly slower for Medicaid Disabled clients with AOD problems, compared to the FY 2003-04 experience. In fact, growth in pmpm medical expenditures for Medicaid Disabled clients with AOD problems was lower from 2004 to 2005, from 2005 to 2006, and again from 2007 to 2008, when compared to the balance of the population of Medicaid Disabled clients who did not have AOD problems. Even in FY 2007, when pmpm HRSA medical costs for Medicaid Disabled clients with AOD problems grew 1.1% more rapidly than for clients without AOD problems, this was less than half the relative rate of growth observed in the FY 2003-04 period (11 percent minus 8.6 percent, or 2.4 percent faster growth from FY 2003 to 2004). We found similar relative cost reductions in Medicaid Disabled nursing home costs and GA-U medical costs.

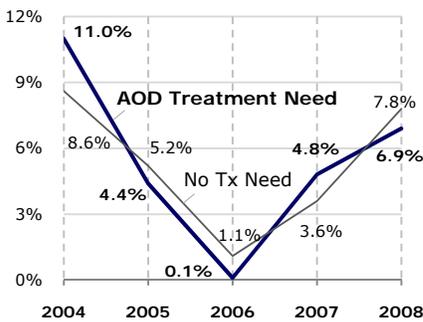
The relative reductions in the rate of growth in costs for clients with AOD problems form the basis of the cost savings estimates that follow. As discussed above, we use a linear rather than geometric baseline trend projection which assumes that the relative rate of growth in costs for clients with AOD problems would have fallen to a significant degree in the absence any focused intervention to reduce the growth in costs for these clients. As we estimate savings over longer time periods, this assumption becomes increasingly conservative and may need to be revisited.

Medicaid Disabled Adults

Medical Costs

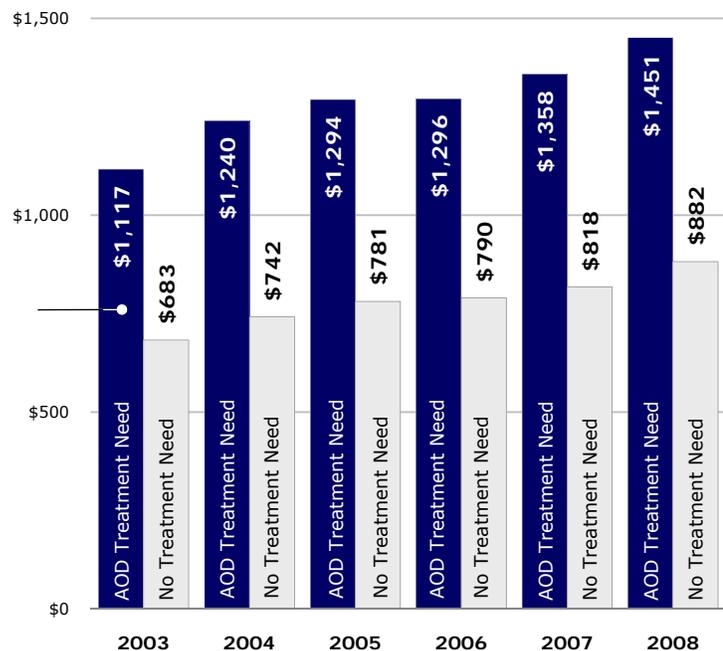
Excludes dual eligibles

YEAR TO YEAR CHANGE | Percent change in pmpm costs from prior year



SOURCE: DSHS Research and Data Analysis Division, 2009.

HRSA MEDICAL COSTS | Average cost pmpm FY 2003 through FY 2008

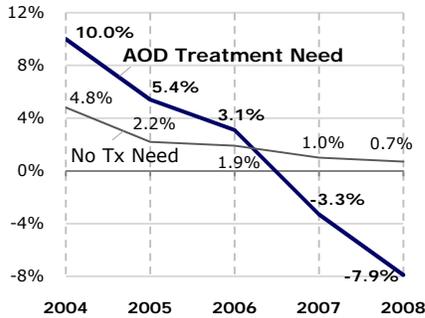


Medicaid Disabled Adults

Nursing Home Costs

Includes dual eligibles

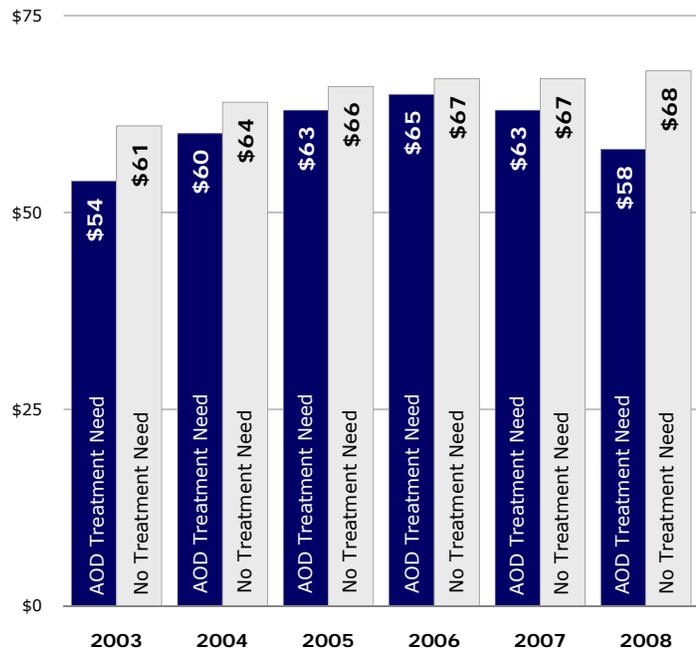
YEAR TO YEAR CHANGE | Percent change in pmpm costs from prior year



SOURCE: DSHS Research and Data Analysis Division, 2009.

ADSA NURSING HOME COSTS | Average cost pmpm

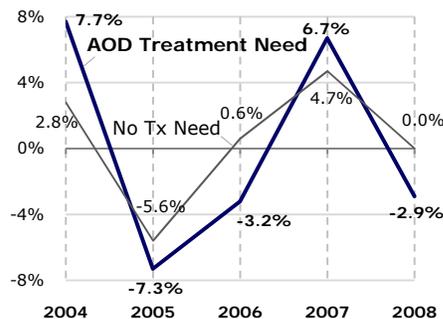
FY 2003 through FY 2008



GA-U

Medical Costs

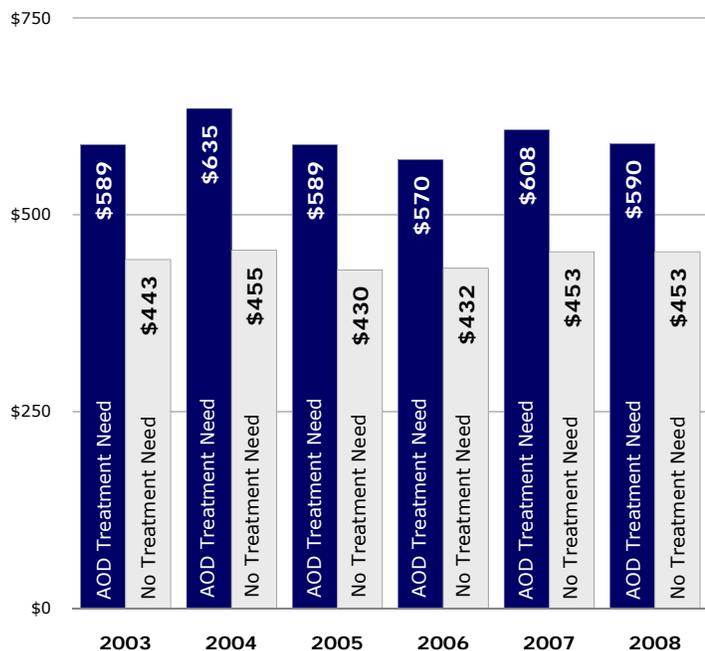
YEAR TO YEAR CHANGE | Percent change in pmpm costs from prior year



SOURCE: DSHS Research and Data Analysis Division, 2009.

HRSA MEDICAL COSTS | Average cost pmpm

FY 2003 through FY 2008



Cost Offset Estimates

FY 2005 Medicaid Disabled Medical Cost Offsets

To illustrate our cost offset calculation approach, we first walk through the detailed calculation of HRSA medical expenditure savings for Medicaid-only Disabled clients for FY 2005. The table on page 36 contains the detailed calculations for each area of analysis.

- The average Medical Assistance expenditure for Medicaid-only Disabled clients **with** identified AOD problems in FY 2005 was \$1,294 pmpm, which was 4.3 percent below the \$1,352 forecast for FY 2005 based on a linear projection of the 24-month trend from July 2002 to June 2004 (FY 2003-04).
- The average expenditure for clients **without** identified AOD problems in FY 2005 was \$781 pmpm, which was 2.8 percent below the \$803 linear trend forecast based on the FY 2003-04 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 2.8 percent decrease relative to trend forecast—then the average Medical Assistance expenditure for Medicaid-only Disabled clients with identified AOD problems in FY 2005 would have been \$1,314 pmpm.
- The difference between the **actual** expenditure (\$1,294 pmpm) and the **expected trend** based on the experience of non-AOD problem clients (\$1,314 pmpm) is \$20.01 pmpm. This is the estimate of the reduction in pmpm medical expenditures averaged across *all* Medicaid-only Disabled clients with identified AOD problems in FY 2005 (below we discuss pmpm savings per treated client).
- This reduction is associated with the pre-Treatment Expansion increase in criminal justice related AOD treatment funding and the ramp-up of the WASBIRT project in FY 2005. Accumulating the \$20.01 pmpm estimate over the average monthly caseload of 14,052 Medicaid-only Disabled clients with identified AOD problems produces an estimated total cost savings of \$3.4 million in FY 2005.
- Estimates from the WASBIRT evaluation were used to back out the estimated cost savings associated with the WASBIRT pilot, leaving a total of \$3.2 million in savings associated the increase in AOD treatment penetration that occurred in FY 2005.⁶
- **There was no budget “step” associated with these savings, and they are part of the primary trend in the HRSA Medical Assistance budget forecast.**

PMPM Savings per Treated Patient

Because we are evaluating whether higher AOD treatment penetration rates impact trends in medical and nursing home expenditures for Medicaid Disabled and GA-U clients, the appropriate denominator to calculate pmpm cost savings per treated patient is the increase in post AOD treatment member months in the target populations *beyond the increase necessary simply to maintain baseline levels of treatment penetration in a growing population*. This point is particularly significant for GA-U clients. Because GA-U caseloads have been growing rapidly, a significant proportion of Treatment Expansion funding for GA-U clients was spent simply maintaining the baseline level of AOD treatment penetration in a rapidly growing population. Even so, there has been a massive increase in AOD treatment penetration in the GA-U population under Treatment Expansion—from 32 percent in FY 2004 to 47 percent in FY 2008.

There were 8,618 additional post-treatment member months for Medicaid-only Disabled clients with identified AOD problems in FY 2005, compared to FY 2004, after adjusting for population growth. Dividing the estimated total savings in FY 2005 by the number of additional post-treatment member months produces estimated pmpm savings of \$370 for the additional Medicaid Disabled clients receiving AOD treatment through Treatment Expansion in FY 2005.

⁶ We used the 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 the ramp-up of clients treated through WASBIRT who were flagged as AOD problem clients who never received formal alcohol/drug treatment. We estimated that WASBIRT accounted for \$185,280 of the overall estimated savings in FY 2005.

Cost Offsets for FY 2006 through FY 2008

For clarity, we also walk through the detailed calculation of HRSA medical expenditure savings for Medicaid-only Disabled clients for the FY 2006 to FY 2008 time period. The table on page 36 contains the detailed calculations.

- The average Medical Assistance expenditure for Medicaid-only Disabled clients **with** identified AOD problems in FY 2006 was \$1,296 pmpm, which was 11.7 percent below the \$1,467 linear trend forecast based on the FY 2003-04 experience.
- The average expenditure for clients **without** AOD problems in FY 2006 was \$790 pmpm, which was 8.6 percent below the \$864 trend forecast based on the FY 2003-04 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 (an 8.6 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 \$1,341 pmpm.
- The difference between the **actual** expenditure (\$1,296 pmpm) and the **expected trend** based on the experience of non-AOD problem clients (\$1,341 pmpm) is \$44.97 pmpm. This is the estimate of the reduction in pmpm medical expenditures averaged across *all* Medicaid-only Disabled clients with identified AOD problems in FY 2006.
- Accumulating the \$44.97 pmpm estimate over the average monthly caseload of 15,601 Medicaid-only Disabled clients with identified AOD problems produces an estimated total cost savings of \$8.4 million in FY 2006.
- Backing out cost savings associated with the WASBIRT pilot leaves a total of \$8.0 million in savings associated with the increase in AOD treatment penetration through FY 2006.
- An analogous series of calculations for FY 2007 and FY 2008 produces estimated savings of \$8.0 and \$14.5 million, respectively.
- **These estimates include unbudgeted savings resulting from the ongoing impact of the expansion in criminal justice related treatment that began in FY 2005.**
- **Estimated Medical Assistance savings per treated Medicaid Disabled patient over the course of the FY 2006 to FY 2008 period are \$321 pmpm, compared to \$200 pmpm assumed in the original appropriation for the 2005-07 Biennium.**

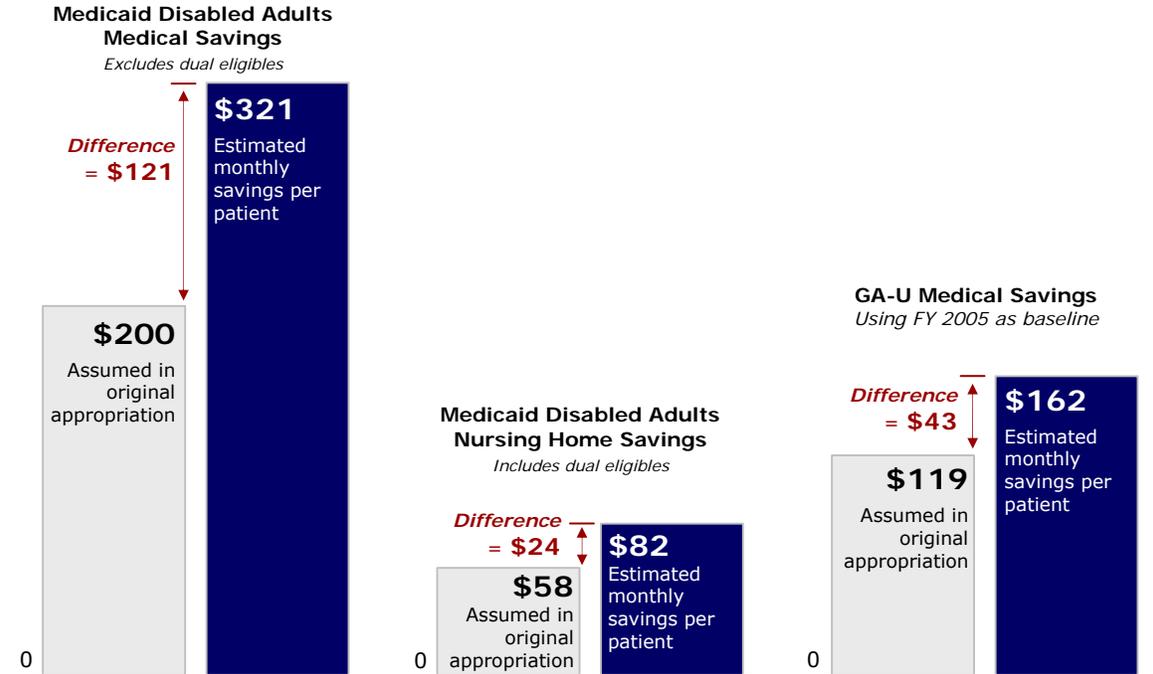
We used the same technique to measure the impact of Treatment Expansion on nursing home costs for Medicaid Disabled patients (including patients dually eligible for Medicare). Total nursing home savings are estimated to be \$637,000 in FY 2006, \$2.3 million in FY 2007, and \$4.9 million in FY 2008. **Estimated nursing home savings per treated Medicaid Disabled patient are estimated to be \$82 pmpm over the FY 2006 to FY 2008 period, compared to the \$58 pmpm estimate used in the original 2005-07 Biennium appropriation.**

Medical Cost Offsets for GA-U Clients

The partial capitation of the GA-U medical benefit in King and Pierce counties beginning in December 2004 artificially narrowed pmpm medical expenditure differences between GA-U clients **with** AOD problems and GA-U clients **without** AOD problems, making it problematic to use data prior to December 2004 as the baseline period in our analysis of GA-U clients. As a consequence, we used the last seven months of FY 2005 to establish the baseline expenditure level for GA-U clients, and compared FY 2006 and FY 2007 pmpm expenditures against this baseline. Medical Assistance expenditures for GA-U clients **with** AOD problems grew faster by 1 percent per annum from FY 2003 to the last seven months of FY 2005, compared to GA-U clients **without** AOD problems. In forming the expected trend in Medical Assistance expenditures for GA-U clients with AOD problems, we assumed that this relationship would continue to hold in FY 2006 and FY 2007. Based on the comparison of **actual** expenditures versus **expected trend** expenditures for GA-U clients with AOD problems, total GA-U medical cost savings are estimated to be \$1.1 million in FY 2006, \$1.2 million in FY 2007 and \$2.3 million in FY 2008. **Medical cost savings per treated GA-U patient are estimated to be \$162 pmpm over the 2005-07 Biennium, compared to the \$119 pmpm assumed in the original appropriation.**

FY 2006—FY 2008 Cost Offset Estimates

Three-year Average



SOURCE: DSHS Research and Data Analysis Division, 2009.

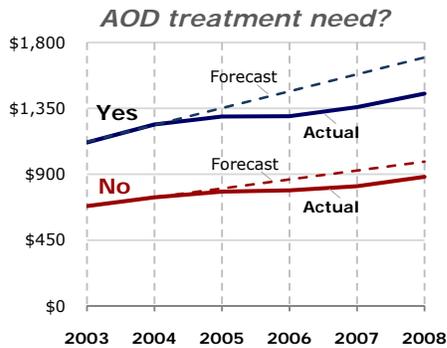
FISCAL YEARS 2006-2008	Assumed ⁷	Actual	Difference
Medicaid Disabled Adults—Medical Savings	\$200	\$321	+ 121
Medicaid Disabled Adults—Nursing Home Savings	\$58	\$82	+ 24
GA-U—Medical Savings, Using FY 2005 as Baseline	\$119	\$162	+ 43

Medicaid Disabled Adults

HRSA-MA Expenditures pmpm

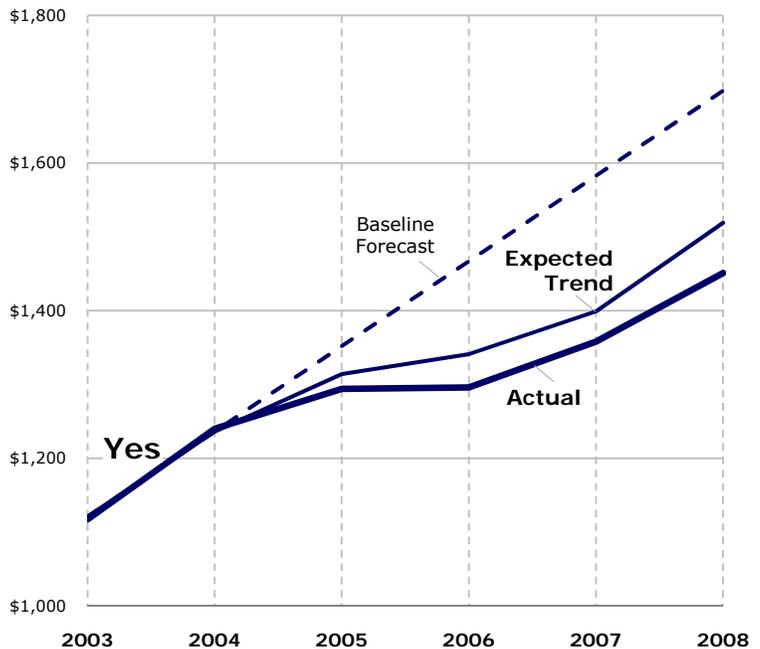
Excludes dual eligibles

COMPARISON | All Medicaid-only Disabled clients



SOURCE: DSHS Research and Data Analysis Division, 2009.

DETAIL | Close-up for Medicaid-only Disabled clients with identified AOD treatment need only



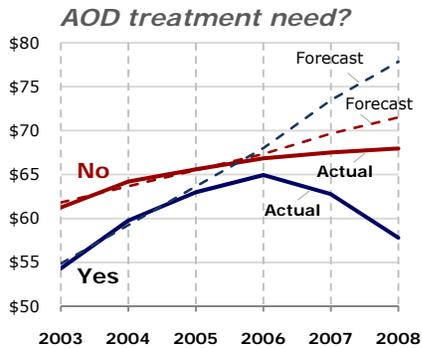
⁷ Savings assumed in original 2005-07 Biennium appropriation.

Medicaid Disabled Adults

AAS Nursing Home Expenditures pmpm

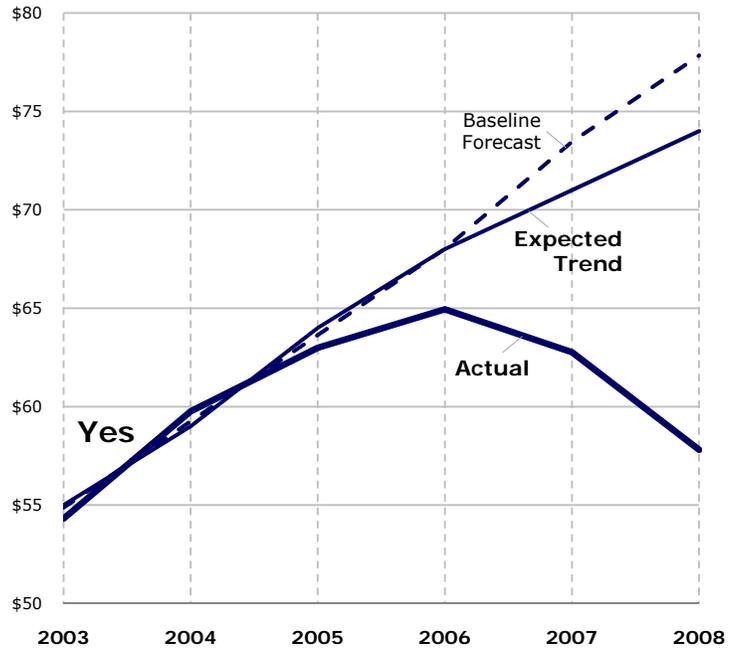
Includes dual eligibles

COMPARISON | All Medicaid Disabled clients



SOURCE: DSHS Research and Data Analysis Division, 2009.

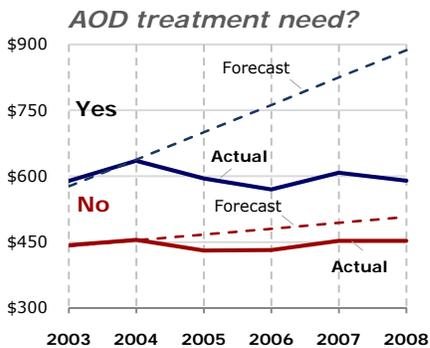
DETAIL | Close-up for Medicaid Disabled clients with identified AOD treatment need only



GA-U Clients

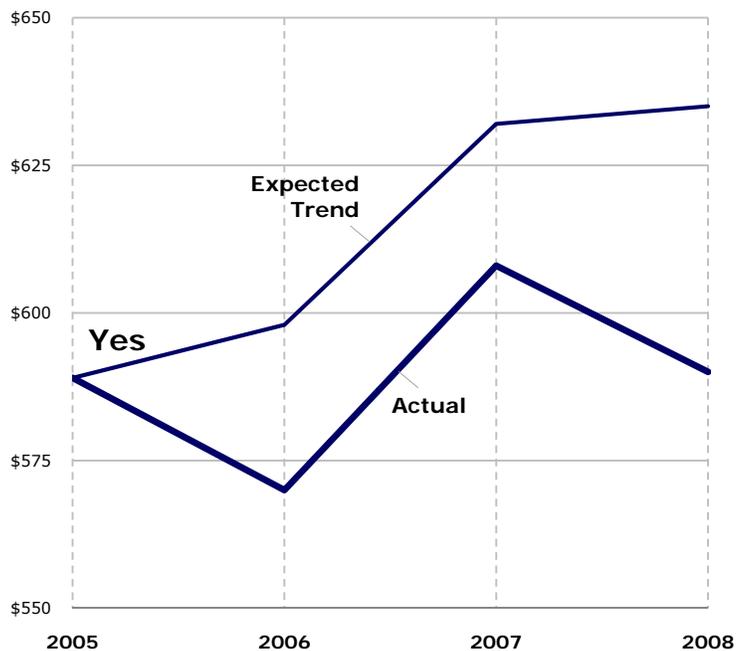
HRSA-MA Expenditures pmpm

COMPARISON | All GA-U clients



SOURCE: DSHS Research and Data Analysis Division, 2009.

DETAIL | Close-up for GA-U clients with identified AOD treatment need only



Cost Offset Calculations

Medicaid Disabled Adult Medical Costs <i>(excludes dual eligibles)</i>								
	NO AOD TREATMENT NEED				AOD TREATMENT NEED			
	Av. Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast	Av. Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast
FY 2003	59,674	\$683	\$682		11,884	\$1,117	\$1,121	
FY 2004	61,697	\$742	\$743		12,836	\$1,240	\$1,236	
FY 2005	62,375	\$781	\$803	-2.8%	14,052	\$1,294	\$1,352	-4.3%
FY 2006	62,004	\$790	\$864	-8.6%	15,601	\$1,296	\$1,467	-11.7%
FY 2007	61,980	\$818	\$925	-11.6%	16,850	\$1,358	\$1,583	-14.2%
FY 2008	63,066	\$882	\$986	-10.6%	18,361	\$1,451	\$1,698	-14.6%
Estimate of Cost Impacts								
	AOD Tx Need "Expected Trend"	Percent Deviation from Expected Trend	PMPM Deviation from Expected Trend	Total Deviation from Expected Trend	Estimated WASBIRT Impact	Net Impact	Net Post-Treatment Member Months	PMPM Impact Per Treated Patient
FY 2003	\$1,121							
FY 2004	\$1,236							
FY 2005	\$1,314	-1.5%	-\$20.01	-\$3,373,792	-\$185,280	-\$3,188,512	8,618	-\$370
FY 2006	\$1,341	-3.1%	-\$44.97	-\$8,419,316	-\$457,536	-\$7,961,780	17,687	-\$450
FY 2007	\$1,399	-2.6%	-\$41.68	-\$8,428,445	-\$468,288	-\$7,960,157	30,624	-\$260
FY 2008	\$1,519	-4.0%	-\$68.26	-\$15,039,256	-\$499,392	-\$14,539,864	46,491	-\$313
FY 2006—FY 2008 Average								-\$321

Medicaid Disabled Adult Nursing Home Costs <i>(includes dual eligibles)</i>								
	NO AOD TREATMENT NEED				AOD TREATMENT NEED			
	Av. Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast	Av. Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast
FY 2003	99,960	\$61.25	\$61.82	-0.9%	15,592	\$54.31	\$54.87	-1.0%
FY 2004	104,368	\$64.20	\$63.66	0.8%	16,813	\$59.76	\$59.25	0.9%
FY 2005	107,170	\$65.59	\$65.50	0.1%	18,318	\$62.99	\$63.64	-1.0%
FY 2006	107,349	\$66.83	\$67.34	-0.8%	20,754	\$64.95	\$68.02	-4.5%
FY 2007	106,661	\$67.50	\$69.65	-3.1%	22,886	\$62.77	\$73.46	-14.6%
FY 2008	107,466	\$67.96	\$71.50	-4.9%	25,074	\$57.81	\$77.84	-25.7%
Estimate of Cost Impacts								
	AOD Tx Need "Expected Trend"	Percent Deviation from Expected Trend	PMPM Deviation from Expected Trend	Total Deviation from Expected Trend	Net Post-Treatment Member Months	PMPM Impact per Treated Patient		
FY 2003	\$55	-0.1%						
FY 2004	\$59	0.0%						
FY 2005	\$64	-1.2%	-\$0.74	-\$163,087	8,618	-\$19		
FY 2006	\$68	-3.8%	-\$2.56	-\$637,145	17,687	-\$36		
FY 2007	\$71	-11.5%	-\$8.42	-\$2,312,571	30,624	-\$76		
FY 2008	\$74	-20.8%	-\$16.18	-\$4,867,868	46,491	-\$105		
FY 2006—FY 2008 Average						-\$82		

GA-Unemployable Medical Costs <i>(Using FY 2005 as Baseline)</i>								
	NO AOD TREATMENT NEED				AOD TREATMENT NEED			
	Av. Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast	Av. Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast
FY 2005*	7,551	\$430	\$430		2,718	\$589	\$589	
FY 2006	8,384	\$432	\$430	0.6%	3,371	\$570	\$594	-4.1%
FY 2007	8,968	\$453	\$430	5.3%	3,951	\$608	\$600	1.3%
FY 2008	9,275	\$453	\$430	4.8%	4,442	\$590	\$606	-2.7%
Estimate of Cost Impacts								
	AOD Tx Need "Expected Trend"	Percent Deviation from Expected Trend	PMPM Deviation from Expected Trend	Total Deviation from Expected Trend	Net Post-Treatment Member Months	PMPM Impact per Treated Patient		
FY 2005	\$589							
FY 2006	\$598	-4.7%	-\$26.95	-\$1,090,129	4,342	-\$251		
FY 2007	\$632	-4.1%	-\$24.81	-\$1,176,161	9,630	-\$122		
FY 2008	\$635	-7.4%	-\$43.94	-\$2,342,043	14,481	-\$162		
FY 2006—FY 2008 Average						-\$162		

* Last seven months of the fiscal year following the implementation of the GA-U managed care pilot in King and Pierce counties.



DSHS | DASA Treatment Expansion: Spring 2009 Update

REPORT 4.75A | 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 general, the tables indicate that there has been little change in the composition of patients in under treatment expansion, 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). 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 Client 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 Disabled Adult Patients
 Not dually eligible for Medicare

Chronic Disease Profile (CDPS)

	FY 2005		FY 2006		FY 2007		FY 2008	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
CANH	1%	60	1%	66	1%	88	1%	67
CANM	1%	80	1%	78	1%	74	1%	85
CANL	1%	42	1%	33	1%	50	1%	48
CARVH	1%	28	1%	34	1%	40	1%	38
CARM	4%	241	5%	312	5%	328	4%	328
CARL	11%	603	11%	699	10%	701	11%	849
CAREL	16%	901	17%	1,054	18%	1,286	19%	1,504
CERL	3%	158	3%	186	3%	207	3%	212
CNSH	0%	4	0%	7	0%	12	0%	17
CNSM	1%	80	1%	71	1%	94	1%	116
CNSL	22%	1,240	23%	1,459	23%	1,630	22%	1,763
DDM	0%	0	0%	0	0%	0	0%	0
DDL	0%	15	0%	21	0%	10	0%	22
DIA1H	0%	11	0%	9	0%	9	0%	9
DIA1M	3%	157	3%	200	2%	173	2%	183
DIA2M	1%	50	1%	64	1%	85	1%	106
DIA2L	7%	410	7%	434	8%	564	7%	592
EYEL	0%	22	0%	20	0%	24	0%	22
EYEVL	2%	112	2%	117	2%	161	2%	179
GENEL	3%	190	4%	242	4%	259	3%	251
GIH	2%	120	2%	113	2%	164	2%	165
GIM	9%	500	9%	592	8%	571	8%	671
GIL	17%	991	17%	1,095	17%	1,227	17%	1,400
HEMEH	0%	1	0%	2	0%	3	0%	3
HEMVH	0%	5	0%	5	0%	4	0%	6
HEMM	3%	144	3%	161	2%	129	1%	107
HEML	4%	208	4%	237	4%	276	3%	250
AIDSH	3%	175	3%	184	3%	206	3%	209
HIVM	0%	12	0%	16	0%	8	0%	9
INFH	1%	27	1%	30	1%	41	0%	36
INFM	1%	54	1%	79	2%	120	2%	141
INFL	5%	260	4%	227	3%	236	4%	299
METH	3%	194	3%	188	3%	220	3%	247
METM	2%	122	2%	98	2%	122	2%	146
METVL	5%	259	4%	283	5%	374	6%	462
PSYH	10%	583	11%	682	12%	827	11%	914
PSYM	12%	676	11%	672	10%	735	9%	733
PSYL	33%	1,871	35%	2,221	35%	2,541	36%	2,916
PULVH	0%	15	0%	9	0%	15	0%	22
PULH	3%	194	3%	215	4%	259	3%	258
PULM	3%	150	3%	208	3%	241	3%	250
PULL	24%	1,368	24%	1,527	23%	1,677	24%	1,913
RENVH	1%	49	0%	21	0%	12	0%	8
RENM	5%	269	6%	376	6%	419	6%	489
RENL	4%	234	5%	309	5%	338	5%	385
SKCM	1%	38	1%	39	1%	45	1%	53
SKCL	4%	227	4%	235	4%	303	4%	335
SKCVL	9%	532	10%	623	10%	703	10%	803
SKCEL	14%	787	14%	887	14%	967	15%	1,173
SKNH	0%	23	0%	6	0%	1	0%	0
SKNL	3%	166	3%	163	3%	186	3%	199
SKNVL	20%	1,123	20%	1,289	20%	1,434	20%	1,601
SUBL	61%	3,457	61%	3,884	61%	4,362	60%	4,826
SUBVL	26%	1,461	27%	1,736	28%	1,996	28%	2,275
TOTAL		5,705		6,396		7,171		8,060

TABLE 3B
Medicaid Disabled Adult Patients
 Not dually eligible for Medicare

Pharmacy Profile (Medicaid-Rx)

	FY 2005		FY 2006		FY 2007		FY 2008	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
MRX1	2%	85	2%	152	2%	113	1%	83
MRX2	0%	8	0%	13	0%	6	0%	6
MRX3	2%	123	2%	144	3%	184	2%	174
MRX4	31%	1,754	31%	1,952	29%	2,060	24%	1,892
MRX5	5%	263	5%	311	5%	327	5%	377
MRX6	2%	83	2%	106	2%	105	1%	99
MRX7	38%	2,150	39%	2,506	39%	2,823	37%	2,945
MRX8	1%	34	1%	40	1%	39	1%	43
MRX9	71%	4,053	69%	4,429	68%	4,872	67%	5,369
MRX10	8%	452	9%	548	8%	602	8%	630
MRX11	17%	983	16%	1,012	14%	995	13%	1,045
MRX12	1%	32	1%	36	1%	44	1%	87
MRX13	2%	120	2%	153	3%	199	3%	223
MRX14	0%	8	0%	7	0%	10	0%	5
MRX15	32%	1,820	32%	2,029	32%	2,310	31%	2,522
MRX16	1%	34	1%	41	1%	39	1%	47
MRX17	1%	31	1%	47	1%	53	1%	67
MRX18	0%	1	0%	2	0%	0	0%	1
MRX19	0%	0	0%	0	0%	0	0%	0
MRX20	1%	75	1%	79	1%	82	1%	82
MRX21	4%	229	4%	270	3%	245	4%	290
MRX22	2%	97	2%	102	1%	100	1%	100
MRX23	9%	498	10%	622	10%	711	9%	726
MRX24	1%	57	1%	61	1%	63	1%	67
MRX25	36%	2,040	30%	1,926	24%	1,739	22%	1,779
MRX26	56%	3,205	55%	3,492	53%	3,770	50%	4,060
MRX27	12%	699	12%	784	13%	923	14%	1,093
MRX28	12%	660	13%	856	13%	934	7%	570
MRX29	4%	219	5%	293	5%	327	4%	338
MRX30	1%	32	0%	22	1%	40	0%	25
MRX31	2%	128	2%	121	2%	166	2%	153
MRX32	1%	49	1%	53	1%	64	1%	53
MRX33	28%	1,573	27%	1,754	27%	1,897	27%	2,176
MRX34	11%	610	10%	655	11%	787	10%	804
MRX35	2%	110	2%	116	2%	128	2%	152
MRX36	1%	73	1%	83	1%	93	1%	89
MRX37	60%	3,418	61%	3,920	62%	4,441	61%	4,914
MRX38	4%	245	5%	336	6%	409	6%	447
MRX39	3%	149	3%	179	3%	208	2%	186
MRX40	37%	2,118	38%	2,424	37%	2,673	37%	2,963
MRX41	8%	451	8%	478	7%	526	6%	513
MRX42	32%	1,818	29%	1,836	26%	1,861	28%	2,227
MRX43	5%	291	5%	335	5%	386	5%	397
MRX44	0%	15	0%	14	0%	15	0%	17
MRX45	2%	83	2%	96	1%	85	1%	109
TOTAL		5,705		6,396		7,171		8,060

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

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
Any Aging and Adult Service	6%	441	6%	561	7%	653
Adult Family Home	0%	33	1%	44	1%	60
Adult Residential Care	0%	26	1%	41	1%	54
Assisted Living	0%	11	0%	14	0%	17
In-Home Services	3%	222	3%	289	3%	309
Nursing Home	2%	175	2%	183	2%	229
Any DASA Service	100%	7,960	100%	9,098	100%	10,069
ADATSA Assessment	19%	1,470		n/a*		n/a*
Other Assessment	39%	3,086	45%	4,067	48%	4,805
Detoxification	13%	1,053	13%	1,212	13%	1,348
Outpatient Treatment	87%	6,913	87%	7,949	87%	8,723
Opiate Substitution Treatment	25%	2,016	23%	2,111	25%	2,513
Residential Treatment	21%	1,691	21%	1,944	20%	2,050
Any Mental Health Division Service	58%	4,580	59%	5,374	61%	6,169
Child Study Treatment Center	0%	1	0%	0	0%	0
Child Long-Term Inpatient	0%	1	0%	0	0%	1
Community Inpatient	10%	754	10%	883	8%	839
Community Services	56%	4,479	58%	5,270	61%	6,095
State Institutions	2%	139	2%	157	2%	191
Any Children's Administration Service	11%	879	11%	974	11%	1,084
Adoptions Support	0%	18	0%	18	0%	21
Behavioral Rehabilitation Services	0%	1	0%	0	0%	2
Child Care Services	0%	19	0%	16	0%	9
DCFS CPS Case Management	7%	522	7%	602	6%	615
Child Welfare Services Case Mgmt	6%	485	6%	528	6%	604
Crisis Care	0%	0		n/a*		n/a*
Family Reconciliation Services	1%	70	1%	80	1%	82
Family Focused Services	2%	151		n/a*		n/a*
Foster Care Services—In Placement	0%	4	0%	2	0%	5
Foster Care Services—Support Services	2%	168	2%	199	3%	270
Other Intensive Services	0%	1	0%	0	0%	0
Any Juvenile Rehabilitation Service	0%	7	0%	9	0%	9
Community Residences, Group Homes	0%	3	0%	4	0%	1
Dispositional Alternatives	0%	1	0%	4	0%	2
JRA Institutions and Youth Camps	0%	5	0%	5	0%	5
Parole	0%	6	0%	5	0%	7
ESA	92%	7,312	93%	8,423	93%	9,363
Washington Basic Food Program	89%	7,045	90%	8,159	90%	9,101
Consolidated Emergency Assistance Prog	0%	0	0%	0	0%	0
Diversion	0%	8	0%	2	0%	9
ESA Child Care	1%	42	0%	38	0%	38
GA-Unemployable or GA-X (Pending SSI)	39%	3,140	39%	3,579	40%	4,048
Refugee Grants	0%	0	1%	45	0%	0
SSI State Supplement	2%	167	2%	157	2%	181
TANF and State Family Assistance	3%	268	3%	309	3%	297
Child Support Enforcement Services	30%	2,412	31%	2,773	30%	3,050
TOTAL		7,960		9,098		100,69

*This category was not maintained in the fiscal year indicated.

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

Chronic Disease Profile (CDPS)

	FY 2005		FY 2006		FY 2007		FY 2008	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
CANH	1%	8	0%	5	0%	7	0%	7
CANM	0%	6	1%	16	1%	12	1%	16
CANL	0%	4	0%	7	1%	12	0%	9
CARVH	0%	3	0%	4	0%	3	0%	2
CARM	2%	29	1%	31	2%	41	2%	44
CARL	6%	92	7%	153	6%	162	6%	167
CAREL	13%	214	14%	295	15%	396	14%	406
CERL	1%	12	1%	27	1%	33	1%	30
CNSH	0%	1	0%	1	0%	0	0%	0
CNSM	0%	4	1%	12	0%	5	1%	14
CNSL	14%	226	13%	276	14%	353	12%	353
DDM	0%	0	0%	0	0%	0	0%	0
DDL	0%	0	0%	0	0%	1	0%	1
DIA1H	0%	2	0%	1	0%	1	0%	0
DIA1M	1%	17	2%	32	1%	33	1%	25
DIA2M	1%	8	0%	6	0%	10	0%	13
DIA2L	4%	72	4%	84	4%	102	3%	99
EYEL	0%	7	0%	4	0%	6	0%	5
EYEVL	1%	19	1%	22	1%	29	1%	26
GENEL	3%	41	3%	60	2%	55	2%	67
GIH	0%	4	1%	19	1%	12	0%	10
GIM	6%	99	5%	116	6%	144	5%	148
GIL	13%	215	13%	274	12%	312	11%	329
HEMEH	0%	2	0%	0	0%	1	0%	0
HEMVH	0%	0	0%	0	0%	0	0%	0
HEMM	1%	20	1%	27	1%	16	0%	9
HEML	1%	21	1%	31	1%	32	2%	43
AIDSH	2%	35	2%	48	2%	58	1%	35
HIVM	0%	3	0%	2	0%	5	0%	4
INFH	0%	1	0%	5	0%	2	0%	5
INFM	1%	11	0%	9	1%	13	1%	19
INFL	3%	46	2%	53	3%	65	2%	63
METH	1%	22	1%	24	1%	23	1%	32
METM	1%	13	1%	16	1%	13	0%	13
METVL	3%	44	2%	48	3%	75	4%	101
PSYH	3%	48	3%	55	3%	71	2%	64
PSYM	8%	134	7%	144	7%	184	5%	154
PSYL	28%	454	29%	623	29%	764	28%	816
PULVH	0%	0	0%	0	0%	0	0%	0
PULH	1%	15	1%	27	1%	25	1%	27
PULM	1%	21	1%	24	2%	43	1%	31
PULL	15%	241	14%	293	16%	416	14%	403
RENVH	0%	4	0%	2	0%	0	0%	0
RENM	2%	25	2%	52	2%	54	2%	49
RENL	4%	58	3%	71	3%	73	3%	87
SKCM	1%	9	1%	10	1%	19	0%	7
SKCL	3%	47	3%	55	2%	56	2%	67
SKCVL	9%	139	9%	200	8%	219	9%	260
SKCEL	14%	227	13%	279	13%	339	11%	325
SKNH	0%	3	0%	2	0%	2	0%	0
SKNL	1%	15	2%	39	1%	36	1%	27
SKNVL	14%	236	15%	321	15%	404	13%	367
SUBL	21%	339	23%	507	22%	570	20%	579
SUBVL	14%	222	11%	237	13%	339	12%	354
TOTAL		1,638		2,165		2,622		2,912

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

Pharmacy Profile (Medicaid-Rx)

	FY 2005		FY 2006		FY 2007		FY 2008	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
MRX1	2%	30	2%	46	2%	45	1%	24
MRX2	0%	0	0%	0	0%	1	0%	0
MRX3	1%	20	2%	38	1%	32	1%	31
MRX4	18%	299	17%	367	18%	478	12%	353
MRX5	4%	60	2%	53	4%	94	2%	71
MRX6	1%	8	1%	12	1%	13	1%	17
MRX7	26%	428	25%	535	24%	638	21%	604
MRX8	0%	2	0%	5	0%	9	0%	13
MRX9	55%	898	54%	1159	52%	1366	46%	1347
MRX10	4%	71	4%	93	4%	114	3%	98
MRX11	13%	209	9%	202	10%	251	8%	221
MRX12	0%	5	0%	4	0%	5	0%	10
MRX13	2%	25	1%	28	1%	28	1%	37
MRX14	0%	0	0%	1	0%	0	0%	1
MRX15	20%	326	19%	407	20%	522	17%	488
MRX16	0%	7	0%	8	1%	12	0%	6
MRX17	0%	6	1%	11	0%	11	1%	15
MRX18	0%	0	0%	0	0%	0	0%	0
MRX19	0%	0	0%	0	0%	0	0%	0
MRX20	2%	26	1%	18	1%	15	1%	14
MRX21	2%	32	2%	49	2%	55	2%	52
MRX22	1%	9	1%	16	1%	18	1%	15
MRX23	5%	84	5%	103	5%	136	4%	108
MRX24	0%	7	1%	14	1%	14	0%	11
MRX25	22%	364	17%	370	14%	369	12%	342
MRX26	44%	714	43%	928	41%	1077	36%	1044
MRX27	8%	137	8%	168	9%	235	8%	243
MRX28	6%	93	7%	154	7%	182	2%	55
MRX29	2%	35	2%	47	2%	52	2%	56
MRX30	0%	6	0%	2	0%	8	0%	5
MRX31	0%	6	1%	12	0%	9	0%	8
MRX32	0%	7	0%	3	0%	11	0%	12
MRX33	21%	340	22%	474	22%	579	19%	547
MRX34	6%	103	5%	110	6%	157	5%	136
MRX35	1%	11	1%	19	1%	14	1%	19
MRX36	0%	3	0%	6	1%	14	0%	11
MRX37	50%	817	52%	1119	52%	1366	47%	1370
MRX38	1%	18	1%	23	1%	30	1%	31
MRX39	1%	18	2%	45	1%	31	1%	33
MRX40	20%	324	19%	415	18%	459	13%	385
MRX41	4%	60	3%	67	3%	75	2%	49
MRX42	20%	328	16%	346	14%	378	13%	381
MRX43	2%	40	3%	68	3%	78	2%	62
MRX44	0%	2	0%	3	0%	5	0%	5
MRX45	1%	20	2%	35	1%	27	1%	23
TOTAL		1,638		2,165		2,622		2,912

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

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
Any Aging and Adult Service	1%	20	1%	23	1%	21
Adult Family Home	0%	0	0%	0	0%	0
Adult Residential Care	0%	0	0%	0	0%	0
Assisted Living	0%	0	0%	0	0%	0
In-Home Services	0%	0	0%	0	0%	1
Nursing Home	1%	19	1%	17	1%	14
Any DASA Service	100%	1,659	100%	2,192	100%	2,652
ADATSA Assessment	48%	788		n/a*		n/a*
Other Assessment	26%	427	41%	905	41%	1,096
Detoxification	22%	368	18%	401	22%	569
Outpatient Treatment	82%	1,363	84%	1,845	81%	2,160
Opiate Substitution Treatment	12%	204	11%	230	11%	291
Residential Treatment	40%	658	34%	744	38%	1,007
Any Mental Health Division Service	30%	493	25%	548	26%	683
Child Study Treatment Center	0%	0	0%	0	0%	0
Child Long-Term Inpatient	0%	0	0%	0	0%	0
Community Inpatient	7%	111	7%	142	6%	152
Community Services	28%	463	23%	497	24%	637
State Institutions	0%	4	0%	6	0%	10
Any Children's Administration Service	8%	133	8%	181	10%	253
Adoptions Support	0%	2	0%	1	0%	2
Behavioral Rehabilitation Services	0%	0	0%	0	0%	0
Child Care Services	0%	0	0%	2	0%	0
DCFS CPS Case Management	4%	70	4%	81	4%	101
Child Welfare Services Case Mgmt	5%	82	5%	108	6%	169
Crisis Care	0%	0		n/a*		n/a*
Family Reconciliation Services	1%	8	1%	15	0%	11
Family Focused Services	1%	14		n/a*		n/a*
Foster Care Services—In Placement	0%	0	0%	0	0%	0
Foster Care Services—Support Services	1%	23	2%	43	3%	71
Other Intensive Services	0%	0	0%	0	0%	0
Any Juvenile Rehabilitation Service	0%	0	0%	0	0%	1
Community Residences, Group Homes	0%	0	0%	0	0%	0
Dispositional Alternatives	0%	0	0%	0	0%	1
JRA Institutions and Youth Camps	0%	0	0%	0	0%	0
Parole	0%	0	0%	0	0%	0
ESA	100%	1,658	100%	2,190	100%	2,652
Washington Basic Food Program	97%	1,613	97%	2,131	98%	2,591
Consolidated Emergency Assistance Prog	0%	0	0%	0	0%	0
Diversion	0%	0	0%	0	0%	0
ESA Child Care	0%	2	0%	6	0%	2
GA-Unemployable or GA-X (Pending SSI)	99%	1,649	99%	2,177	100%	2,642
Refugee Grants	0%	0	1%	14	0%	0
SSI State Supplement	0%	0	0%	0	0%	0
TANF and State Family Assistance	0%	0	0%	2	0%	1
Child Support Enforcement Services	36%	603	37%	812	39%	1,024
TOTAL		1,659		2,192		2,652

*This category was not maintained in the fiscal year indicated.

TABLE 5
Other Medicaid Adult Patients
 Includes dually eligible for Medicare
DSHS Service Profile (CSDB)

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
Any Aging and Adult Service	0%	11	0%	10	0%	14
Adult Family Home	0%	0	0%	0	0%	0
Adult Residential Care	0%	0	0%	0	0%	0
Assisted Living	0%	0	0%	0	0%	0
In-Home Services	0%	7	0%	5	0%	6
Nursing Home	0%	4	0%	5	0%	8
Any DASA Service	100%	8,633	100%	9,514	100%	9,590
ADATSA Assessment	18%	1,587		n/a*		n/a*
Other Assessment	50%	4,319	52%	4,923	53%	5,105
Detoxification	7%	605	7%	640	7%	625
Outpatient Treatment	89%	7,713	89%	8,499	89%	8,538
Opiate Substitution Treatment	9%	788	10%	907	14%	1,353
Residential Treatment	22%	1,907	25%	2,333	23%	2,212
Any Mental Health Division Service	24%	2,029	22%	2,115	24%	2,270
Child Study Treatment Center	0%	1	0%	0	0%	0
Child Long-Term Inpatient	0%	0	0%	1	0%	0
Community Inpatient	2%	184	2%	170	2%	178
Community Services	23%	1,990	22%	2,077	23%	2,236
State Institutions	0%	6	0%	5	0%	8
Any Children's Administration Service	37%	3,209	36%	3,440	38%	3,651
Adoptions Support	0%	31	0%	28	1%	47
Behavioral Rehabilitation Services	0%	3	0%	0	0%	4
Child Care Services	1%	114	1%	76	0%	23
DCFS CPS Case Management	29%	2,542	28%	2,662	28%	2,705
Child Welfare Services Case Mgmt	15%	1,313	16%	1,546	17%	1,657
Crisis Care	0%	0		n/a*		n/a*
Family Reconciliation Services	2%	197	2%	197	2%	205
Family Focused Services	7%	610		n/a*		n/a*
Foster Care Services—In Placement	0%	13	0%	10	0%	4
Foster Care Services—Support Services	7%	559	7%	648	8%	785
Other Intensive Services	0%	2	0%	0	0%	0
Any Juvenile Rehabilitation Service	1%	106	1%	79	1%	86
Community Residences, Group Homes	1%	45	0%	38	0%	28
Dispositional Alternatives	1%	49	0%	35	0%	38
JRA Institutions and Youth Camps	1%	39	0%	29	0%	36
Parole	1%	47	0%	35	0%	36
ESA	95%	8,226	96%	9,136	96%	9,193
Washington Basic Food Program	90%	7,733	91%	8,625	91%	8,694
Consolidated Emergency Assistance Prog	0%	1	0%	0	0%	2
Diversion	2%	198	3%	243	3%	317
ESA Child Care	19%	1,659	19%	1,837	20%	1,884
GA-Unemployable or GA-X (Pending SSI)	3%	254	4%	335	3%	328
Refugee Grants	0%	0	1%	43	0%	0
SSI State Supplement	0%	0	0%	0	0%	1
TANF and State Family Assistance	63%	5,432	65%	6,176	63%	6,003
Child Support Enforcement Services	78%	6,694	79%	7,552	79%	7,597
TOTAL		8,633		9,514		9,590

*This category was not maintained in the fiscal year indicated.

TABLE 6
Youth
Includes dually eligible for Medicare
DSHS Service Profile (CSDB)

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
Any DASA Service	100%	6,242	100%	6,237	100%	6,095
ADATSA Assessment	0%	18		n/a*		n/a*
Other Assessment	62%	3,868	61%	3,780	64%	3,895
Detoxification	4%	255	5%	313	4%	240
Outpatient Treatment	89%	5,570	88%	5,477	87%	5,273
Opiate Substitution Treatment	0%	1	0%	1	3%	210
Residential Treatment	22%	1,352	24%	1,479	22%	1,325
Any Mental Health Division Service	27%	1,701	25%	1,550	25%	1,519
Child Study Treatment Center	1%	40	0%	28	0%	15
Child Long-Term Inpatient	1%	39	0%	28	0%	26
Community Inpatient	2%	108	2%	108	2%	93
Community Services	27%	1,693	25%	1,543	25%	1,512
State Institutions	0%	0	0%	0	0%	0
Any Children's Administration Service	33%	2,053	33%	2,030	32%	1,945
Adoptions Support	2%	118	2%	136	2%	125
Behavioral Rehabilitation Services	3%	177	3%	182	3%	185
Child Care Services	0%	12	0%	14	0%	13
DCFS CPS Case Management	14%	849	13%	783	12%	728
Child Welfare Services Case Mgmt	11%	684	11%	667	11%	662
Crisis Care	0%	16		n/a*		n/a*
Family Reconciliation Services	15%	941	15%	961	15%	884
Family Focused Services	3%	214		n/a*		n/a*
Foster Care Services—In Placement	5%	302	5%	293	5%	287
Foster Care Services—Support Services	6%	378	7%	448	6%	384
Other Intensive Services	1%	49	1%	74	1%	67
Any Juvenile Rehabilitation Service	14%	844	13%	815	12%	747
Community Residences, Group Homes	2%	139	2%	104	1%	76
Dispositional Alternatives	9%	587	9%	582	9%	517
JRA Institutions and Youth Camps	4%	273	4%	264	4%	241
Parole	3%	164	3%	156	2%	142
ESA	62%	3,895	63%	3,896	61%	3,713
Washington Basic Food Program	39%	2,415	39%	2,418	38%	2,284
Consolidated Emergency Assistance Prog	0%	0	0%	1	0%	1
Diversion	1%	66	1%	63	1%	67
ESA Child Care	1%	47	1%	43	1%	45
GA-Unemployable or GA-X (Pending SSI)	0%	5	0%	6	0%	8
Refugee Grants	0%	0	0%	11	0%	0
SSI State Supplement	0%	8	0%	14	0%	9
TANF and State Family Assistance	24%	1,477	21%	1,326	21%	1,268
Child Support Enforcement Services	50%	3,099	49%	3,078	49%	2,975
TOTAL		6,242		6,237		6,095

*This category was not maintained in the fiscal year indicated.

Alcohol and Substance Abuse
Treatment Expansion:
Spring 2009 Update



RECOVERY IS EVERYWHERE

This report provides updated findings on
DASA's Treatment Expansion effort to reach
treatment goals and budgeted cost savings for
FY 2006 through FY 2008, as required by
Chapter 522 Laws of 2007.