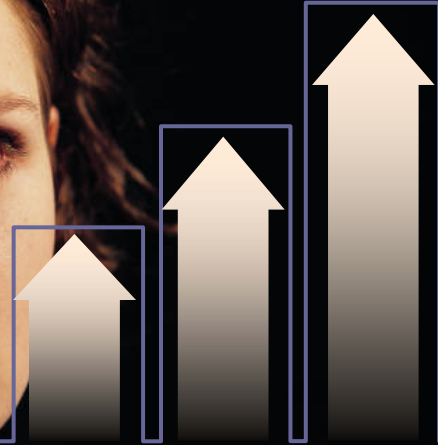


Division of Alcohol and Substance Abuse  
Treatment Expansion:

# April 2008 Update



Plus Appendix | April 2008

As required by Chapter 522 Laws of 2007  
Report 4.66



**RDA** Research & Data  
Analysis Division

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**Abstract:** This report provides an April 2008 update of findings on the progress of the DASA Treatment Expansion in achieving treatment goals and budgeted cost savings in the 2005-07 Biennium, as required by Chapter 522 Laws of 2007 (SHB 1128).

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To the  
Reader

April 2008



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: April 2008 Update*—as required under Substitute House Bill 1128.

This update continues to demonstrate that the truly visionary initiative under Senate Bill 5763 to achieve economic savings from cost offsets already scientifically proven in previous efforts sponsored by the Division of Alcohol and Substance Abuse (DASA) is indeed bearing fruit. This is the second of a series of required reports on the impact of these efforts.

**Cost offsets per patient have turned out to be greater than anticipated.**

Savings for adult Medicaid patients receiving chemical dependency treatment are now estimated at \$295 per patient per month (pppm), compared to the \$200 assumed in the original appropriation. Medical savings for GA-U patients are estimated at \$166 ppm, compared to \$119 in the original appropriation.

**Significant medical cost savings have been realized.** Estimated total medical cost savings in the 2005-2007 Biennium were \$16.8 million, including \$14.5 million for Medicaid-only Disabled 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 continues to increase.** For the Treatment Expansion target populations, the number of patients served increased from a baseline of 18,297 in FY 2005 to 22,426 in FY 2007, representing a 22.6 percent increase.

**More remains to be done.** While the ramp-up of service delivery has been slower than we would have hoped, we are now targeting efforts toward serving harder-to-reach and more-difficult-to-serve populations. Even as we do so, we are now treating significantly more patients than before Treatment Expansion authorization, ensuring healthier individuals and families, safer communities, and a more vibrant, more productive state. With our partners from the Governor and Legislature to community-based treatment providers and county alcohol/drug advisory boards, we at DASA will continue our commitment to a healthier Washington by supporting individuals in their recovery from the disease of chemical dependency.

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

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



# Alcohol and Drug Treatment Expansion: April 2008 Update

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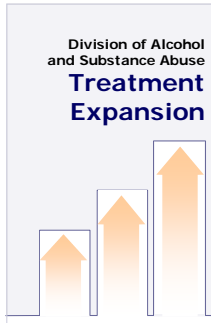
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## Executive Summary

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

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

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

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

## Key Findings

### a. The number and demographics of patients served

1. For the adult Treatment Expansion target populations, the number of patients in treatment increased from a baseline of 18,297 patients in FY 2005 to 20,878 patients in FY 2006 and 22,426 patients in FY 2007. *See page 6.*
2. For the adult Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,901 patients in FY 2005 to 9,041 patients in FY 2006 and 10,016 patients in FY 2007. *See page 7.*
3. For the GA-U population, the number of patients in treatment increased from a baseline of 1,658 patients in FY 2005 to 2,193 patients in FY 2006 and 2,666 patients in FY 2007. *See page 10.*
4. For adults who are not in the Treatment Expansion target population, the number in treatment increased from a baseline of 16,658 patients in FY 2005 to 18,133 patients in FY 2006 and 18,313 patients in FY 2007. *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 8,615 patients in FY 2005 to 9,458 patients in FY 2006 and 9,591 patients in FY 2007. The increase in number of other Medicaid adults treated was mitigated by the unanticipated decline in the overall size of the medical coverage group. *See page 9.*
6. Treatment levels for youth are below baseline levels. *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 2007. *See pages 7-10.*
2. The number of youth in residential treatment increased from FY 2005 to FY 2007, while the number of youth receiving outpatient treatment declined. *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 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). *See page 13.*
2. FY 2007 Treatment Expansion expenditures were \$9,880,297 for adults and \$469,000 for youth (all funds). *See page 13.*
3. It is not possible to directly identify Treatment Expansion patients or the portion of their treatment costs that were incurred solely due to the availability of expansion funding. In FY 2006 some treatment costs were allocated to Treatment Expansion when Expansion-eligible patients would likely have received treatment through other fund sources.
4. In FY 2007, expenditures are based on the number of patients served above the FY 2005 baseline and budgeted per-patient treatment costs.

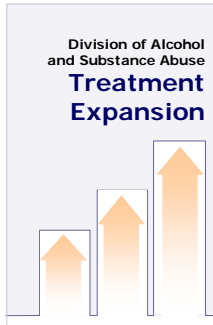
**f. Estimated cost offsets in Medical Assistance, where applicable**

1. For adult Medicaid Disabled patients, medical savings are estimated to be \$295 per treated patient per month (pmpm) in the 2005-07 Biennium, compared to the \$200 assumed in the original appropriation. *See pages 26-34.*
2. Medical savings for GA-U patients are estimated to be \$166 pmpm in the 2005-07 Biennium, compared to \$119 in the original appropriation. *See pages 26-34.*
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 \$14.5 million in the 2005-07 Biennium, while medical cost savings for GA-U patients were estimated to be \$2.3 million. Combining both medical cost savings components, total estimated medical cost savings were \$16.8 million (all funds) in the 2005-07 Biennium, including the unbudgeted savings resulting from the ongoing impact of increases in AOD treatment penetration for Medicaid Disabled clients beginning in FY 2005. *See pages 26-34.*



# DSHS | DASA Treatment Expansion: April 2008 Update

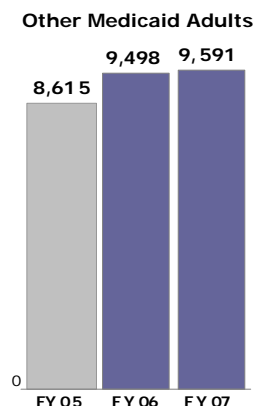
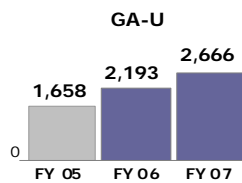
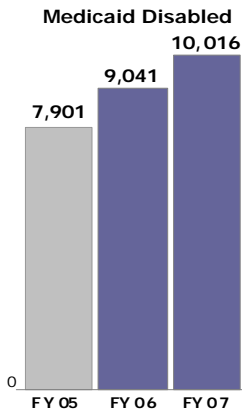
REPORT 4.66 | Expanding access to alcohol/drug treatment



## Summary

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

### PATIENTS TREATED BY FISCAL YEAR



## Progress in achieving the expansion goals

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

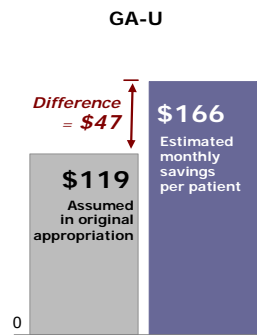
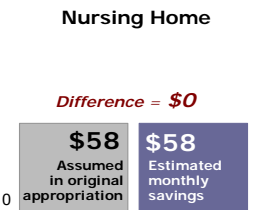
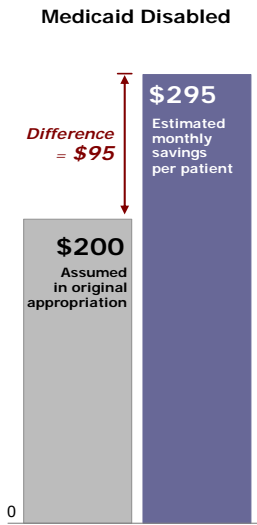
- For the key Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,901 patients in FY 2005 to 9,041 patients in FY 2006 and 10,016 patients in FY 2007. These increases represent 26 percent of the original expansion goal for FY 2006 and 78 percent of the revised expansion goal for FY 2007.
- For the GA-U population, the number of patients in treatment increased from a baseline of 1,658 patients in FY 2005 to 2,193 patients in FY 2006 and 2,666 patients in FY 2007. These increases represent 148 percent of the original expansion goal for FY 2006 and 86 percent of the revised expansion goal for FY 2007.
- For the other Medicaid adult population, the number of patients in treatment increased from a baseline of 8,615 patients in FY 2005 to 9,498 patients in FY 2006 and 9,591 patients in FY 2007. These increases represent 53 percent of the original expansion goal for FY 2006 and 48 percent of the revised expansion goal for FY 2007.
- The increase in number of other Medicaid adults treated was mitigated by the unanticipated decline in the overall size of the medical coverage group.
- Treatment levels for youth are below baseline levels.

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

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

## Medical savings per treated patient exceed original budget assumptions

### 2005-07 COST SAVINGS



Treatment Expansion was funded on the assumption that **increasing AOD treatment penetration** (the proportion of "AOD problem" patients who receive AOD treatment) would dampen the rate of growth of medical and nursing home costs in the key Medicaid Disabled and GA-U target populations. We used an evaluation approach that combined difference-of-difference and intent-to-treat design elements to reduce potential biases in the measurement of Treatment Expansion impacts. We found that patients with AOD problems did experience greater reductions in the rate of growth of costs, relative to other patients in the medical coverage group without identified AOD problems.

Expressed in terms of per-member per-month effects for the additional patients entering treatment in the 2005-07 Biennium—above the number necessary to maintain baseline treatment penetration rates—we found:

- For adult **Medicaid Disabled** patients, **medical savings** are estimated to be **\$295** per treated patient per month in 2005-07 Biennium, compared to \$200 in the original appropriation.
- For adult **Medicaid Disabled** patients, **nursing home savings** are estimated to be **\$58** per treated patient per month—the same as in the original appropriation.
- Medical savings for GA-U patients** are estimated to be **\$166** per treated patient per month, compared to \$119 in the original appropriation.

FISCAL YEAR 2006	Assumed	Actual	Difference
Disabled – Medical Savings	\$200	\$295	+ \$95
Disabled – NH Savings	\$58 <sup>1</sup>	\$58	\$0
GA-U – Medical Savings	\$119	\$166	+ \$47

Including unbudgeted savings resulting from the ongoing impact of increases in AOD treatment penetration that began in FY 2005, total medical cost savings for Medicaid-only Disabled patients were \$14.5 million in the 2005-07 Biennium. Nursing home savings for Medicaid Disabled patients were \$2.8 million over the biennium, while medical cost savings for GA-U patients were estimated to be \$2.3 million. Combining all three savings components, total estimated savings were \$19.6 million (all funds) in the 2005-07 Biennium, including the unbudgeted savings resulting from the ongoing impact of increases in AOD treatment penetration 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). This does not include ongoing AOD treatment expenditures associated with the criminal justice treatment expansion that was initiated prior to the 2005-07 Biennium.

<sup>1</sup> 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 2003<sup>2</sup>;
- Increase the number of other Medicaid adults in treatment by 50 percent during the same timeframe; and
- Serve an additional 1,051 youth in each year of the biennium.

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

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

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

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

#### THE TARGET POPULATIONS

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

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

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

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

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

<sup>2</sup> 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 Survey<sup>3</sup> (WANAHS II) and (2) administrative indicators of need for treatment derived from medical claims, AOD service encounters, and arrest data. The treatment penetration rate is the proportion of clients estimated to need AOD treatment who receive AOD treatment in the fiscal year.

### Supplemental revisions to the original Treatment Expansion goals

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

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

### Data sources

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

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

### Definitions

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

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

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

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

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<sup>3</sup> 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](http://www1.dshs.wa.gov/rda/research/4/52/state.shtm).

## Progress toward Achieving Treatment Goals



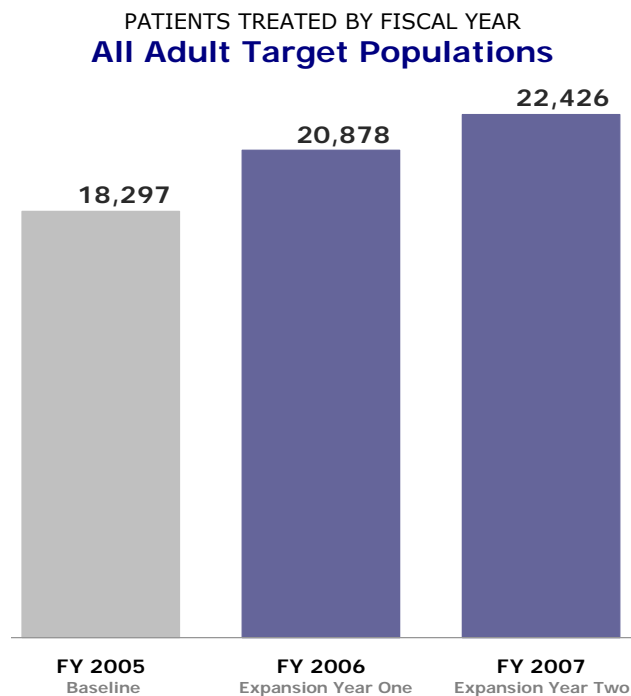
### Key Findings

- In FY 2006, 2,581 additional adult Medicaid or GA-U patients received AOD treatment when compared to FY 2005. This increase was 40 percent of the **original** FY 2006 expansion goal of 6,495 additional patients to be treated.
- Supplemental budget actions reduced Treatment Expansion goals for FY 2007 from the originally budgeted amounts. In FY 2007 4,129 additional adult target patients received AOD treatment when compared to FY 2005. This increase was 69 percent of the **revised** FY 2007 expansion goal of 6,020 additional patients to be treated in FY 2007.
- A significant part of the shortfall for FY 2007 for other Medicaid adults is due to the unexpected decline in the size of the medical coverage population.
- Since the implementation of Treatment Expansion, treatment completion rates have increased for adult Medicaid Disabled patients, other Medicaid adults, and youth.

## Overall Progress for Adult Target Populations

The Treatment Expansion target populations include adults receiving DSHS medical coverage through the Medicaid and General Assistance—Unemployable programs. In FY 2005, 18,297 adult Medicaid or GA-U patients received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of Medicaid and GA-U patients receiving AOD treatment by 6,495 patients to a total of 24,792 adult Medicaid or GA-U patients receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of adult Medicaid and GA-U patients receiving AOD treatment by 6,020 patients to a total of 24,317 adult Medicaid or GA-U patients receiving treatment in FY 2007.

- In FY 2006, 2,581 additional adult Medicaid or GA-U patients received AOD treatment when compared to FY 2005. This increase was 40 percent of the FY 2006 expansion goal of 6,495 additional patients to be treated.
- In FY 2007 4,129 additional adult target patients received AOD treatment when compared to FY 2005. This increase was 69 percent of the FY 2007 expansion goal of 6,020 additional patients to be treated in FY 2007.



### All Patients Receiving Treatment in the Adult Treatment Expansion Target Populations

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

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
<b>Any AOD Treatment</b>	<b>18,297</b>	<b>20,878</b>	<b>22,426</b>	<b>2,581</b>	<b>4,129</b>
Residential Treatment	4,715	5,566	6,024	851	1,309
Outpatient Treatment	16,379	18,780	20,115	2,401	3,736
Outpatient Treatment Only	13,582	15,312	16,402	1,730	2,820

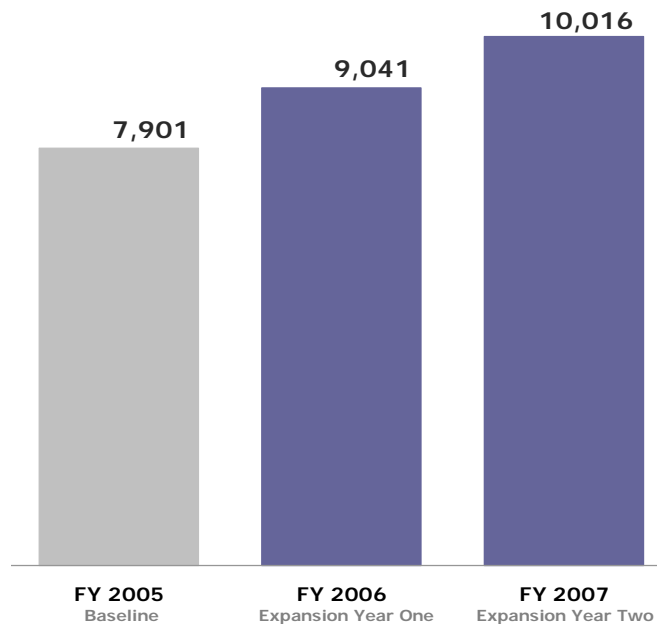


## Adult Medicaid Disabled Patients

In FY 2005, 7,901 adult Medicaid Disabled patients received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of Medicaid Disabled patients receiving AOD treatment by 4,386 patients to a total of 12,287 adult Medicaid Disabled patients receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of Medicaid Disabled patients receiving AOD treatment by 2,695 to a total of 10,596 patients receiving treatment in FY 2007.

- In FY 2006, 1,140 additional adult Medicaid Disabled patients received AOD treatment when compared to FY 2005. This increase was 26 percent of the FY 2006 expansion goal of 4,386 additional patients to be treated.
- 2,115 additional adult Medicaid Disabled patients received AOD treatment in FY 2007 when compared to FY 2005. This increase was 78 percent of the FY 2007 goal of 2,695 additional patients to be treated in FY 2007.

PATIENTS TREATED BY FISCAL YEAR  
**Adult Medicaid Disabled Patients**



### Adult Medicaid Disabled Patients Receiving DASA-Funded AOD Treatment

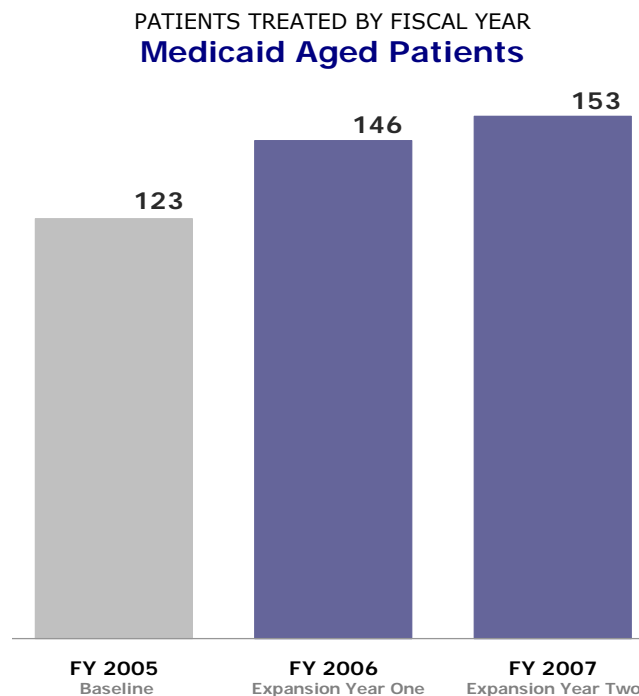
First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
<b>Any AOD Treatment</b>	<b>7,901</b>	<b>9,041</b>	<b>10,016</b>	<b>1,140</b>	<b>2,115</b>
Residential Treatment	1,785	2,158	2,435	373	650
Outpatient Treatment	7,033	8,099	9,014	1,066	1,981
Outpatient Treatment Only	6,116	6,883	7,581	767	1,465

## Medicaid Aged

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

- In FY 2006, 23 additional Medicaid Aged patients received AOD treatment when compared to FY 2005. This increase was 34 percent of the FY 2006 expansion goal of 67 additional patients to be treated.
- 30 additional Medicaid Aged patients received AOD treatment in FY 2007 when compared to FY 2005. This increase was 30 percent of the expansion goal of 100 additional patients to be treated in FY 2007.



### Medicaid Aged Patients Receiving DASA-Funded AOD Treatment

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

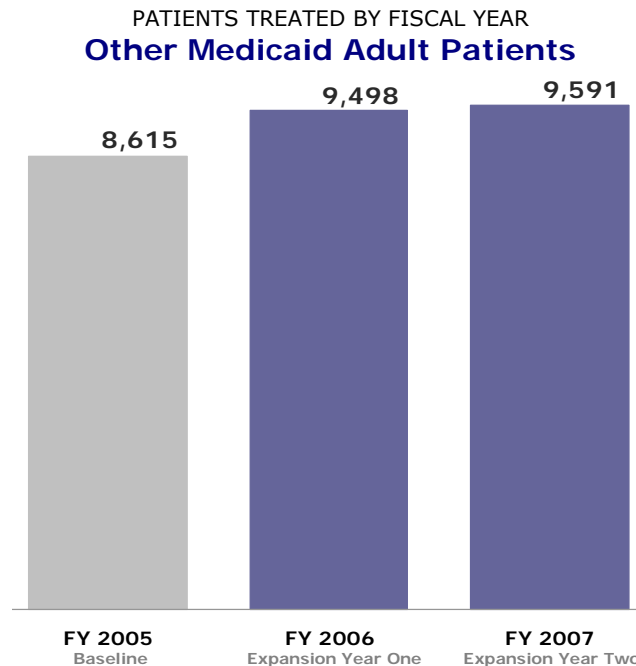
	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
<b>Any AOD Treatment</b>	<b>123</b>	<b>146</b>	<b>153</b>	<b>23</b>	<b>30</b>
Residential Treatment	10	21	15	11	5
Outpatient Treatment	117	136	146	19	29
Outpatient Treatment Only	113	125	138	12	25

## Other Medicaid Adults

In FY 2005, 8,615 other Medicaid adults received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of other Medicaid adults receiving AOD treatment by 1,681 patients to a total of 10,296 other Medicaid adults receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of other Medicaid adults receiving AOD treatment by 2,054 patients to a total of 10,669 other Medicaid adults receiving treatment in FY 2007.

- In FY 2006, 883 additional other Medicaid adult patients received AOD treatment when compared to FY 2005. This increase was 53 percent of the FY 2006 expansion goal of 1,681 additional patients to be treated.
- 976 additional other Medicaid adults received AOD treatment in FY 2007 when compared to FY 2005. This increase was 48 percent of the goal of 2,054 additional patients to be treated in FY 2007.

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



### Other Medicaid Adults Receiving DASA-Funded AOD Treatment

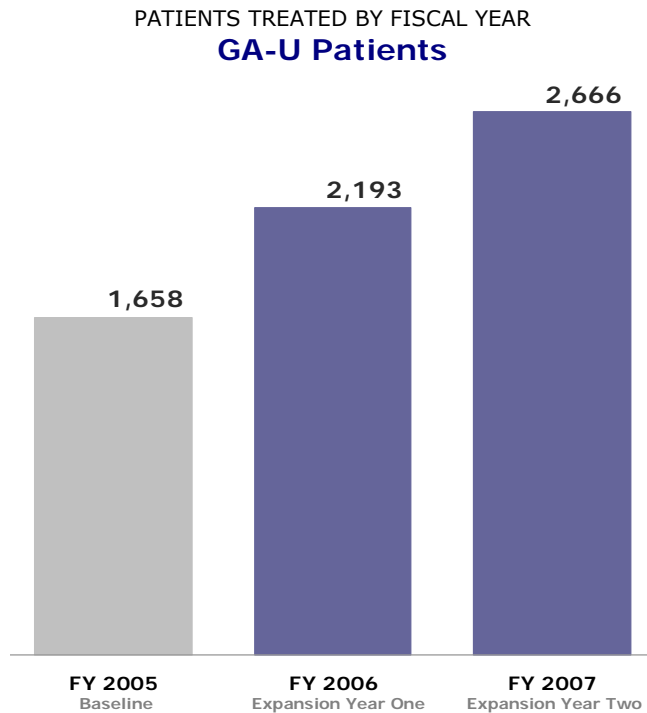
First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
<b>Any AOD Treatment</b>	<b>8,615</b>	<b>9,498</b>	<b>9,591</b>	<b>883</b>	<b>976</b>
Residential Treatment	2,231	2,605	2,513	374	282
Outpatient Treatment	7,834	8,649	8,723	815	889
Outpatient Treatment Only	6,384	6,893	7,078	509	694

## General Assistance-Unemployable (GA-U)

In FY 2005, 1,658 GA-U patients received DASA-funded AOD treatment services. The **original** expansion goal for FY 2006 was to increase the number of GA-U patients receiving AOD treatment by 361 patients to a total of 2,019 GA-U patients receiving treatment in FY 2006. The **revised** expansion goal for FY 2007 was to increase the number of GA-U patients receiving AOD treatment by 1,171 patients to a total of 2,829 GA-U patients receiving treatment in FY 2007.

- In FY 2006, 535 additional GA-U patients received AOD treatment when compared to FY 2005. This increase is 148 percent of the FY 2006 expansion goal of 361 additional patients to be treated.
- 1,008 additional GA-U patients received AOD treatment in FY 2007 when compared to FY 2005. This increase was 86 percent of the FY 2007 expansion goal of 1,171 additional patients to be treated in FY 2007.



### GA-U Patients Receiving DASA-Funded AOD Treatment

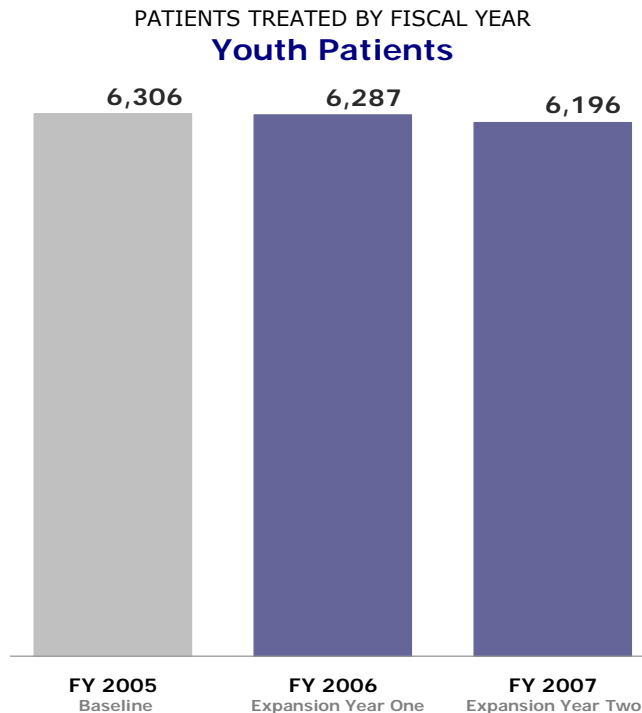
First and Second Expansion Years (FY 2006 and FY 2007), by Target Population and Service Modality

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
<b>Any AOD Treatment</b>	<b>1,658</b>	<b>2,193</b>	<b>2,666</b>	<b>535</b>	<b>1,008</b>
Residential Treatment	689	782	1,061	93	372
Outpatient Treatment	1,395	1,896	2,232	501	837
Outpatient Treatment Only	969	1,411	1,605	442	636

## Youth

In FY 2005, 6,306 adolescents aged 10 to 17 received DASA-funded AOD treatment services. The **overall** expansion goal for FY 2006 was to increase the number of adolescents receiving AOD treatment by 1,051 patients to a total of 7,357 adolescents receiving treatment in FY 2006. Supplemental budget reductions reduced youth Treatment Expansion funding for FY 2007 to \$469,000. With an estimated average treatment cost of \$3,200 per youth served per year, this translates into a **revised** Treatment Expansion goal of 147 additional youth served in FY 2007, to a total of 6,453 adolescents receiving treatment in FY 2007.

- In FY 2006, 19 fewer adolescents received AOD treatment than in FY 2005.
- 110 fewer adolescents received AOD treatment in FY 2007 than in FY 2005.



### Youth Receiving DASA-Funded AOD Treatment

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

	PATIENT COUNT			DIFFERENCE	
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	Year One FY 2006 from FY 2005	Year Two FY 2007 from FY 2005
<b>Any AOD Treatment</b>	<b>6,306</b>	<b>6,287</b>	<b>6,196</b>	<b>-19</b>	<b>-110</b>
Residential Treatment	1,425	1,514	1,530	89	105
Outpatient Treatment	5,720	5,633	5,494	-87	-226
Outpatient Treatment Only	4,881	4,773	4,666	-108	-215

## 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 61 percent in FY 2007 and intensive inpatient completion rates rising from 63 percent to 71 percent over the period. Adult residential and intensive inpatient treatment completion rates have shown no systematic trend since Treatment Expansion was implemented. 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 increased slightly for youth, adult Medicaid Disabled patients, and other Medicaid adults. GA-U and Medicaid Aged patients showed no systematic trend in outpatient treatment completion.

### Treatment Completion Rates by Population and Treatment Modality

Based on discharges recorded in TARGET data

FY 2005 Discharges			
TARGET POPULATIONS			
	Outpatient*	Residential	Intensive Inpatient
Adult Medicaid Disabled	34.1%	73.2%	71.7%
Medicaid Aged	81.6%	75.0%	75.0%
Other Medicaid Adults	35.5%	51.2%	76.2%
GA-U	34.9%	79.0%	78.2%
Youth	38.6%	55.0%	62.5%
NON-TARGET			
Other Adults	47.5%	72.8%	79.3%
FY 2006 Discharges			
TARGET POPULATIONS			
	Outpatient*	Residential	Intensive Inpatient
Adult Medicaid Disabled	35.2%	77.4%	71.0%
Medicaid Aged	58.1%	75.0%	61.5%
Other Medicaid Adults	37.3%	52.3%	73.7%
GA-U	29.9%	65.6%	74.8%
Youth	42.0%	59.5%	68.2%
NON-TARGET			
Other Adults	48.1%	75.4%	80.9%
FY 2007 Discharges			
TARGET POPULATIONS			
	Outpatient*	Residential	Intensive Inpatient
Adult Medicaid Disabled	36.8%	72.6%	72.2%
Medicaid Aged	68.9%	100.0%	100.0%
Other Medicaid Adults	39.4%	52.4%	72.0%
GA-U	36.3%	69.4%	75.2%
Youth	41.7%	60.9%	71.0%
NON-TARGET			
Other Adults	49.4%	73.0%	79.0%

\*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 Efforts (MOE) in county contracts to track caseload performance; and creating account codes for the DASA Chart of Accounts as well as financial reports to support management reporting and program monitoring.

### FY 2006 and FY 2007 Budget and Expenditures (DASA)

	FY 2006		
	Budget	Expenditures	Variance
<b>ADULTS</b>			
GF-State	5,475,000	5,475,000	
GF-Federal	3,137,000	3,137,000	
<b>TOTAL</b>	<b>8,612,000</b>	<b>8,612,000</b>	
<b>YOUTH</b>			
GF-State	1,967,000	1,967,000	
GF-Federal	655,000	655,000	
<b>TOTAL</b>	<b>2,622,000</b>	<b>2,622,000</b>	
	FY 2007		
	Budget	Expenditures	Variance
<b>ADULTS</b>			
GF-State	6,727,000	6,277,000	450,000
GF-Federal	3,861,000	3,603,000	258,000
<b>TOTAL</b>	<b>10,588,000</b>	<b>9,880,297</b>	<b>708,000</b>
<b>YOUTH</b>			
GF-State	469,000	469,000	
GF-Federal			
<b>TOTAL</b>	<b>469,000</b>	<b>469,000</b>	
	2005-07 Biennium TOTAL		
	Budget	Expenditures	Variance
<b>ADULTS</b>			
GF-State	12,202,000	11,752,000	450,000
GF-Federal	6,998,000	6,740,000	258,000
<b>TOTAL</b>	<b>19,200,000</b>	<b>18,492,000</b>	<b>708,000</b>
<b>YOUTH</b>			
GF-State	2,436,000	2,436,000	
GF-Federal	655,000	655,000	
<b>TOTAL</b>	<b>3,091,000</b>	<b>3,091,000</b>	

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

Average annual treatment costs by target population are estimated based on reimbursement amounts from MMIS claims for services incurred through June 2007 and paid through December 2007, and imputed costs associated with TARGET service encounters extracted in late January 2008.

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

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

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

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

The table below shows that average treatment costs for the adult target populations were relatively stable from FY 2005 to FY 2007, with costs increasing slightly for other Medicaid adults, remaining stable for GA-U patients, and decreasing slightly for Medicaid Disabled and Aged patients.

Average treatment costs for youth increased significantly from \$1,935 in FY 2005 to \$2,134 in FY 2007. This increase reflects a shift towards greater use of residential treatment, as indicated by the treatment counts by modality reported on page 11.

### Average DASA Service Cost per Treated Patient per Year

Total Treatment Cost by Target Population and Fiscal Year

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

	FY 2005	FY 2006	FY 2007
<b>TARGET POPULATIONS</b>			
<b>Adult Medicaid Disabled</b>	\$2,345	\$2,282	\$2,264
<b>Medicaid Aged</b>	\$2,308	\$2,347	\$2,189
<b>Other Medicaid</b>	\$2,488	\$2,532	\$2,634
<b>GA-U</b>	\$1,863	\$1,842	\$1,862
<b>Youth</b>	\$1,940	\$2,173	\$2,134
<b>NON-TARGET POPULATIONS</b>			
<b>Other Adults</b>	\$1,414	\$1,530	\$1,533



## 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	2005 to 2006	2005 to 2007
Adams	72	83	108	15.3%	50.0%
Asotin	133	123	127	-7.5%	-4.5%
Benton	310	412	470	32.9%	51.6%
Chelan	375	348	359	-7.2%	-4.3%
Clallam	314	340	362	8.3%	15.3%
Clark	639	857	1,156	34.1%	80.9%
Columbia	77	76	65	-1.3%	-15.6%
Cowlitz	622	498	444	-19.9%	-28.6%
Douglas	0	2	1	N/A	N/A
Ferry	19	23	45	21.1%	136.8%
Franklin	266	338	376	27.1%	41.4%
Garfield	11	8	6	-27.3%	-45.5%
Grant	205	249	222	21.5%	8.3%
Grays Harbor	244	231	244	-5.3%	0.0%
Island	140	157	147	12.1%	5.0%
Jefferson	46	82	68	78.3%	47.8%
King	3,242	3,413	3,460	5.3%	6.7%
Kitsap	626	672	596	7.3%	-4.8%
Kittitas	198	145	103	-26.8%	-48.0%
Klickitat	65	67	79	3.1%	21.5%
Lewis	185	239	231	29.2%	24.9%
Lincoln	31	30	37	-3.2%	19.4%
Mason	130	172	150	32.3%	15.4%
Okanogan	286	289	277	1.0%	-3.1%
Pacific	132	107	102	-18.9%	-22.7%
Pend Oreille	28	35	41	25.0%	46.4%
Pierce	2,310	2,807	2,732	21.5%	18.3%
San Juan	76	80	82	5.3%	7.9%
Skagit	597	643	635	7.7%	6.4%
Skamania	34	72	83	111.8%	144.1%
Snohomish	1,264	1,364	1,181	7.9%	-6.6%
Spokane	1,216	1,383	1,315	13.7%	8.1%
Stevens	135	129	124	-4.4%	-8.1%
Thurston	598	600	611	0.3%	2.2%
Wahkiakum	25	22	39	-12.0%	56.0%
Walla Walla	197	165	153	-16.2%	-22.3%
Whatcom	545	523	571	-4.0%	4.8%
Whitman	76	84	67	10.5%	-11.8%
Yakima	1,120	1,189	1,339	6.2%	19.6%
Unknown	69	76	105	10.1%	52.2%
<b>TOTAL</b>	<b>16,658</b>	<b>18,133</b>	<b>18,313</b>	<b>8.9%</b>	<b>9.9%</b>

**County Treatment Counts**  
by Sub-Population, *continued*

ADULT MEDICAID DISABLED	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007	2005 to 2006	2005 to 2007
Adams	3	3	3	0.0%	0.0%
Asotin	46	52	52	13.0%	13.0%
Benton	93	107	119	15.1%	28.0%
Chelan	178	178	199	0.0%	11.8%
Clallam	88	100	126	13.6%	43.2%
Clark	337	356	420	5.6%	24.6%
Columbia	11	18	17	63.6%	54.5%
Cowlitz	148	130	140	-12.2%	-5.4%
Douglas	0	2	3	N/A	N/A
Ferry	8	14	13	75.0%	62.5%
Franklin	134	165	155	23.1%	15.7%
Garfield	4	7	5	75.0%	25.0%
Grant	45	61	57	35.6%	26.7%
Grays Harbor	59	67	72	13.6%	22.0%
Island	48	31	28	-35.4%	-41.7%
Jefferson	28	41	48	46.4%	71.4%
King	2,802	3,199	3,528	14.2%	25.9%
Kitsap	327	393	430	20.2%	31.5%
Kittitas	16	29	26	81.3%	62.5%
Klickitat	40	52	50	30.0%	25.0%
Lewis	94	84	97	-10.6%	3.2%
Lincoln	12	10	5	-16.7%	-58.3%
Mason	51	62	74	21.6%	45.1%
Okanogan	46	48	62	4.3%	34.8%
Pacific	32	22	20	-31.3%	-37.5%
Pend Oreille	22	23	20	4.5%	-9.1%
Pierce	947	1,106	1,185	16.8%	25.1%
San Juan	16	14	16	-12.5%	0.0%
Skagit	236	259	278	9.7%	17.8%
Skamania	14	16	15	14.3%	7.1%
Snohomish	557	661	676	18.7%	21.4%
Spokane	478	619	808	29.5%	69.0%
Stevens	41	39	34	-4.9%	-17.1%
Thurston	274	273	300	-0.4%	9.5%
Wahkiakum	4	3	3	-25.0%	-25.0%
Walla Walla	49	48	43	-2.0%	-12.2%
Whatcom	196	258	318	31.6%	62.2%
Whitman	15	16	19	6.7%	26.7%
Yakima	370	451	518	21.9%	40.0%
Unknown	32	24	34	-25.0%	6.3%
<b>TOTAL</b>	<b>7,901</b>	<b>9,041</b>	<b>10,016</b>	<b>14.4%</b>	<b>26.8%</b>

**County Treatment Counts**  
by Sub-Population, *continued*

MEDICAID AGED	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007	2005 to 2006	2005 to 2007
Adams	0	0	0	N/A	N/A
Asotin	2	1	0	-50.0%	-100.0%
Benton	2	2	1	0.0%	-50.0%
Chelan	2	3	4	50.0%	100.0%
Clallam	0	2	1	N/A	N/A
Clark	3	7	4	133.3%	33.3%
Columbia	0	0	1	N/A	N/A
Cowlitz	1	2	0	100.0%	-100.0%
Douglas	0	0	0	N/A	N/A
Ferry	0	2	0	N/A	N/A
Franklin	5	4	2	-20.0%	-60.0%
Garfield	0	0	0	N/A	N/A
Grant	1	1	0	0.0%	-100.0%
Grays Harbor	2	1	2	-50.0%	0.0%
Island	0	1	1	N/A	N/A
Jefferson	0	0	0	N/A	N/A
King	49	57	61	16.3%	24.5%
Kitsap	4	5	5	25.0%	25.0%
Kittitas	1	0	0	-100.0%	-100.0%
Klickitat	1	0	0	-100.0%	-100.0%
Lewis	0	1	1	N/A	N/A
Lincoln	0	0	0	N/A	N/A
Mason	1	1	0	0.0%	-100.0%
Okanogan	1	0	3	-100.0%	200.0%
Pacific	4	2	1	-50.0%	-75.0%
Pend Oreille	0	0	0	N/A	N/A
Pierce	14	21	22	50.0%	57.1%
San Juan	0	0	1	N/A	N/A
Skagit	2	5	7	150.0%	250.0%
Skamania	0	0	0	N/A	N/A
Snohomish	4	6	7	50.0%	75.0%
Spokane	12	9	12	-25.0%	0.0%
Stevens	1	0	1	-100.0%	0.0%
Thurston	0	1	0	N/A	N/A
Wahkiakum	0	0	0	N/A	N/A
Walla Walla	0	1	2	N/A	N/A
Whatcom	1	2	4	100.0%	300.0%
Whitman	1	1	0	0.0%	-100.0%
Yakima	8	8	10	0.0%	25.0%
Unknown	1	0	0	-100.0%	-100.0%
<b>TOTAL</b>	<b>123</b>	<b>146</b>	<b>153</b>	<b>18.7%</b>	<b>24.4%</b>

**County Treatment Counts**  
by Sub-Population, *continued*

OTHER MEDICAID ADULTS	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007	2005 to 2006	2005 to 2007
Adams	16	17	14	6.3%	-12.5%
Asotin	45	59	39	31.1%	-13.3%
Benton	220	242	258	10.0%	17.3%
Chelan	176	177	171	0.6%	-2.8%
Clallam	187	198	232	5.9%	24.1%
Clark	507	595	575	17.4%	13.4%
Columbia	7	14	9	100.0%	28.6%
Cowlitz	294	300	276	2.0%	-6.1%
Douglas	1	2	0	100.0%	-100.0%
Ferry	9	13	22	44.4%	144.4%
Franklin	102	146	172	43.1%	68.6%
Garfield	5	6	3	20.0%	-40.0%
Grant	87	112	83	28.7%	-4.6%
Grays Harbor	155	142	155	-8.4%	0.0%
Island	36	34	43	-5.6%	19.4%
Jefferson	40	42	39	5.0%	-2.5%
King	1,357	1,443	1,480	6.3%	9.1%
Kitsap	311	319	312	2.6%	0.3%
Kittitas	44	36	49	-18.2%	11.4%
Klickitat	51	55	51	7.8%	0.0%
Lewis	134	122	129	-9.0%	-3.7%
Lincoln	10	11	8	10.0%	-20.0%
Mason	88	101	109	14.8%	23.9%
Okanogan	127	117	120	-7.9%	-5.5%
Pacific	38	24	40	-36.8%	5.3%
Pend Oreille	16	24	27	50.0%	68.8%
Pierce	1,257	1,381	1,265	9.9%	0.6%
San Juan	9	18	24	100.0%	166.7%
Skagit	244	250	239	2.5%	-2.0%
Skamania	25	24	21	-4.0%	-16.0%
Snohomish	847	937	921	10.6%	8.7%
Spokane	690	910	933	31.9%	35.2%
Stevens	65	55	75	-15.4%	15.4%
Thurston	309	329	397	6.5%	28.5%
Wahkiakum	4	5	13	25.0%	225.0%
Walla Walla	61	73	73	19.7%	19.7%
Whatcom	296	331	339	11.8%	14.5%
Whitman	30	29	22	-3.3%	-26.7%
Yakima	698	794	828	13.8%	18.6%
Unknown	17	11	25	-35.3%	47.1%
<b>TOTAL</b>	<b>8,615</b>	<b>9,498</b>	<b>9,591</b>	<b>10.2%</b>	<b>11.3%</b>

**County Treatment Counts**  
by Sub-Population, *continued*

GA-U	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007	2005 to 2006	2005 to 2007
Adams	0	1	1	N/A	N/A
Asotin	3	7	9	133.3%	200.0%
Benton	20	37	55	85.0%	175.0%
Chelan	65	54	68	-16.9%	4.6%
Clallam	37	55	68	48.6%	83.8%
Clark	71	80	81	12.7%	14.1%
Columbia	1	1	3	0.0%	200.0%
Cowlitz	45	37	53	-17.8%	17.8%
Douglas	0	1	0	N/A	N/A
Ferry	2	4	3	100.0%	50.0%
Franklin	35	41	34	17.1%	-2.9%
Garfield	2	0	1	-100.0%	-50.0%
Grant	13	18	16	38.5%	23.1%
Grays Harbor	6	13	25	116.7%	316.7%
Island	10	8	8	-20.0%	-20.0%
Jefferson	10	7	15	-30.0%	50.0%
King	578	765	891	32.4%	54.2%
Kitsap	42	44	52	4.8%	23.8%
Kittitas	5	8	8	60.0%	60.0%
Klickitat	7	17	9	142.9%	28.6%
Lewis	14	18	14	28.6%	0.0%
Lincoln	0	0	0	N/A	N/A
Mason	14	12	17	-14.3%	21.4%
Okanogan	17	9	20	-47.1%	17.6%
Pacific	5	5	8	0.0%	60.0%
Pend Oreille	5	1	4	-80.0%	-20.0%
Pierce	190	260	341	36.8%	79.5%
San Juan	2	2	1	0.0%	-50.0%
Skagit	42	53	76	26.2%	81.0%
Skamania	6	5	6	-16.7%	0.0%
Snohomish	132	209	187	58.3%	41.7%
Spokane	122	210	293	72.1%	140.2%
Stevens	10	8	15	-20.0%	50.0%
Thurston	21	42	49	100.0%	133.3%
Wahkiakum	0	2	3	N/A	N/A
Walla Walla	4	11	7	175.0%	75.0%
Whatcom	34	47	64	38.2%	88.2%
Whitman	2	7	5	250.0%	150.0%
Yakima	76	87	141	14.5%	85.5%
Unknown	10	7	15	-30.0%	50.0%
<b>TOTAL</b>	<b>1,658</b>	<b>2,193</b>	<b>2,666</b>	<b>32.3%</b>	<b>60.8%</b>

**County Treatment Counts**  
by Sub-Population, *continued*

YOUTH	Treatment Counts			Percent Change	
	FY 2005	FY 2006	FY 2007	2005 to 2006	2005 to 2007
Adams	5	1	4	-80.0%	-20.0%
Asotin	24	20	17	-16.7%	-29.2%
Benton	146	143	165	-2.1%	13.0%
Chelan	104	121	115	16.3%	10.6%
Clallam	117	138	159	17.9%	35.9%
Clark	315	304	315	-3.5%	0.0%
Columbia	10	5	4	-50.0%	-60.0%
Cowlitz	132	129	86	-2.3%	-34.8%
Douglas	3	1	4	-66.7%	33.3%
Ferry	12	5	2	-58.3%	-83.3%
Franklin	41	59	60	43.9%	46.3%
Garfield	0	1	1	N/A	N/A
Grant	31	44	52	41.9%	67.7%
Grays Harbor	171	173	172	1.2%	0.6%
Island	48	45	54	-6.3%	12.5%
Jefferson	34	42	24	23.5%	-29.4%
King	1,335	1,222	1,225	-8.5%	-8.2%
Kitsap	218	215	185	-1.4%	-15.1%
Kittitas	24	15	22	-37.5%	-8.3%
Klickitat	13	26	29	100.0%	123.1%
Lewis	160	161	192	0.6%	20.0%
Lincoln	1	0	2	-100.0%	100.0%
Mason	87	95	96	9.2%	10.3%
Okanogan	67	43	41	-35.8%	-38.8%
Pacific	9	8	10	-11.1%	11.1%
Pend Oreille	1	6	2	500.0%	100.0%
Pierce	692	637	496	-7.9%	-28.3%
San Juan	15	15	10	0.0%	-33.3%
Skagit	184	270	218	46.7%	18.5%
Skamania	15	17	24	13.3%	60.0%
Snohomish	424	366	299	-13.7%	-29.5%
Spokane	775	804	916	3.7%	18.2%
Stevens	40	24	38	-40.0%	-5.0%
Thurston	258	313	338	21.3%	31.0%
Wahkiakum	2	9	7	350.0%	250.0%
Walla Walla	25	41	24	64.0%	-4.0%
Whatcom	287	307	294	7.0%	2.4%
Whitman	10	24	27	140.0%	170.0%
Yakima	470	431	461	-8.3%	-1.9%
Unknown	1	7	6	600.0%	500.0%
<b>TOTAL</b>	<b>6,306</b>	<b>6,287</b>	<b>6,196</b>	<b>-0.3%</b>	<b>-1.7%</b>

## Demographics

by Sub-Population

	FY 2005	FY 2006	FY 2007	
<b>GENDER</b>	Number	Number	Number	Distribution
<b>Non-Target Adults</b>				
Female	3,711	4,186	4,140	
Male	12,803	13,782	14,173	
Unknown	144	165	0	
<b>Adult Medicaid Disabled</b>				
Female	3,435	3,999	4,404	
Male	4,466	5,042	5,612	
Unknown	0	0	0	
<b>Medicaid Aged</b>				
Female	35	52	52	
Male	88	94	101	
Unknown	0	0	0	
<b>Other Medicaid Adults</b>				
Female	6,182	6,975	7,016	
Male	2,433	2,523	2,575	
Unknown	0	0	0	
<b>GA-U</b>				
Female	580	742	883	
Male	1,078	1,451	1,783	
Unknown	0	0	0	
<b>Youth</b>				
Female	2,349	2,301	2,257	
Male	3,912	3,950	3,939	
Unknown	45	36	0	

	FY 2005	FY 2006	FY 2007	
<b>RACE ETHNICITY</b>	Number	Number	Number	Distribution
<b>Non-Target Adults</b>				
Asian   Pacific Islander	350	416	428	
Black	1,071	1,176	1,219	
Hispanic	2,367	2,563	2,682	
American Indian	1,582	1,761	1,888	
Other	219	234	257	
White	10,847	11,740	11,819	
Unknown	222	243	20	



**Demographics**  
by Sub-Population, *continued*

	FY 2005	FY 2006	FY 2007	
RACE ETHNICITY	Number	Number	Number	Distribution
<b>Adult Medicaid Disabled</b>				
Asian   Pacific Islander	101	115	140	
Black	938	1,108	1,300	■
Hispanic	338	428	482	■
American Indian	399	449	506	■
Other	32	45	44	
White	6,092	6,894	7,541	■
<i>Unknown</i>	1	2	3	
<b>Medicaid Aged</b>				
Asian   Pacific Islander	14	18	13	■
Black	13	18	21	■
Hispanic	15	16	14	■
American Indian	13	18	19	■
Other	1	1	0	
White	67	75	86	■
<i>Unknown</i>	0	0	0	
<b>Other Medicaid Adults</b>				
Asian   Pacific Islander	108	114	147	
Black	566	627	619	■
Hispanic	759	877	885	■
American Indian	1,061	1,173	1,222	■
Other	60	73	67	
White	6,055	6,633	6,649	■
<i>Unknown</i>	6	1	2	
<b>GA-U</b>				
Asian   Pacific Islander	19	23	33	
Black	208	309	369	■
Hispanic	91	130	130	■
American Indian	87	112	159	■
Other	18	22	27	
White	1,235	1,596	1,947	■
<i>Unknown</i>	0	1	1	
<b>Youth</b>				
Asian   Pacific Islander	166	154	138	
Black	416	415	398	■
Hispanic	904	949	1,019	■
American Indian	554	498	492	■
Other	49	61	87	
White	4,144	4,146	4,049	■
<i>Unknown</i>	73	64	13	

**Demographics**  
by Sub-Population, *continued*

	FY 2005	FY 2006	FY 2007	
AGE	Number	Number	Number	Distribution
<b>Non-Target Adults</b>				
18-24	3,846	4,286	4,201	
25-34	4,803	5,285	5,485	
35-44	4,752	5,027	4,876	
45-54	2,642	2,889	3,059	
55-64	516	560	588	
65-74	84	71	88	
75+	15	15	16	
<b>Adult Medicaid Disabled</b>				
18-24	538	654	730	
25-34	1,433	1,581	1,758	
35-44	2,623	2,843	3,109	
45-54	2,584	3,022	3,310	
55-64	721	935	1,109	
<b>Medicaid Aged</b>				
65-74	112	129	136	
75-84	11	17	17	
<b>Other Medicaid Adults</b>				
18-24	2,524	2,751	2,813	
25-34	3,359	3,823	3,872	
35-44	2,188	2,358	2,333	
45-54	523	541	538	
55-64	21	25	35	
<b>GA-U</b>				
18-24	122	162	236	
25-34	325	428	511	
35-44	640	841	965	
45-54	508	674	839	
55-64	63	88	115	
<b>Youth</b>				
12 and under	133	119	95	
13	323	302	272	
14	815	809	791	
15	1,492	1,499	1,493	
16	1,729	1,753	1,749	
17	1,814	1,805	1,796	

PART III  
**Cost Offset Estimates**



**Key Findings**

- For adult Medicaid Disabled patients, medical savings are estimated to be \$295 per treated patient per month (pmpm) in the 2005-07 Biennium, compared to \$200 in the original appropriation.
- Estimated nursing home savings per treated Medicaid Disabled patient are estimated to be \$58 pmpm over the 2005-07 Biennium, as was assumed in the original appropriation.
- For GA-U patients, medical savings are estimated to be \$166 per treated patient per month (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 Study<sup>4</sup> and related analyses conducted during the legislative session.<sup>5</sup> 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 in the 2005-07 Biennium provides a “natural experiment” that makes possible the use of alternative models to estimate the impact of chemical dependency treatment on medical and nursing home expenditures that may be more robust against the selection bias critique of the original savings estimates used in the legislative process. **We use an evaluation approach that combines difference-of-difference and intent-to-treat design elements to reduce potential biases in the measurement of treatment impacts.** We compare the percent deviation from expected cost trends for clients affected by the expansion (clients with identified alcohol/drug problems), relative to the percent deviation from expected cost trends for clients not affected by the expansion (clients without identified alcohol/drug problems). The difference-of-difference component helps control for common confounding factors affecting changes in expenditures, such as secular trends in service utilization or changes in reimbursement rates. The intent-to-treat component helps mitigate the problem of selection bias that is created by the non-random entry of clients to treatment. By examining changes in costs for all clients with substance use disorders, as opposed to only those who choose to enter treatment, we eliminate measurement bias that could occur if clients entering chemical dependency treatment tend to experience smaller increases in costs over time, independent of any impact of treatment on costs.

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

The key challenge for our estimation framework is to control for the potential confounding effects of other 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

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<sup>4</sup> 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](http://www1.dshs.wa.gov/rda/research/11/109.shtm).

<sup>5</sup> 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](http://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 throughout the 2005-07 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 arrest database (primarily arrests for the manufacturing, possession, or sale of illicit drugs). For this report, we dropped the WSP arrest component of the “AOD treatment need flag” because complete arrest data are not available for FY 2007. In other words, we cannot create a consistent time series of AOD treatment need through FY 2007 without dropping 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 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, for reasons discussed in the next section. 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 1.8 percentage points from 23.7 percent in FY 2004 to 25.5 percent in FY 2005. This is about 60 percent of the 3 percentage point annual increase in AOD treatment penetration experienced in the first two years of Treatment Expansion.
- For GA-U clients, AOD treatment penetration increased by 2.9 percentage points from 31.8 percent in FY 2004 to 34.7 percent in FY 2005. This is about 60 percent of the 5 percentage point 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 2007

Disabled, Blind, GA-X Adults (Categorically Needy/Medically Needy)						
	2003	2004	2005	2006	2007	Penetration Rate Trend
<b>Number of Clients</b> <i>Unduplicated</i>	138,107	145,215	151,663	155,238	155,530	
<b>Percent needing AOD treatment</b> <i>Estimate</i>	20.4%	20.4%	20.4%	20.4%	20.4%	
<b>Number needing AOD treatment</b> <i>Estimate</i>	28,174	29,624	30,939	31,669	31,728	
<b>Number receiving AOD treatment</b>	6,426	7,011	7,901	9,040	10,016	
<b>AOD Penetration Rate</b>	22.8%	23.7%	25.5%	28.5%	31.6%	

Aged (Categorically Needy/Medically Needy)						
	2003	2004	2005	2006	2007	Penetration Rate Trend
<b>Number of Clients</b> <i>Unduplicated</i>	77,060	78,623	79,831	81,864	80,941	
<b>Percent needing AOD treatment</b> <i>Estimate</i>	1.6%	1.6%	1.6%	1.6%	1.6%	
<b>Number needing AOD treatment</b> <i>Estimate</i>	1,233	1,258	1,277	1,310	1,295	
<b>Number receiving AOD treatment</b>	94	108	123	146	153	
<b>AOD Penetration Rate</b>	7.6%	8.6%	9.6%	11.1%	11.8%	

Other Medicaid Adults						
	2003	2004	2005	2006	2007	Penetration Rate Trend
<b>Number of Clients</b> <i>Unduplicated</i>	228,626	238,818	242,966	242,008	237,972	
<b>Percent needing AOD treatment</b> <i>Estimate</i>	13.2%	13.2%	13.2%	13.2%	13.2%	
<b>Number needing AOD treatment</b> <i>Estimate</i>	30,179	31,524	32,072	31,945	31,412	
<b>Number receiving AOD treatment</b>	7,378	7,853	8,604	9,392	9,586	
<b>AOD Penetration Rate</b>	24.4%	24.9%	26.8%	29.4%	30.5%	

GA-Unemployable						
	2003	2004	2005	2006	2007	Penetration Rate Trend
<b>Number of Clients</b> <i>Unduplicated</i>	11,145	13,300	15,925	18,522	19,981	
<b>Percent needing AOD treatment</b> <i>Estimate</i>	30.0%	30.0%	30.0%	30.0%	30.0%	
<b>Number needing AOD treatment</b> <i>Estimate</i>	3,344	3,990	4,778	5,557	5,994	
<b>Number receiving AOD treatment</b>	1,067	1,270	1,658	2,198	2,667	
<b>AOD Penetration Rate</b>	31.9%	31.8%	34.7%	39.6%	44.5%	

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.

## Cost Offset Estimates

### FY 2005 Medicaid-Only 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 34 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 \$1,292 pmpm, which was 4.1 percent below the \$1,348 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 \$779 pmpm, which was 2.9 percent below the \$802 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 2.9 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 \$1,309 pmpm.
- The difference between the **actual** expenditure (\$1,292 pmpm) and the **expected trend** based on the experience of non-AOD problem clients (\$1,309 pmpm) is \$16.57 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 \$15.38 pmpm estimate over the average monthly caseload of 14,094 Medicaid-only Disabled clients with identified AOD problems produces an estimated total cost savings of \$2.8 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 \$2.4 million in savings associated the increase in AOD treatment penetration that occurred in FY 2005.<sup>6</sup>
- **There was no budget “step” associated with these savings, and they are part of the primary trend in the HRSA Medical Assistance budget forecast.**

### MPPM 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 45 percent in FY 2007.

There were 7,945 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 \$307 for the additional Medicaid Disabled clients receiving AOD treatment through Treatment Expansion in FY 2005.

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<sup>6</sup> We used the latest propensity-score model estimate of reduced medical costs of \$192 pmpm for Medicaid-only Disabled clients who received at least a brief intervention through the WASBIRT project. We combined this estimate with information on the ramp-up of clients treated through WASBIRT who were flagged as AOD problem clients. We estimated that WASBIRT accounted for \$361,536 of the overall estimated savings in FY 2005.



## 2005-07 Biennium Cost Offsets

For clarity, we also walk through the detailed calculation of HRSA medical expenditure savings for Medicaid-only Disabled clients for the 2005-07 Biennium. The table on page 34 contains the detailed calculations.

- The average Medical Assistance expenditure for Medicaid-only Disabled clients **with** identified AOD problems in FY 2006 was \$1,295 pmpm, which was 11.4 percent below the \$1,462 linear trend forecast based on the FY 2003-04 experience.
- The average expenditure for clients **without** identified AOD problems in FY 2006 was \$791 pmpm, which was 8.4 percent below the \$863 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 (an 8.4 percent decrease relative to trend forecast), then the average Medical Assistance expenditure for Medicaid-only Disabled clients with identified AOD problems in FY 2006 would have been \$1,339 pmpm.
- The difference between the **actual** expenditure (\$1,295 pmpm) and the **expected trend** based on the experience of non-AOD problem clients (\$1,339 pmpm) is \$43.96 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 \$43.96 pmpm estimate over the average monthly caseload of 15,669 Medicaid-only Disabled clients with identified AOD problems produces an estimated total cost savings of \$8.3 million in FY 2006.
- Backing out cost savings associated with the WASBIRT pilot leaves a total of \$7.5 million in savings associated the increase in AOD treatment penetration through FY 2006.
- An analogous series of calculations for FY 2007 produces estimated savings of \$6.9 million for that year, for a total of \$14.5 million in biennium.
- **This estimate includes unbudgeted savings resulting from the ongoing impact of the FY 2005 expansion.**
- **Estimated Medical Assistance savings per treated Medicaid Disabled patient over the course of the 2005-07 Biennium are \$295 pmpm, compared to \$200 pmpm assumed in the original appropriation.**

We used the same technique to measure the impact of Treatment Expansion on nursing home costs for Medicaid Disabled patients. Total nursing home savings are estimated to be \$650,000 in FY 2006 and \$2.2 million in FY 2007. **Estimated nursing home savings per treated Medicaid Disabled patient are estimated to be \$58 pmpm over the 2005-07 Biennium, as was assumed in the original appropriation.** Expanding the time period used to estimate treatment expansion impacts to include FY 2005 significantly reduced the estimated nursing home savings on a per treated patient basis, bringing these estimates in line with the originally budgeted pmpm savings estimate. This occurred because the criminal justice related AOD treatment expansion that occurred in FY 2005 had a relatively small impact on nursing home utilization, compared to the impact of the 2005-07 Biennium expansion.

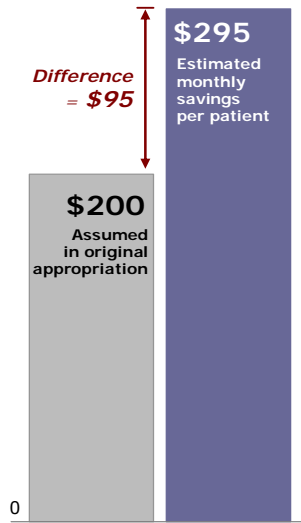
## Medical Cost Offsets for GA-U Clients

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 \$800,000 in FY 2006 and \$1.5 million in FY 2007. **Medical cost savings per treated GA-U patient are estimated to be \$166 pmpm over the 2005-07 Biennium, compared to the \$119 pmpm assumed in the original appropriation.**

## 2005-07 Cost Offset Estimates

Biennial Average

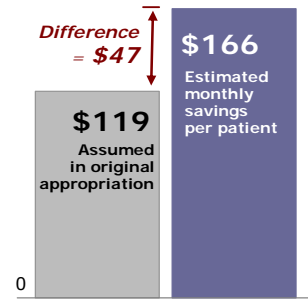
### Medicaid-only Blind/Disabled Medical Savings



### Medicaid Blind/Disabled Nursing Home Savings



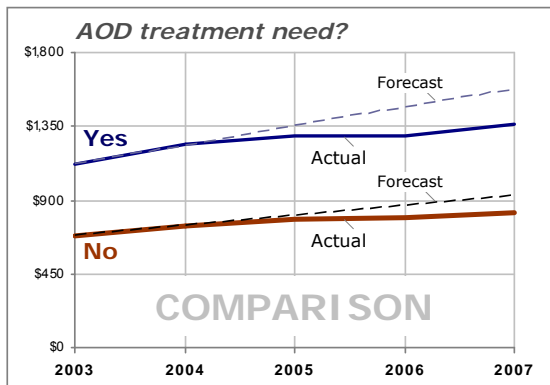
### GA-U Medical Savings Using FY 2005 as Baseline



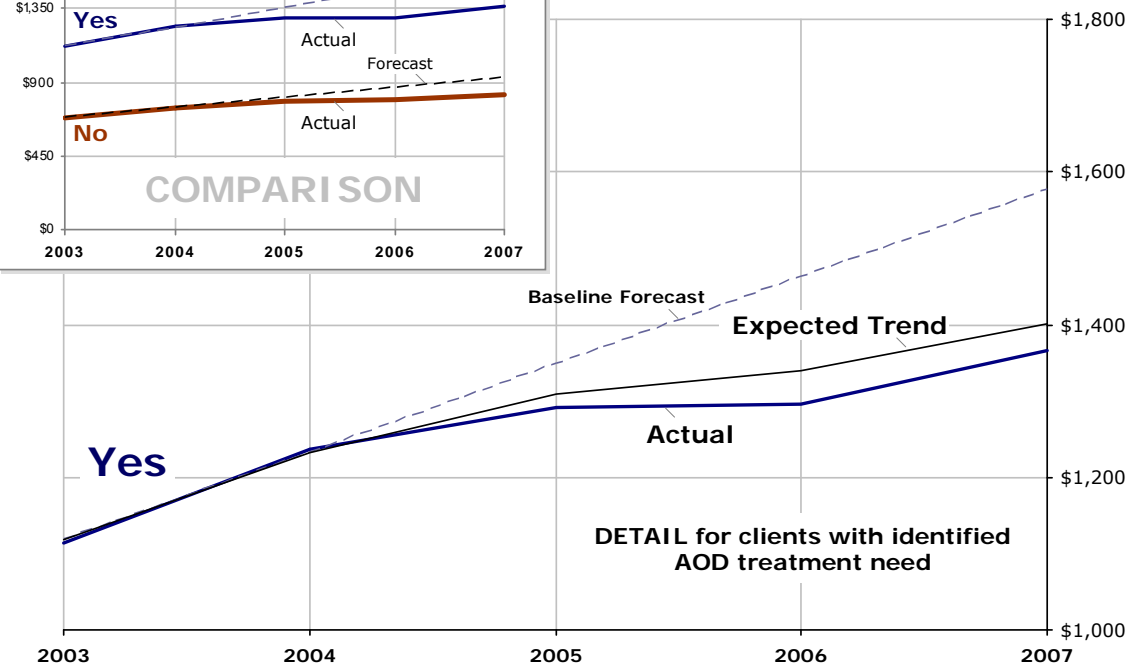
SOURCE: DSHS Research and Data Analysis Division, 2007.

FISCAL YEAR 2007

	Assumed	Actual	Difference
Medicaid-only Blind/Disabled – Medical Savings	\$200	\$295	+ \$95
Medicaid Disabled – Nursing Home Savings	\$58 <sup>7</sup>	\$58	0
GA-U – Medical Savings, Using FY 2005 as Baseline	\$119	\$166	+ \$47

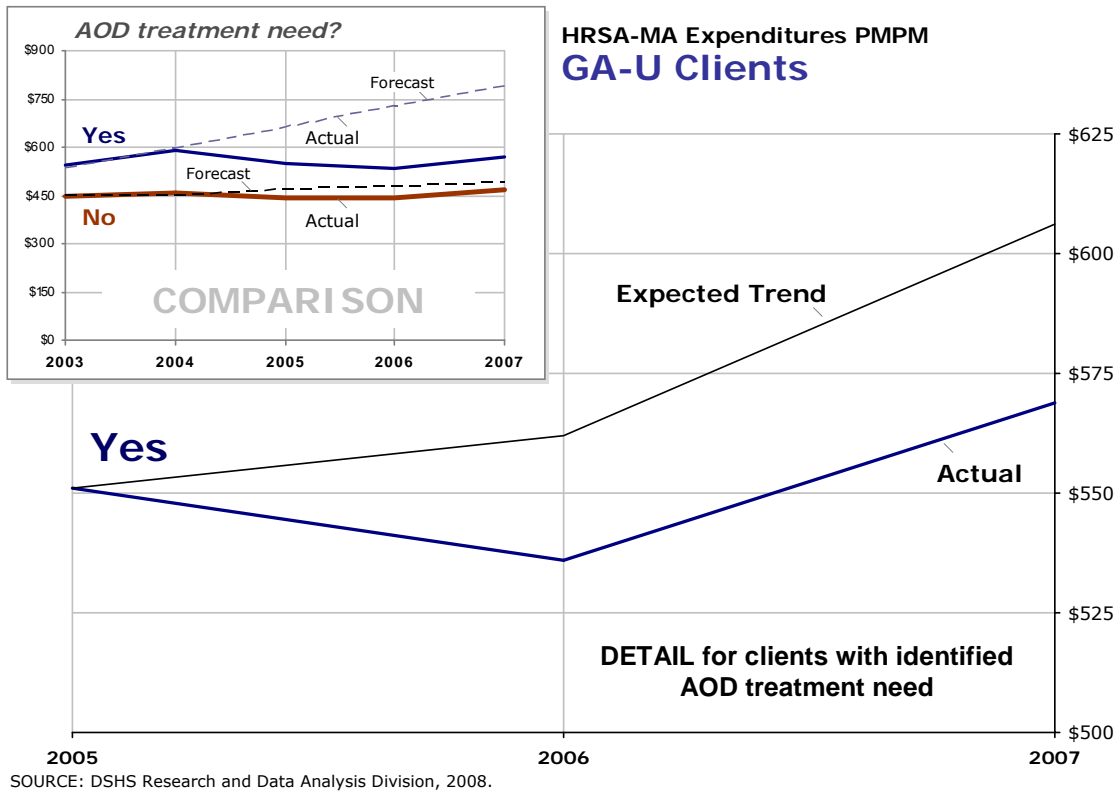
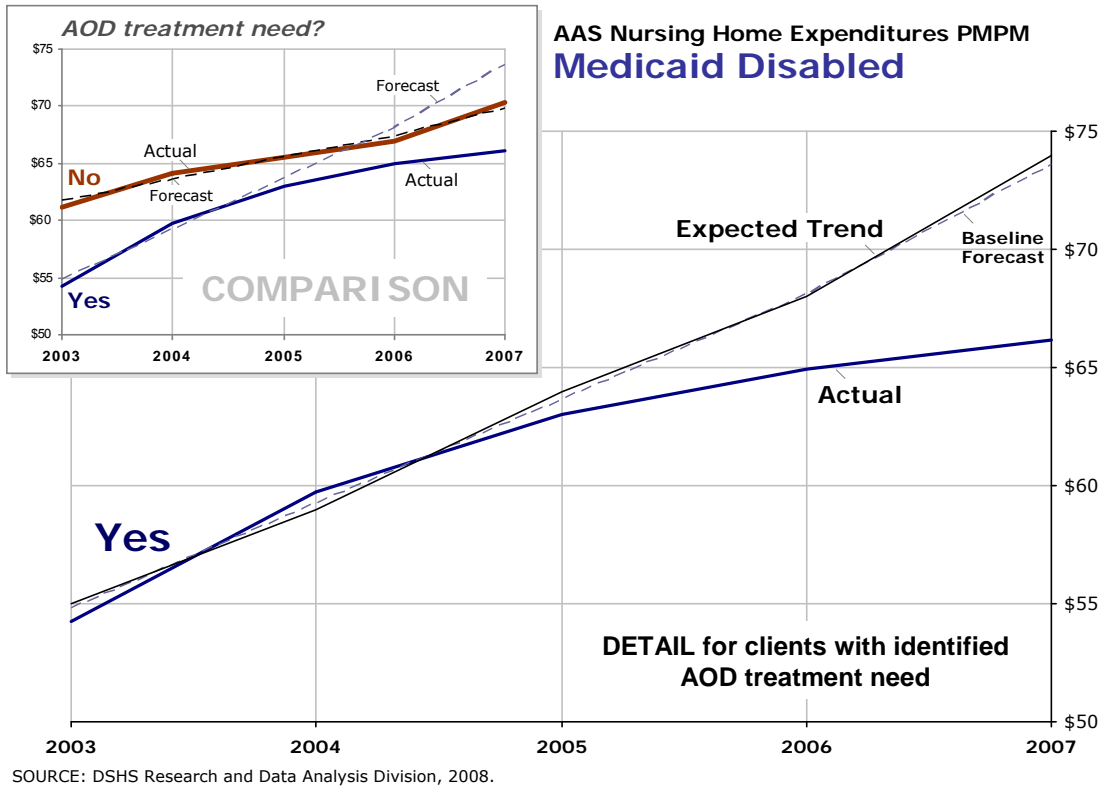


### HRSA-MA Expenditures PMPM Medicaid-only Disabled



SOURCE: DSHS Research and Data Analysis Division, 2008.

<sup>7</sup> Savings assumed in original 2005-07 Biennium appropriation.



## Cost Offset Calculations

Medicaid-only Blind/Disabled Medical Costs								
	NO AOD TREATMENT NEED				AOD TREATMENT NEED			
	Average Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast	Average Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast
FY 2003	59,853	\$682	\$681		11,920	\$1,114	\$1,118	
FY 2004	61,872	\$741	\$742		12,870	\$1,237	\$1,233	
FY 2005	62,596	\$779	\$802	-2.9%	14,094	\$1,292	\$1,348	-4.1%
FY 2006	62,221	\$791	\$863	-8.4%	15,669	\$1,295	\$1,462	-11.4%
FY 2007	61,997	\$822	\$924	-11.1%	16,977	\$1,365	\$1,577	-13.5%
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	\$1,118							
FY 2004	\$1,233							
FY 2005	\$1,309	-1.2%	-\$16.57	-\$2,802,328	-\$361,536	-\$2,440,792	7,945	-\$307
FY 2006	\$1,339	-3.0%	-\$43.96	-\$8,266,508	-\$730,560	-\$7,535,948	18,295	-\$412
FY 2007	\$1,402	-2.4%	-\$37.33	-\$7,605,917	-\$674,112	-\$6,931,805	30,731	-\$226
<b>2005-07 Biennial Average</b>								<b>-\$295</b>

Medicaid Blind/Disabled Nursing Home Costs								
	NO AOD TREATMENT NEED				AOD TREATMENT NEED			
	Average Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast	Average Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast
FY 2003	100,100	\$61.17	\$61.74	-0.9%	15,621	\$54.24	\$54.80	-1.0%
FY 2004	104,433	\$64.16	\$63.62	0.8%	16,821	\$59.73	\$59.22	0.9%
FY 2005	107,222	\$65.56	\$65.51	0.1%	18,320	\$62.99	\$63.66	-1.0%
FY 2006	107,240	\$66.89	\$67.39	-0.7%	20,737	\$64.96	\$68.07	-4.6%
FY 2007	105,815	\$70.37	\$69.75	0.9%	22,740	\$66.17	\$73.58	-10.1%
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	-1.1%	-\$0.72	-\$159,011	7,945	-\$20		
FY 2006	\$68	-3.8%	-\$2.61	-\$649,555	18,295	-\$36		
FY 2007	\$74	-10.9%	-\$8.05	-\$2,197,932	30,731	-\$72		
<b>2005-07 Biennial Average</b>						<b>-\$58</b>		

GA-Unemployable Medical Costs (Using FY 2005 as Baseline)								
	NO AOD TREATMENT NEED				AOD TREATMENT NEED			
	Average Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast	Average Monthly Caseload	PMPM Actual	2003-04 Trend PMPM Forecast	Deviation from Forecast
FY 2005*	7,004	\$439	\$439		3,268	\$544	\$544	
FY 2006	7,749	\$442	\$439	0.6%	4,041	\$536	\$550	-2.5%
FY 2007	8,418	\$470	\$439	7.0%	4,786	\$569	\$555	2.5%
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	\$551							
FY 2006	\$562	-3.1%	-\$16.84	-\$816,696	4,157	-\$196		
FY 2007	\$606	-4.5%	-\$25.71	-\$1,476,653	9,638	-\$153		
<b>2005-07 Biennial Average</b>						<b>-\$166</b>		

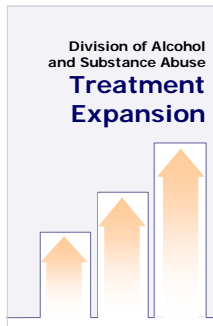
\* Last seven months of the fiscal year following the implementation of the GA-U managed care pilot in King and Pierce counties.



# DSHS | DASA Treatment Expansion: April 2008 Update

REPORT 4.66A | 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 7. DSHS Service Profile (CSDB) .....	A-12

TABLE 1  
**Chronic Disease Categories (CDPS)**

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

TABLE 2  
**Pharmacy Categories (Medicaid-Rx)**

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

TABLE 3A  
**Medicaid-only Disabled Patients**  
 Not dually eligible for Medicare  
**Chronic Disease Profile (CDPS)**

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
CANH	1%	57	1%	65	1%	90
CANM	1%	79	1%	77	1%	70
CANL	1%	41	1%	35	1%	47
CARVH	1%	26	1%	32	1%	40
CARM	4%	233	5%	305	4%	314
CARL	10%	590	11%	695	9%	681
CAREL	16%	888	16%	1,045	18%	1,282
CERL	3%	151	3%	185	3%	199
CNSH	0%	3	0%	7	0%	12
CNSM	1%	78	1%	70	1%	93
CNSL	21%	1,205	22%	1,434	22%	1,593
DDM	0%	0	0%	0	0%	0
DDL	0%	15	0%	19	0%	10
DIA1H	0%	11	0%	8	0%	8
DIA1M	3%	155	3%	192	2%	171
DIA2M	1%	50	1%	64	1%	88
DIA2L	7%	403	7%	428	8%	557
EYEL	0%	22	0%	19	0%	23
EYEVL	2%	111	2%	115	2%	157
GENEL	3%	186	4%	228	4%	250
GIH	2%	118	2%	111	2%	158
GIM	9%	485	9%	588	8%	551
GIL	17%	978	17%	1,087	17%	1,206
HEMEH	0%	1	0%	2	0%	3
HEMVH	0%	5	0%	5	0%	4
HEMM	3%	142	3%	160	2%	123
HEML	4%	200	4%	234	4%	266
AIDSH	3%	176	3%	184	3%	206
HIVM	0%	12	0%	16	0%	10
INFH	1%	26	0%	28	1%	39
INFM	1%	53	1%	81	2%	116
INFL	4%	251	4%	222	3%	227
METH	3%	185	3%	184	3%	215
METM	2%	118	1%	93	2%	116
METVL	4%	248	4%	281	5%	358
PSYH	10%	571	11%	681	11%	809
PSYM	12%	668	10%	664	10%	723
PSYL	33%	1,844	34%	2,194	35%	2,492
PULVH	0%	15	0%	8	0%	14
PULH	3%	184	3%	210	3%	246
PULM	3%	145	3%	210	3%	235
PULL	24%	1,354	23%	1,490	23%	1,634
RENVH	1%	48	0%	20	0%	12
RENM	5%	258	6%	370	6%	406
RENL	4%	230	5%	301	5%	327
SKCM	1%	38	1%	39	1%	44
SKCL	4%	218	4%	230	4%	296
SKCVL	9%	521	9%	606	10%	682
SKCEL	14%	773	14%	883	13%	944
SKNH	0%	20	0%	6	0%	1
SKNL	3%	162	3%	162	3%	179
SKNVL	19%	1,102	20%	1,264	20%	1,403
SUBL	60%	3,428	61%	3,891	60%	4,356
SUBVL	26%	1,451	27%	1,726	28%	2,008
<b>TOTAL</b>		<b>5,679</b>		<b>6,419</b>		<b>7,208</b>



TABLE 3B  
**Medicaid-only Disabled Patients**  
 Not dually eligible for Medicare  
**Pharmacy Profile (Medicaid-Rx)**

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
MRX1	1%	74	2%	99	1%	70
MRX2	0%	2	0%	7	0%	3
MRX3	2%	120	2%	140	2%	168
MRX4	29%	1,643	28%	1,778	21%	1,476
MRX5	1%	36	1%	47	1%	40
MRX6	1%	64	1%	64	1%	54
MRX7	38%	2,166	38%	2,466	37%	2,678
MRX8	0%	21	0%	21	0%	26
MRX9	56%	3,177	50%	3,192	44%	3,164
MRX10	5%	290	5%	323	5%	335
MRX11	18%	1,036	14%	877	13%	912
MRX12	0%	20	0%	11	0%	18
MRX13	2%	117	2%	144	2%	164
MRX14	0%	2	0%	1	0%	5
MRX15	13%	763	16%	1,036	14%	1,029
MRX16	0%	15	0%	27	0%	31
MRX17	1%	30	1%	42	1%	47
MRX18	0%	0	0%	0	0%	0
MRX19	0%	0	0%	0	0%	1
MRX20	0%	0	0%	0	0%	0
MRX21	3%	175	3%	199	2%	159
MRX22	1%	69	1%	57	1%	36
MRX23	7%	396	7%	477	7%	479
MRX24	0%	15	0%	19	0%	14
MRX25	15%	837	14%	869	13%	958
MRX26	55%	3,118	49%	3,139	43%	3,087
MRX27	13%	733	12%	749	12%	829
MRX28	5%	256	5%	287	4%	267
MRX29	4%	207	4%	262	4%	268
MRX30	0%	19	0%	19	0%	10
MRX31	3%	143	2%	133	3%	191
MRX32	1%	60	1%	67	1%	73
MRX33	2%	123	2%	140	2%	129
MRX34	17%	958	17%	1,059	16%	1,177
MRX35	1%	73	1%	78	1%	69
MRX36	1%	50	1%	57	1%	63
MRX37	53%	3,009	53%	3,390	52%	3,750
MRX38	3%	183	4%	278	5%	372
MRX39	0%	3	0%	1	0%	1
MRX40	33%	1,878	32%	2,043	29%	2,072
MRX41	7%	397	6%	393	6%	453
MRX42	23%	1,321	18%	1,159	17%	1,237
MRX43	3%	163	2%	104	1%	71
MRX44	0%	12	0%	11	0%	10
MRX45	1%	32	1%	42	1%	36
<b>TOTAL</b>		<b>5,679</b>		<b>6,419</b>		<b>7,208</b>

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

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
<b>Any Aging and Adult Service</b>	<b>6%</b>	<b>431</b>	<b>6%</b>	<b>550</b>
Adult Family Home	0%	33	1%	43
Adult Residential Care	0%	25	1%	41
Assisted Living	0%	11	0%	14
In-Home Services	3%	217	3%	286
Nursing Home	2%	170	2%	175
<b>Any DASA Service</b>	<b>100%</b>	<b>7,901</b>	<b>100%</b>	<b>9,040</b>
ADATSA Assessment	19%	1,463		n/a*
Other Assessment	39%	3,080	45%	4,052
Detoxification	13%	1,036	13%	1,203
Outpatient Treatment	87%	6,904	88%	7,926
Opiate Substitution Treatment	26%	2,011	23%	2,108
Residential Treatment	21%	1,683	21%	1,939
<b>Any Mental Health Division Service</b>	<b>57%</b>	<b>4,532</b>	<b>59%</b>	<b>5,327</b>
Child Study Treatment Center	0%	1	0%	0
Child Long-Term Inpatient	0%	1	0%	0
Community Inpatient	9%	713	9%	840
Community Services	56%	4,442	58%	5,233
State Institutions	2%	138	2%	153
<b>Any Children's Administration Service</b>	<b>11%</b>	<b>874</b>	<b>11%</b>	<b>964</b>
Adoptions Support	0%	18	0%	17
Behavioral Rehabilitation Services	0%	1	0%	0
Child Care Services	0%	19	0%	16
DCFS CPS Case Management	7%	519	7%	596
Child Welfare Services Case Management	6%	482	6%	524
Crisis Care	0%	0		n/a*
Family Reconciliation Services	1%	70	1%	76
Family Focused Services	2%	151		n/a*
Foster Care Services - In Placement	0%	3	0%	1
Foster Care Services - Support Services	2%	166	2%	198
Other Intensive Services	0%	1	0%	0
<b>Any Juvenile Rehabilitation Service</b>	<b>0%</b>	<b>7</b>	<b>0%</b>	<b>9</b>
Community Residences and Group Homes	0%	3	0%	4
Dispositional Alternatives	0%	1	0%	4
JRA Institutions and Youth Camps	0%	5	0%	5
Parole	0%	6	0%	5
<b>ESA</b>	<b>92%</b>	<b>7,263</b>	<b>93%</b>	<b>8,373</b>
Washington Basic Food Program	89%	6,995	90%	8,109
Consolidated Emergency Assistance Program	0%	0	0%	0
Diversion	0%	8	0%	2
ESA Child Care	1%	41	0%	38
GA-Unemployable or GA-X (Pending SSI)	40%	3,123	39%	3,556
Refugee Grants	0%	0	0%	1
SSI State Supplement	2%	162	2%	157
TANF and State Family Assistance	3%	265	3%	304
WorkFirst Participants	7%	570		n/a*
Child Support Enforcement Services	30%	2,398	31%	2,755
<b>TOTAL</b>		<b>7,901</b>		<b>9,040</b>

\*This category was not obtained in FY 2006.

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

**Chronic Disease Profile (CDPS)**

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
CANH	1%	8	0%	5	0%	7
CANM	0%	6	1%	16	0%	10
CANL	0%	4	0%	7	1%	14
CARVH	0%	3	0%	5	0%	3
CARM	2%	29	1%	30	2%	42
CARL	6%	91	7%	155	6%	161
CAREL	13%	216	14%	302	15%	390
CERL	1%	12	1%	27	1%	32
CNSH	0%	1	0%	1	0%	0
CNSM	0%	4	1%	12	0%	5
CNSL	14%	226	13%	282	13%	347
DDM	0%	0	0%	0	0%	0
DDL	0%	0	0%	0	0%	1
DIA1H	0%	2	0%	1	0%	1
DIA1M	1%	16	2%	32	1%	32
DIA2M	1%	8	0%	7	1%	12
DIA2L	4%	72	4%	87	4%	104
EYEL	0%	7	0%	4	0%	6
EYEVL	1%	19	1%	23	1%	29
GENEL	3%	41	3%	61	2%	55
GIH	0%	4	1%	19	1%	13
GIM	6%	99	5%	117	5%	141
GIL	13%	217	13%	278	12%	311
HEMEH	0%	2	0%	0	0%	1
HEMVH	0%	0	0%	0	0%	0
HEMM	1%	20	1%	27	1%	15
HEML	1%	22	2%	33	1%	33
AIDSH	2%	35	2%	47	2%	57
HIVM	0%	3	0%	2	0%	7
INFH	0%	1	0%	5	0%	2
INFM	1%	11	1%	10	1%	15
INFL	3%	46	2%	53	3%	65
METH	1%	22	1%	24	1%	26
METM	1%	13	1%	16	1%	13
METVL	3%	43	2%	49	3%	75
PSYH	3%	46	2%	53	3%	70
PSYM	8%	135	6%	139	6%	167
PSYL	28%	452	29%	625	28%	750
PULVH	0%	0	0%	0	0%	0
PULH	1%	15	1%	27	1%	25
PULM	1%	21	1%	24	2%	43
PULL	15%	242	14%	295	15%	403
RENVH	0%	4	0%	2	0%	0
RENM	2%	25	2%	52	2%	57
RENL	4%	58	3%	73	3%	75
SKCM	1%	9	1%	10	1%	17
SKCL	3%	47	3%	56	2%	56
SKCVL	9%	139	9%	203	8%	217
SKCEL	14%	228	13%	288	13%	343
SKNH	0%	3	0%	1	0%	2
SKNL	1%	15	2%	40	1%	34
SKNVL	14%	234	15%	328	15%	404
SUBL	21%	336	23%	503	21%	557
SUBVL	14%	221	11%	242	13%	344
<b>TOTAL</b>		<b>1,637</b>		<b>2,172</b>		<b>2,645</b>

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

**Pharmacy Profile (Medicaid-Rx)**

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
MRX1	2%	26	1%	24	1%	15
MRX2	0%	0	0%	0	0%	0
MRX3	1%	19	1%	27	1%	26
MRX4	16%	264	14%	313	11%	281
MRX5	0%	7	0%	5	1%	15
MRX6	0%	5	0%	4	0%	4
MRX7	25%	410	22%	480	22%	574
MRX8	0%	2	0%	4	0%	4
MRX9	39%	636	32%	700	27%	718
MRX10	3%	49	3%	55	2%	56
MRX11	12%	200	7%	161	8%	209
MRX12	0%	2	0%	1	0%	2
MRX13	2%	24	1%	24	1%	19
MRX14	0%	0	0%	0	0%	0
MRX15	8%	136	9%	194	8%	212
MRX16	0%	4	0%	4	0%	3
MRX17	0%	6	1%	10	0%	9
MRX18	0%	0	0%	0	0%	0
MRX19	0%	0	0%	0	0%	0
MRX20	0%	0	0%	0	0%	0
MRX21	1%	23	2%	36	2%	44
MRX22	0%	7	0%	7	0%	4
MRX23	4%	65	4%	76	3%	74
MRX24	0%	0	0%	3	0%	3
MRX25	8%	127	7%	161	7%	178
MRX26	39%	635	33%	722	29%	757
MRX27	8%	137	7%	144	7%	179
MRX28	2%	40	2%	41	2%	51
MRX29	2%	32	2%	33	2%	39
MRX30	0%	7	0%	0	0%	3
MRX31	0%	3	1%	11	0%	11
MRX32	1%	8	0%	5	0%	7
MRX33	1%	22	1%	23	1%	31
MRX34	8%	138	9%	192	8%	204
MRX35	1%	8	0%	9	0%	8
MRX36	0%	1	0%	3	1%	12
MRX37	42%	691	41%	897	37%	989
MRX38	1%	11	1%	19	1%	25
MRX39	0%	0	0%	0	0%	0
MRX40	17%	282	15%	315	12%	315
MRX41	3%	45	2%	50	2%	60
MRX42	14%	226	9%	202	9%	236
MRX43	1%	20	1%	18	1%	17
MRX44	0%	1	0%	2	0%	2
MRX45	0%	6	1%	11	0%	7
<b>TOTAL</b>		<b>1,637</b>		<b>2,172</b>		<b>2,645</b>

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

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
<b>Any Aging and Adult Service</b>	<b>1%</b>	<b>20</b>	<b>1%</b>	<b>24</b>
Adult Family Home	0%	0	0%	0
Adult Residential Care	0%	0	0%	0
Assisted Living	0%	0	0%	0
In-Home Services	0%	0	0%	0
Nursing Home	1%	19	1%	18
<b>Any DASA Service</b>	<b>100%</b>	<b>1,658</b>	<b>100%</b>	<b>2,192</b>
ADATSA Assessment	48%	791		n/a*
Other Assessment	26%	427	42%	911
Detoxification	22%	367	18%	401
Outpatient Treatment	82%	1,366	84%	1,849
Opiate Substitution Treatment	12%	204	11%	232
Residential Treatment	40%	661	34%	747
<b>Any Mental Health Division Service</b>	<b>30%</b>	<b>489</b>	<b>25%</b>	<b>543</b>
Child Study Treatment Center	0%	0	0%	0
Child Long-Term Inpatient	0%	0	0%	0
Community Inpatient	7%	107	6%	135
Community Services	28%	460	22%	492
State Institutions	0%	4	0%	6
<b>Any Children's Administration Service</b>	<b>8%</b>	<b>133</b>	<b>8%</b>	<b>181</b>
Adoptions Support	0%	2	0%	1
Behavioral Rehabilitation Services	0%	0	0%	0
Child Care Services	0%	0	0%	2
DCFS CPS Case Management	4%	70	4%	82
Child Welfare Services Case Management	5%	82	5%	107
Crisis Care	0%	0		n/a*
Family Reconciliation Services	1%	8	1%	15
Family Focused Services	1%	14	0%	0
Foster Care Services - In Placement	0%	0		n/a*
Foster Care Services - Support Services	1%	23	2%	43
Other Intensive Services	0%	0	0%	0
<b>Any Juvenile Rehabilitation Service</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>
Community Residences and Group Homes	0%	0	0%	0
Dispositional Alternatives	0%	0	0%	0
JRA Institutions and Youth Camps	0%	0	0%	0
Parole	0%	0	0%	0
<b>ESA</b>	<b>100%</b>	<b>1,657</b>	<b>100%</b>	<b>2,190</b>
Washington Basic Food Program	97%	1,614	97%	2,132
Consolidated Emergency Assistance Program	0%	0	0%	0
Diversion	0%	0	0%	0
ESA Child Care	0%	2	0%	6
GA-Unemployable or GA-X (Pending SSI)	99%	1,648	99%	2,178
Refugee Grants	0%	0	0%	0
SSI State Supplement	0%	0	0%	0
TANF and State Family Assistance	0%	0	0%	2
WorkFirst Participants	6%	95		n/a*
Child Support Enforcement Services	36%	604	37%	815
<b>TOTAL</b>		<b>1,658</b>		<b>2,192</b>

\*This category was not maintained in FY 2006.

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

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

\*This category was not maintained in FY 2006.

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

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
<b>Any Aging and Adult Service</b>	<b>0%</b>	<b>11</b>	<b>0%</b>	<b>10</b>
Adult Family Home	0%	0	0%	0
Adult Residential Care	0%	0	0%	0
Assisted Living	0%	0	0%	0
In-Home Services	0%	7	0%	5
Nursing Home	0%	4	0%	5
<b>Any DASA Service</b>	<b>100%</b>	<b>8,611</b>	<b>100%</b>	<b>9,498</b>
ADATSA Assessment	18%	1,583		n/a*
Other Assessment	50%	4,316	52%	4,921
Detoxification	7%	596	7%	639
Outpatient Treatment	90%	7,706	89%	8,494
Opiate Substitution Treatment	9%	787	10%	908
Residential Treatment	22%	1,903	25%	2,334
<b>Any Mental Health Division Service</b>	<b>24%</b>	<b>2,020</b>	<b>22%</b>	<b>2,106</b>
Child Study Treatment Center	0%	1	0%	0
Child Long-Term Inpatient	0%	0	0%	1
Community Inpatient	2%	178	2%	163
Community Services	23%	1,983	22%	2,072
State Institutions	0%	6	0%	5
<b>Any Children's Administration Service</b>	<b>37%</b>	<b>3,206</b>	<b>36%</b>	<b>3,432</b>
Adoptions Support	0%	31	0%	28
Behavioral Rehabilitation Services	0%	3	0%	0
Child Care Services	1%	114	1%	76
DCFS CPS Case Management	30%	2,541	28%	2,659
Child Welfare Services Case Management	15%	1,312	16%	1,545
Crisis Care	0%	0		n/a*
Family Reconciliation Services	2%	197	2%	195
Family Focused Services	7%	609		n/a*
Foster Care Services - In Placement	0%	12	0%	10
Foster Care Services - Support Services	7%	558	7%	648
Other Intensive Services	0%	2	0%	0
<b>Any Juvenile Rehabilitation Service</b>	<b>1%</b>	<b>106</b>	<b>1%</b>	<b>79</b>
Community Residences and Group Homes	1%	45	0%	38
Dispositional Alternatives	1%	49	0%	35
JRA Institutions and Youth Camps	1%	39	0%	29
Parole	1%	47	0%	35
<b>ESA</b>	<b>96%</b>	<b>8,233</b>	<b>96%</b>	<b>9,123</b>
Washington Basic Food Program	90%	7,714	91%	8,616
Consolidated Emergency Assistance Program	0%	1	0%	0
Diversion	2%	198	3%	241
ESA Child Care	19%	1,657	19%	1,836
GA-Unemployable or GA-X (Pending SSI)	3%	254	4%	337
Refugee Grants	0%	0	0%	0
SSI State Supplement	0%	0	0%	0
TANF and State Family Assistance	63%	5,424	65%	6,172
WorkFirst Participants	67%	5,801		n/a*
Child Support Enforcement Services	78%	6,683	79%	7,538
<b>TOTAL</b>		<b>8,611</b>		<b>9,498</b>

\*This category was not maintained in FY 2006.

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

	FY 2005		FY 2006	
	Percent	Number	Percent	Number
<b>Any DASA Service</b>	<b>100%</b>	<b>6,253</b>	<b>100%</b>	<b>6,245</b>
ADATSA Assessment	0%	19		n/a*
Other Assessment	62%	3,871	61%	3,783
Detoxification	4%	255	5%	312
Outpatient Treatment	89%	5,579	88%	5,485
Opiate Substitution Treatment	0%	1	0%	1
Residential Treatment	22%	1,355	24%	1,476
<b>Any Mental Health Division Service</b>	<b>27%</b>	<b>1,698</b>	<b>25%</b>	<b>1,547</b>
Child Study Treatment Center	1%	40	0%	28
Child Long-Term Inpatient	1%	39	0%	19
Community Inpatient	2%	107	2%	106
Community Services	27%	1,690	25%	1,540
State Institutions	0%	0	0%	0
<b>Any Children's Administration Service</b>	<b>33%</b>	<b>2,052</b>	<b>33%</b>	<b>2,027</b>
Adoptions Support	2%	119	2%	137
Behavioral Rehabilitation Services	3%	176	3%	182
Child Care Services	0%	12	0%	14
DCFS CPS Case Management	14%	848	13%	785
Child Welfare Services Case Management	11%	683	11%	668
Crisis Care	0%	16		n/a*
Family Reconciliation Services	15%	940	15%	957
Family Focused Services	3%	213		n/a*
Foster Care Services - In Placement	5%	303	5%	295
Foster Care Services - Support Services	6%	379	7%	449
Other Intensive Services	1%	49	1%	74
<b>Any Juvenile Rehabilitation Service</b>	<b>14%</b>	<b>844</b>	<b>13%</b>	<b>814</b>
Community Residences and Group Homes	2%	140	2%	104
Dispositional Alternatives	9%	588	9%	580
JRA Institutions and Youth Camps	4%	273	4%	264
Parole	3%	164	3%	157
<b>ESA</b>	<b>62%</b>	<b>3,895</b>	<b>62%</b>	<b>3,894</b>
Washington Basic Food Program	39%	2,417	39%	2,417
Consolidated Emergency Assistance Program	0%	0	0%	1
Diversions	1%	66	1%	63
ESA Child Care	1%	47	1%	43
GA-Unemployable or GA-X (Pending SSI)	0%	6	0%	7
Refugee Grants	0%	0	0%	0
SSI State Supplement	0%	8	0%	14
TANF and State Family Assistance	24%	1,476	21%	1,325
WorkFirst Participants	6%	349		n/a*
Child Support Enforcement Services	50%	3,098	49%	3,075
<b>TOTAL</b>		<b>6,253</b>		<b>6,245</b>

\*This category was not maintained in FY 2006.

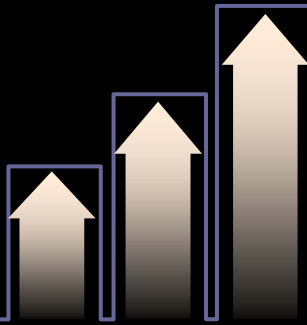








Alcohol and Substance Abuse  
Treatment Expansion:  
**April 2008 Update**



**This report provides** updated findings on DASA's Treatment Expansion effort to reach treatment goals and budgeted cost savings in the 2005-07 Biennium, as required by Chapter 522 Laws of 2007.