

## Chapter 4

# **Alcohol and Drug Treatment Penetration**

## Measuring Substance Abuse Treatment Penetration

his chapter provides estimates of the proportion of lower-income, DASA-eligible adults in need of substance abuse treatment who actually receive substance abuse treatment services. This proportion is commonly referred to as the treatment penetration rate and its inverse as the treatment

WANAHS survey measures of need for substance abuse treatment are combined with treatment data provided by the Division of Alcohol and Substance Abuse (DASA). DASA maintains a database of services provided under its programs called the Treatment and Assessment Report Generation Tool (TARGET). Because reporting is mandatory for treatment agencies providing public sector contracted or funded treatment services, TARGET includes data on all services provided by or funded by DASA.

#### **Identifying Eligible Clients**

Some clients in the TARGET database were excluded from the estimates in this report. First, eligible treatment was limited to residential, outpatient, and methadone services. Clients who received detoxification or transitional housing services were not included. Second, clients needed to reside in a household; homeless or institutionalized individuals were not included in these client counts. Third, treatment had to be state funded by the Department of Social and Health Services. Any clients who paid for services through private funds or clients who had their treatment funded through the Department of Corrections or through non-DASA state funds were excluded from this report.

#### **Treatment Modalities**

Treatment activities are classified into three separate modalities:

Residential: Residential services include a range of services where the client stays overnight for treatment. Services in this modality include extended care, intensive inpatient, long-term residential, MICA residential, and recovery house.

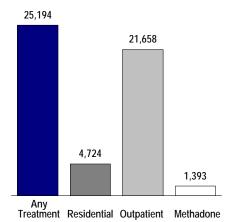
Outpatient: Outpatient treatment refers to a broad range of nonresidential treatment services where the client does not stay overnight for treatment. Services in this modality include group care enhancement, intensive outpatient, MICA outpatient, and outpatient treatment.

Methadone: Methadone treatment refers to the prescribing of methadone for the treatment of narcotic withdrawal and dependence. Included in this modality is methadone/opiate substitution treatment.

#### **Most Clients Received Outpatient Treatment**

The chart below describes the total number of clients treated during the 2003 calendar year. Clients were only counted once within any particular treatment modality, regardless of the number of times treated or number of 2003 admissions. For example, a client who was admitted to more than one outpatient program during 2003 will only be counted once. However, clients could receive treatment in more than one modality. Thus, in the figure below, a client counted as receiving outpatient treatment could also be included in residential and methadone treatment counts.

#### Number of Adult Clients Receiving Treatment **During 2003 by Treatment Modality**



<sup>\*</sup> Clients may be counted in more than one modality.

#### Service Summary By Demographics

The table on the facing page describes the number of eligible clients receiving substance abuse treatment during 2003 by demographic characteristic and treatment modality. This table shows that a total of 25,194 adults received some form of DASA funded alcohol or drug treatment during 2003. Highlights include:

- More men than women received each type of treatment during 2003.
- Methadone treatment occurred with greater frequency in urban counties.



## Unduplicated Adult Client Counts by Treatment Modality and Demographics (2003 Calendar Year)

ASSESSMENT	Any Treatment	Residential Treatment	Outpatient Treatment	Methadone Treatment
	CLIENTS	CLIENTS*	CLIENTS*	CLIENTS*
WA State	25,194	4,724	21,658	1,393
Gender				
Male	15,237	2,604	13,354	655
Female	9,957	2,120	8,304	738
Age				
18-24	5,611	1,055	4,981	72
25-44	14,856	2,991	12,788	711
45-64	4,592	669	3,775	595
65+	135	9	114	15
Residency				
Urban	13,304	2,433	10,963	1,141
Rural	11,859	2,274	10,670	250
Unknown	31	17	25	2
Race				
White/Other Alone NH	17,762	3,584	15,073	1,072
Black Alone NH	1,604	279	1,310	172
Asian Alone NH	412	18	391	10
AI/AK NH	2,300	423	2,021	58
NHOPI Alone NH	121	18	108	7
Two or More Races NH	232	52	208	8
Hispanic	2,763	350	2,547	66
Marital Status				
Married	5,645	859	4,935	336
Divorced/Separated	8,028	1,657	6,822	516
Widowed	360	42	285	65
Never Married	11,161	2,166	9,616	476
Education				
Less than HS	8,615	1,648	7,458	383
HS Grad/Unknown	14,978	2,829	12,796	907
Some College	962	168	838	61
College Grad	639	79	566	42

<sup>\*</sup> Counts for persons served in multiple treatment modalities are duplicated across modality categories.

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## Treatment Penetration Is Low Among Adults Aged 65+

his section presents treatment penetration rate estimates by gender, age, region of residence, race/ethnicity, marital status, and education.

Treatment penetration (defined in the box below) refers to the proportion of individuals receiving substance abuse treatment among those needing treatment who are eligible for DASA-funded treatment services. Because TARGET counts only include those receiving DASA funded treatment, penetration rates are limited to adults residing at or below 200 percent of the federal poverty level. A separate method using survey-based estimates of receipt of treatment services will be used later to estimate penetration rates among higher-income adults.

Overall, about one in four (26.2 percent) eligible lower-income adults who needed treatment actually received treatment during 2003.

Considerable variation in treatment penetration rates was found among different demographic groups:

- Treatment penetration was higher among women (34.2 percent) than men (22.7 percent).
- Treatment penetration was very low among adults aged 65+ (3.0 percent).
- Blacks (36.8 percent) and American Indian and Alaska Natives (31.7 percent) had higher treatment penetration rates compared to other racial or ethnic groups.
- Treatment penetration was much lower for adults with some college (2.3 percent) and among college graduates (9.6 percent), compared to adults with fewer years of education.

#### **DEFINING PENETRATION RATE**

Treatment penetration refers to the proportion of "DASA-eligible" adults needing treatment in 2003 who received alcohol or drug treatment in 2003, or:

 $\frac{\text{Treatment}}{\text{Penetration Rate}} = \frac{\frac{\text{\# Adult household residents receiving}}{\text{DASA funded treatment}}}{\frac{\text{DASA eligible household residents needing}}{\text{treatment AND living at or below 200% FPL}} \times 100$ 

In this equation, counts of persons receiving DASA-funded treatment (the numerator) were drawn from the TARGET database. Only persons receiving inpatient, outpatient, or methadone treatment service in 2003 were included. Clients were counted once, regardless of the type or number of treatment admissions.

The number of adult household residents currently in need of treatment (the denominator) was estimated from the WANAHS survey. Adults were included in this denominator if they:

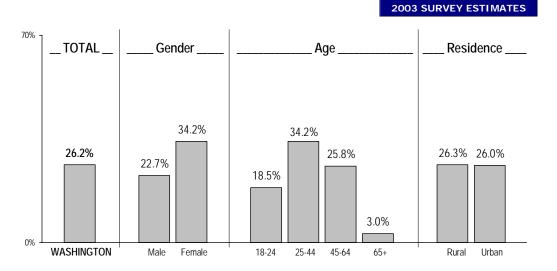
- 1. Needed substance abuse treatment in 2003
- 2. Were living at or below 200 percent of the federal poverty level
- 3. Did **not** report having primary health insurance coverage from private, Washington Basic Health Plan, or military health care sources.

The inclusion of this third condition distinguishes the 2003 penetration rate from the formula used in earlier reports based on the 1993-94 household survey. The result of this change is that the denominator includes a smaller population than has been used in earlier reports, which serves to increase the penetration rate estimate.

The change in the formula precludes making ten-year comparisons of changes in treatment penetration rates. However, the revised formula uses a more precise estimate of the number of DASA-eligible adults who need substance abuse treatment and provides a better estimate of the proportion of these adults who receive treatment.

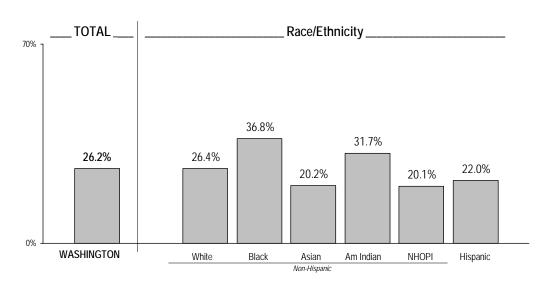
## **CLOSEUP**

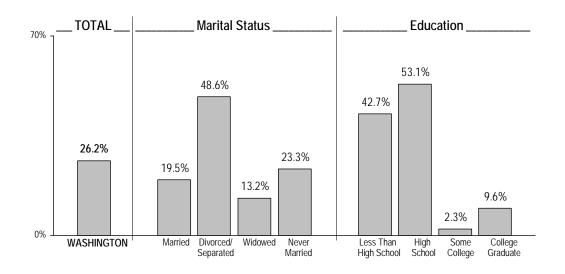
Treatment Penetration Rates At or Below 200% FPL





Washington State Household Residents Age 18+





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## 2003 County Treatment Penetration Estimates

his section provides estimates of treatment penetration rates at the county level. Estimates are limited to DASA-eligible adults at or below 200 percent of the federal poverty level. The 2003 penetration rates are calculated differently from the 1993-94 rates and are, at the state level, considerably higher. While directly comparing 1993-94 county rates with 2003 rates is not particularly meaningful, it is still possible to compare the relationship of rates among the counties. This comparison (chart below) shows that the relative estimates of county treatment penetration rates remained generally consistent from 1993-94 to 2003.

The correlation between 1993-94 and 2003 county penetration estimates was 63 percent, indicating that counties with higher treatment penetration rates in 2003 tended to have higher treatment penetration rates in 1993-94.

The chart on the facing page lists treatment penetration estimates for each county.

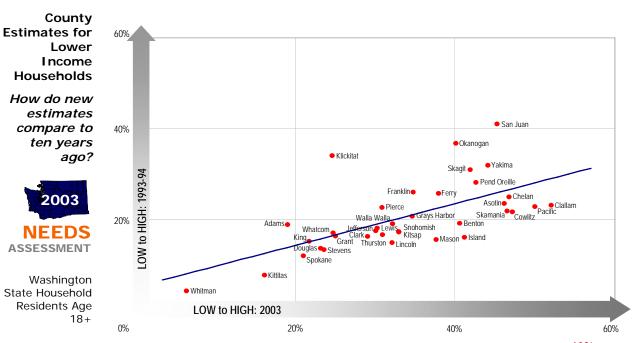
- Treatment penetration rates for 22 counties were estimated at between 20 and 40 percent.
- Treatment penetration rates exceeded 40 percent for 11 of the counties. The highest estimates were for Clallam (51.1 percent) and Pacific (50.3 percent) counties.
- Treatment penetration rates in 3 counties were less than 20 percent and lowest in Whitman County (6.4 percent).

Estimates of treatment penetration for the three smallest counties (Columbia, Wahkiakum, and Garfield) are not provided, as the numbers of individuals estimated to be eligible for DSHS-funded treatment were too few to produce reliable estimates.

**TEN-YEAR COMPARISON** 

#### **CLOSEUP**

#### Correlation Between 1993-94 and 2003 Penetration Estimates



Correlation between 1993-94 and 2003 = 63%

#### 2003 SURVEY ESTIMATES

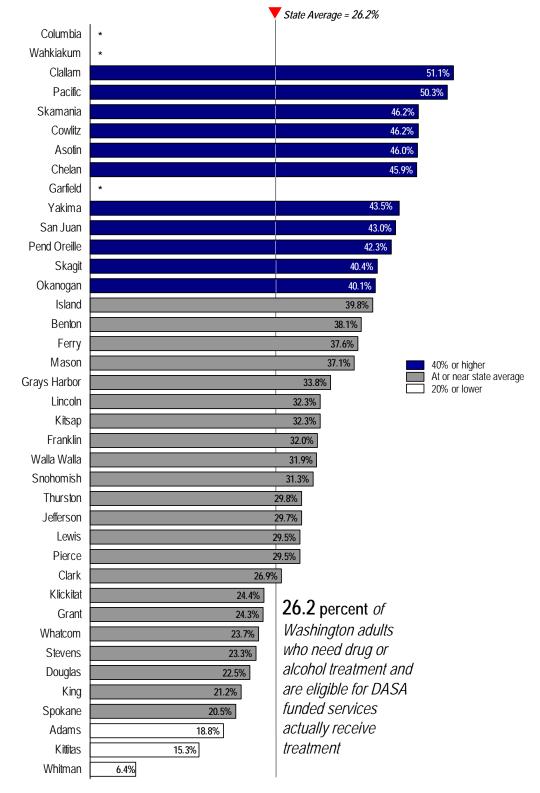
## **CLOSEUP** County Treatment Penetration Rates

DASA-Eligible Adults at or Below 200% FPL

What counties have the highest treatment penetration rates?



Washington State Household Residents Age 18+



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## Treatment Penetration Rates Are Low For Higher-Income, **Privately-Insured Adults**

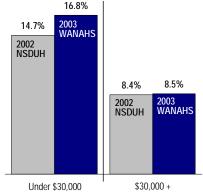
limitation in using TARGET data to measure treatment is that non DASAfunded treatment is not generally captured in this system. While TARGET reporting is required for agencies providing public sector contracted or funded treatment services, it is optional for persons with private insurance. However, the WANAHS survey asked questions about treatment experiences and can be used to measure treatment penetration rates for populations that are not covered in TARGET.

#### **Comparing WANAHS Survey Based Treatment Rates with NSDUH Rates**

Although survey-based estimates of treatment penetration are lower than TARGET-based estimates, the WANAHS survey provides penetration rate estimates that are very similar to national estimates derived from the National Survey on Drug Use and Health (NSDUH).

In the chart below, WANAHS survey-based penetration rates are compared with those obtained using 2002 NSDUH data. The overall WANAHS rate (11.5 percent) was comparable to the overall NSDUH rate (10.9 percent). Both surveys report higher treatment penetration among lower-income adults compared to higherincome adults. Treatment penetration among lower-income adults appears to be higher in Washington State than in the nation as a whole.

#### Comparison of NSDUH and WANAHS Survey-Based Treatment Penetration Rate, by Household Income



#### Low Penetration Rates for Higher-Income **Adults**

Survey-based treatment penetration estimates show that lower-income adults have a much higher treatment penetration rate (16.6 percent), compared to higher-income adults (9.3 percent), indicating that lower-income adults are more likely to receive treatment services.

#### **Low Penetration Rates for Privately Insured**

The survey-based methodology also allows for an examination of treatment rates among adults with different forms of health insurance. Respondents were asked to indicate their primary source of insurance. Responses were classified into one of four groups:

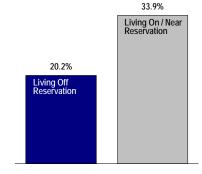
- Uninsured: Does not currently have health insurance coverage.
- Private Insurance: Health insurance is provided through an employer or union paid plan, a privately purchased plan, a plan purchased by someone outside of the household, or is obtained by "other" means. Most residents classified as having private insurance obtained coverage through their employer or union paid plan.
- DSHS Funded: Insurance provided through a DSHS funded medical assistance program such as Medicaid, Healthy Options, ADATSA, or GAU.
- Other Government Funded: Includes Medicare, military health care such as CHAMPUS, CHAMP-VA, TRICARE, or VA, Indian Health Service, and Washington Basic Health Plan.

Adults with private insurance had by far the lowest treatment penetration rate (4.4 percent). Adults with DSHS-funded insurance had the highest penetration rate (30.4 percent).

#### **Higher Treatment Penetration Rates for** Lower-Income American Indian or Alaska **Natives Residing On/Near Reservations**

The survey-based treatment penetration rate for lower-income American Indian or Alaska Natives was 24.9 percent; however, this rate was considerably higher (33.9 percent) for those that live on or near a reservation.

**Survey Based Penetration Rates Among American** Indian or Alaska Natives by Reservation Status



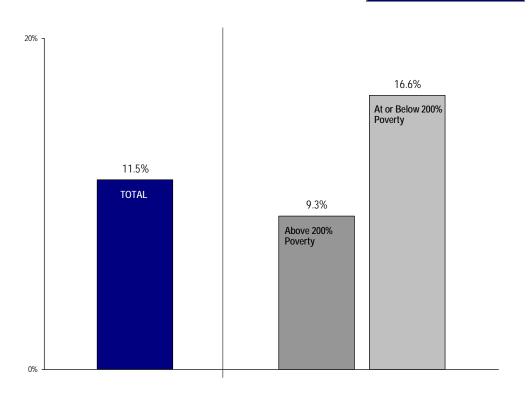
#### 2003 SURVEY ESTIMATES



Survey
Based
Treatment
Penetration
Rates by
Poverty
Status



Washington State Household Residents Age 18+



### ALL ADULTS

Survey Based Treatment Penetration Rates by Primary Insurance



Washington State Household Residents Age 18+

