

Division of Alcohol and Substance Abuse  
Treatment Expansion:

# Fall 2008 Update



**Plus Appendix | October 2008**  
As required by Chapter 522 Laws of 2007  
Report 4.69



**RDA** Research & Data  
Analysis Division

# DSHS

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## Information About this Publication

**Title:** DASA Treatment Expansion: October 2008 Update

**Abstract:** This report provides an October 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 and FY 2008, as required by Chapter 522 Laws of 2007 (SHB 1128).

**Keywords:** Alcohol/Drug Treatment, Cost Offsets, Medicaid, General Assistance, Youth

**Category:** Substance Abuse

**Geography:** Washington State

**Research Time Period:** July 2002 to June 2008

**Publication Date:** October 2008

**Publication Number:** 4.69

**Project Name:** DASA Treatment Expansion Evaluation

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To the  
Reader

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

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

**Cost offsets per patient have turned out to be substantially greater than anticipated.** Savings for adult Medicaid patients receiving chemical dependency treatment are now estimated at \$308 per patient per month, some 54 percent higher than the \$200 assumed in the original appropriation. Medical savings for GA-U patients are estimated at \$181 per patient per month, 52 percent greater than the \$119 assumed in the original appropriation.

**Significant medical cost savings have been realized.** Estimated total medical cost savings in the 2005-2007 Biennium were \$17.8 million, including \$15.4 million for Medicaid-only Disabled patients, and \$2.4 million for GA-U patients. These estimates include the ongoing impact of increases in substance abuse treatment penetration that began in FY 2005.

**The number of patients served is increasing.** For the Treatment Expansion target populations, the number of patients served increased from a baseline of 18,304 in FY 2005 to 23,518 in FY 2008, representing a 28.5 percent increase.

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

A handwritten signature in 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: October 2008 Update

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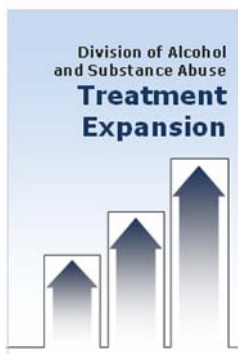






# DSHS | DASA Treatment Expansion: Fall 2008 Update

REPORT 4.69 | Expanding access to alcohol/drug treatment



## Executive Summary

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

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

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

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

## Key Findings

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

1. For the adult Treatment Expansion target populations, the number of patients in treatment increased from a baseline of 18,304 patients in FY 2005, to 20,889 in FY 2006, to 22,384 in FY 2007, and 23,518 (*preliminary*) in FY 2008. *See page 6.*
2. For the adult Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,906 patients in FY 2005, to 9,057 in FY 2006, to 9,991 in FY 2007, and 10,797 (*preliminary*) in FY 2008. *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 2,185 patients in FY 2006, to 2,653 in FY 2007, and 2,914 (*preliminary*) in FY 2008. *See page 10.*
4. For adults who are not in the Treatment Expansion target population, the number in treatment increased from a baseline of 16,659 patients in FY 2005, to 18,138 in FY 2006, to 18,323 in FY 2007, and 18,608 (*preliminary*) in FY 2008. *See page 16.*
5. For the other Medicaid adult population (primarily adults on Family Medical and Pregnant Women), the number of patients in treatment increased from a baseline of 8,617 patients in FY 2005, to 9,501 in FY 2006, to 9,587 in FY 2007, and 9,657 (*preliminary*) in FY 2008. 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 were 159 patients (*preliminary*) above the FY 2005 baseline in FY 2008. *See page 11.*

7. Since the implementation of Treatment Expansion in FY 2006, there has been no significant change in the demographic composition of patients receiving AOD treatment. *See pages 22-24.*
8. There were few significant changes in the chronic disease profile of Medicaid Disabled, Aged, or GA-U patients in AOD treatment in the first two years year of Treatment Expansion, compared to the baseline year (FY 2005). *See Appendix.*
9. There were no significant changes in the DSHS service profile of patients in AOD treatment in the first two years of Treatment Expansion, compared to the baseline year (FY 2005). *See Appendix.*

**b. Geographic distribution of patients served**

1. There has been significant variation across counties in Treatment Expansion performance. Spokane County has been a notably strong performer. *See pages 17-21.*

**c. Modality of treatment services provided**

1. For all adult target populations, use of both outpatient and residential treatment modalities increased from FY 2005 to FY 2008. *See pages 7-10.*
2. The number of youth in residential treatment increased from FY 2005 to FY 2008, while the number of youth receiving outpatient treatment declined from FY 2005 to FY 2007, before increasing from FY 2007 to FY 2008. *See page 11.*

**d. Treatment completion rates**

1. Since the implementation of Treatment Expansion, outpatient treatment completion rates increased for adult Medicaid Disabled patients, other Medicaid adults, and youth. *See page 12.*
2. Youth residential treatment completion rates have also increased since the implementation of Treatment Expansion. *See page 12.*

**e. Funds spent**

1. FY 2006 Treatment Expansion expenditures were \$8,612,000 for adults and \$2,622,000 for youth (all funds). FY 2007 Treatment Expansion expenditures were \$9,880,297 for adults and \$469,000 for youth (all funds). FY 2008 Treatment Expansion expenditures were \$16,257,000 for adults and \$775,000 for youth (all funds). *See page 13.*
2. Direct identification of Treatment Expansion patients and the portion of their treatment costs that were incurred solely due to the availability of expansion funding is not possible. In FY 2006 some treatment costs were allocated to Treatment Expansion when Expansion-eligible patients would likely have received treatment through other fund sources.
3. In FY 2007 and FY 2008, expenditures are based on the number of patients served above the FY 2005 baseline and budgeted per-patient treatment costs.

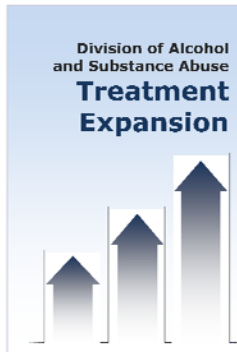
**f. Estimated cost offsets in Medical Assistance, where applicable**

1. For adult Medicaid Disabled patients, medical savings are estimated to be \$308 per treated patient per month (pmpm) in the 2005-07 Biennium, compared to the \$200 assumed in the original appropriation. *See pages 26-36.*
2. Medical savings for GA-U patients are estimated to be \$181 pmpm in the 2005-07 Biennium, compared to \$119 in the original appropriation. *See pages 26-36.*
3. Including unbudgeted savings resulting from the ongoing impact of increases in AOD treatment penetration that began in FY 2005, estimated total medical cost savings for Medicaid-only Disabled patients were \$15.4 million in the 2005-07 Biennium, while medical cost savings for GA-U patients were estimated to be \$2.4 million. Combining both medical cost savings components, total estimated medical cost savings were \$17.8 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 26-36.*



# DSHS | DASA Treatment Expansion: Fall 2008 Update

REPORT 4.69 | 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.

### Progress in achieving the expansion goals

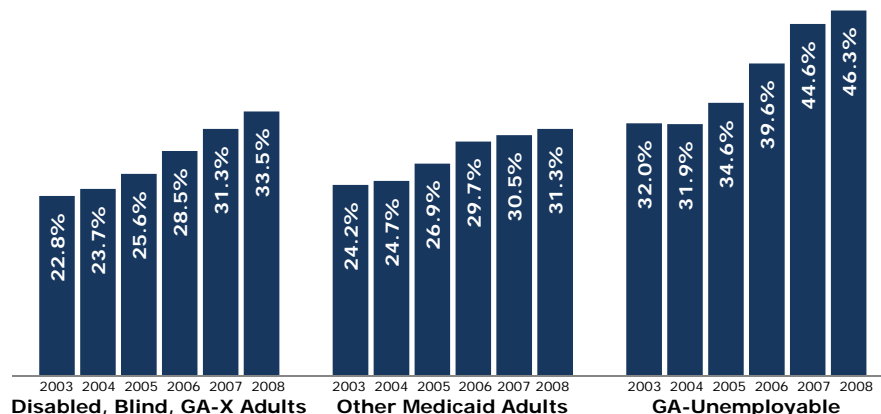
The FY 2008 adult Treatment Expansion appropriation was \$17.3 million. At an average treatment cost of \$2,541 per treated patient per year (including assessment, case management, treatment and county administration costs), the overall expansion goal for FY 2008 was an additional 6,812 patients served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

- For the key Medicaid Disabled population, the number of patients in treatment increased from a baseline of 7,906 patients in FY 2005 to 10,797 in FY 2008 (preliminary estimate). The increase in FY 2008 represents 85 percent of the Treatment Expansion goal for the year.
- For the GA-U population, the number of patients in treatment increased from a baseline of 1,658 patients in FY 2005 to 2,914 patients in FY 2008. The increase in FY 2008 represents 96 percent of the expansion goal for the year.
- For the other Medicaid adult population, the number of patients in treatment increased from a baseline of 8,617 patients in FY 2005 to 9,659 patients in FY 2007. The increase in FY 2008 represents 49 percent of the revised expansion goal for the year.
- FY 2008 Treatment levels for youth were above baseline levels in for the first time since the inception of Treatment Expansion.

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

**Treatment expansion has resulted in increased treatment for the target populations**

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



## Medical savings per treated patient exceed original budget assumptions

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

Expressed in terms of per-member per-month 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 **\$308** per treated patient per month in the 2005-07 Biennium, compared to \$200 in the original appropriation.
- For adult **Medicaid Disabled** patients, **nursing home savings** are estimated to be **\$57** per treated patient per month—the same as in the original appropriation.
- **Medical savings** for **GA-U patients** are estimated to be **\$181** per treated patient per month, compared to \$119 in the original appropriation.

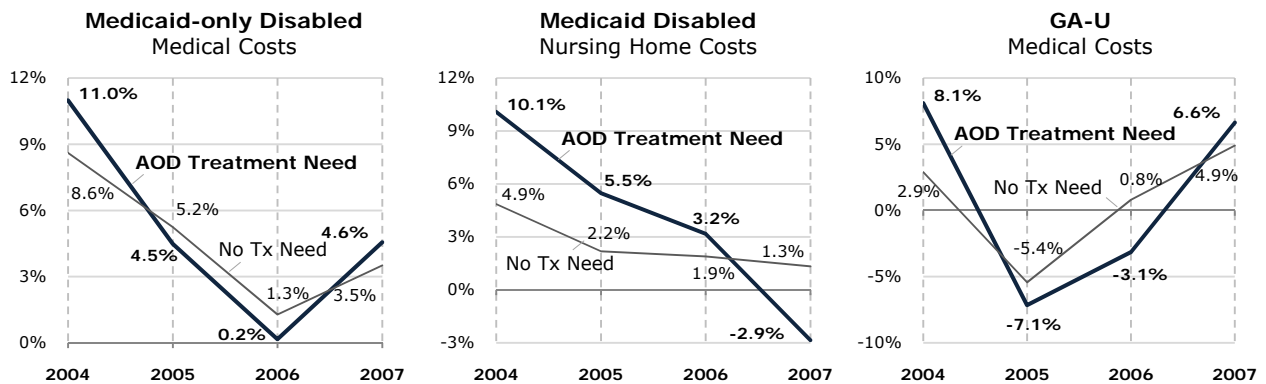
FISCAL YEAR 2006	Assumed	Actual	Difference
Disabled – Medical Savings	\$200	\$308	+ \$108
Disabled – NH Savings	\$58 <sup>1</sup>	\$57	\$-1
GA-U – Medical Savings	\$119	\$181	+ \$62

Total medical cost savings for Medicaid-only Disabled patients were \$15.4 million in the 2005-07 Biennium. Nursing home savings for Medicaid Disabled patients were \$2.9 million over the biennium, while medical cost savings for GA-U patients were estimated to be \$2.4 million. Combining all three savings components, total estimated savings were \$20.7 million (all funds) in the 2005-07 Biennium. These estimates include the unbudgeted savings resulting from the ongoing impact of increases in AOD treatment penetration associated with the criminal justice treatment expansion that began in FY 2005.

Total 2005-07 Biennium Treatment Expansion AOD treatment expenditures for adults were \$18.5 million, while total treatment expenditures for youth were \$3.1 million (all funds). FY 2008 Treatment Expansion expenditures were \$16,257,000 for adults and \$775,000 for youth (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.

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

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



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

## Supplemental revisions to the original Treatment Expansion goals

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

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

## Data sources

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

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



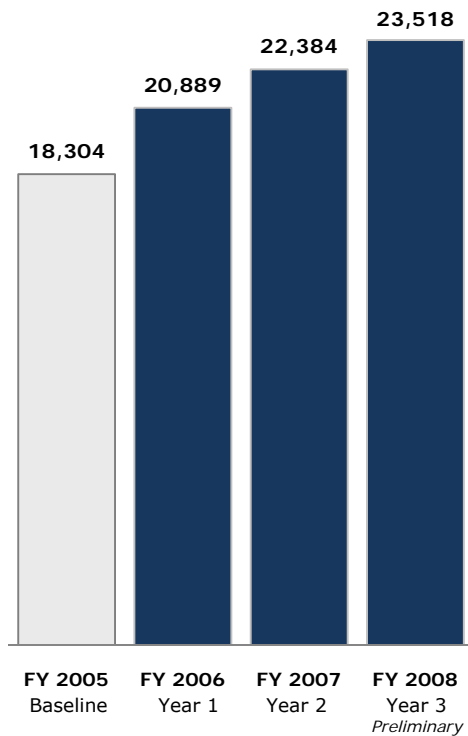
### Key Findings

- In FY 2008, 5,214 additional adult Medicaid or GA-U patients received AOD treatment when compared to FY 2005. This increase was 77 percent of the FY 2008 expansion goal of 6,812 additional patients to be treated.
- Part of the shortfall for FY 2008 was due to the decline in the size of the TANF-related Family Medical coverage population.
- Since the implementation of Treatment Expansion, treatment completion rates have increased for adult Medicaid Disabled patients, other Medicaid adults, and youth.

## Overall Progress for Adult Target Populations

The Treatment Expansion target populations include adults receiving DSHS medical coverage through the Medicaid and General Assistance-Unemployable programs. In FY 2005, 18,304 adult Medicaid or GA-U patients received DASA-funded AOD treatment services.

### PATIENTS TREATED BY FISCAL YEAR All Adult Target Populations



The **revised** expansion goal for FY 2008 was to increase the number of adult Medicaid and GA-U patients receiving AOD treatment by 6,812 patients to a total of 25,116 adult Medicaid or GA-U patients receiving treatment in FY 2007.

- In FY 2008, 5,214 additional adult target patients received AOD treatment when compared to FY 2005. This increase was 77 percent of the FY 2008 expansion goal.

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

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year <i>Preliminary</i>
<b>Any AOD Treatment</b>	<b>18,304</b>	<b>20,889</b>	<b>22,384</b>	<b>23,518</b>
Residential Treatment	4,716	5,568	6,025	6,211
Outpatient Treatment	16,386	18,793	20,070	21,120
Outpatient Treatment Only	13,588	15,321	16,359	17,307

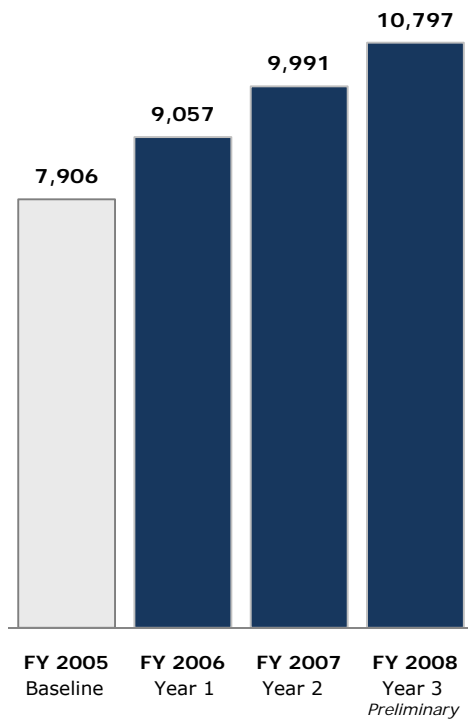
  

	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005 <i>Preliminary</i>
<b>Any AOD Treatment</b>		<b>2,585</b>	<b>4,080</b>	<b>5,214</b>
Residential Treatment		852	1,309	1,495
Outpatient Treatment		2,407	3,684	4,734
Outpatient Treatment Only		1,733	2,771	3,719



## Adult Medicaid Disabled Patients

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



In FY 2005, 7,906 adult Medicaid Disabled patients received DASA-funded AOD treatment services.

The **revised** expansion goal for FY 2008 was to increase the number of Medicaid Disabled patients receiving AOD treatment by 3,386 to a total of 11,292 patients receiving treatment in FY 2008.

- 2,891 additional adult Medicaid Disabled patients received AOD treatment in FY 2008 when compared to FY 2005. This increase was 85 percent of the FY 2008 goal of 3,386 additional patients to be treated in FY 2008.

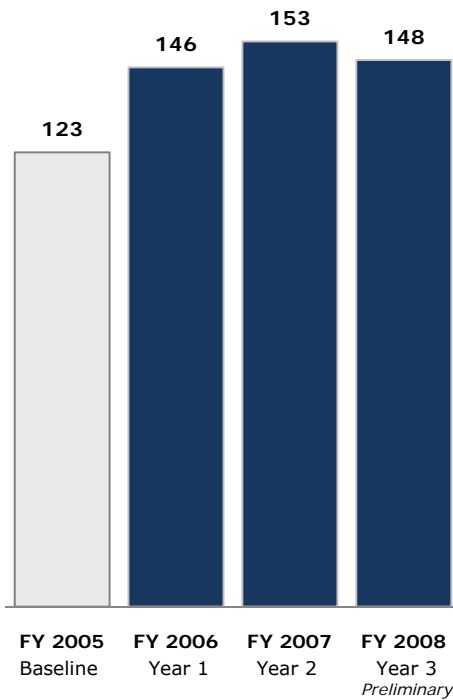
### Adult Medicaid Disabled Patients Receiving DASA-Funded AOD Treatment

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

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year <i>Preliminary</i>
<b>Any AOD Treatment</b>	<b>7,906</b>	<b>9,057</b>	<b>9,991</b>	<b>10,797</b>
Residential Treatment	1,785	2,161	2,446	2,708
Outpatient Treatment	7,038	8,116	8,985	9,625
Outpatient Treatment Only	6,121	6,896	7,545	8,089
	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005 <i>Preliminary</i>
<b>Any AOD Treatment</b>		<b>1,151</b>	<b>2,085</b>	<b>2,891</b>
Residential Treatment		376	661	923
Outpatient Treatment		1,078	1,947	2,587
Outpatient Treatment Only		775	1,424	1,968

## Medicaid Aged

PATIENTS TREATED BY FISCAL YEAR  
**Medicaid Aged Patients**



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

In FY 2005, 123 Medicaid Aged patients received DASA-funded AOD treatment services. In FY 2008, 148 Medicaid Aged patients received AOD treatment.

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

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

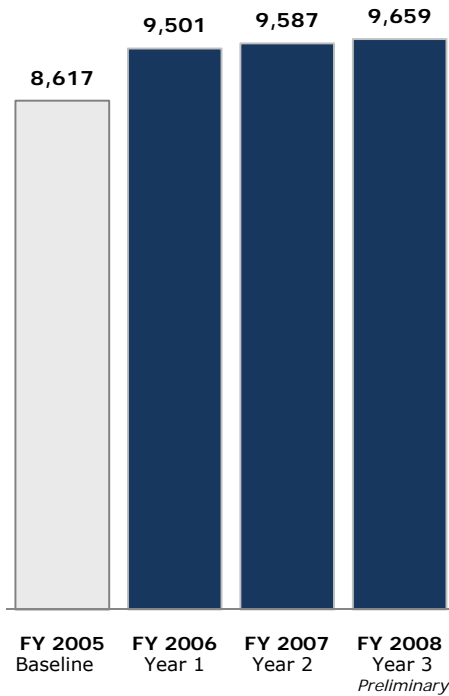
	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year <i>Preliminary</i>
<b>Any AOD Treatment</b>	<b>123</b>	<b>146</b>	<b>153</b>	<b>148</b>
Residential Treatment	10	21	15	17
Outpatient Treatment	117	136	146	136
Outpatient Treatment Only	113	125	138	131

	DIFFERENCE		
	YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005 <i>Preliminary</i>
<b>Any AOD Treatment</b>	<b>23</b>	<b>30</b>	<b>25</b>
Residential Treatment	11	5	7
Outpatient Treatment	19	29	19
Outpatient Treatment Only	12	25	18

## Other Medicaid Adults

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



In FY 2005, 8,615 other Medicaid adults received DASA-funded AOD treatment services.

The **revised** expansion goal for FY 2008 was to increase the number of other Medicaid adults receiving AOD treatment by 2,120 patients to a total of 10,735 other Medicaid adults receiving treatment in FY 2008.

- 1,042 additional other Medicaid adults received AOD treatment in FY 2008 when compared to FY 2005. This increase was 49 percent of the goal of 2,120 additional patients to be treated in FY 2008.

The revised Treatment Expansion goals for FY 2008 were set in relation to Caseload Forecast Council (CFC) estimated growth in other adult Medicaid coverage—primarily the TANF-related Family Medical caseload. Since the goals were developed, the Family Medical caseload has fallen significantly below the CFC forecast available at the time the revised goals were developed. Consequently, a significant part of the shortfall for this medical coverage group is due to the unexpected decline in the size of the medical coverage population.

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

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

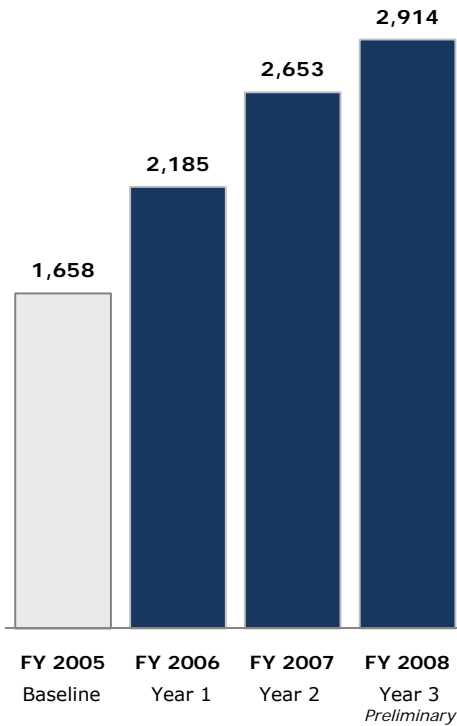
	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year <i>Preliminary</i>
<b>Any AOD Treatment</b>	<b>8,617</b>	<b>9,501</b>	<b>9,587</b>	<b>9,659</b>
Residential Treatment	2,232	2,607	2,507	2,352
Outpatient Treatment	7,836	8,651	8,721	8,890
Outpatient Treatment Only	6,385	6,894	7,080	7,307

	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005 <i>Preliminary</i>
<b>Any AOD Treatment</b>		<b>884</b>	<b>970</b>	<b>1,042</b>
Residential Treatment		375	275	120
Outpatient Treatment		815	885	1,054
Outpatient Treatment Only		509	695	922

## General Assistance-Unemployable (GA-U)

PATIENTS TREATED BY FISCAL YEAR  
**GA-U Patients**



In FY 2005, 1,658 GA-U patients received DASA-funded AOD treatment services.

The **revised** expansion goal for FY 2008 was to increase the number of GA-U patients receiving AOD treatment by 1,305 patients to a total of 2,963 GA-U patients receiving treatment in FY 2008.

- 1,256 additional GA-U patients received AOD treatment in FY 2008 when compared to FY 2005. This increase was 96 percent of the FY 2008 expansion goal of 1,305 additional patients to be treated in FY 2008.

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

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

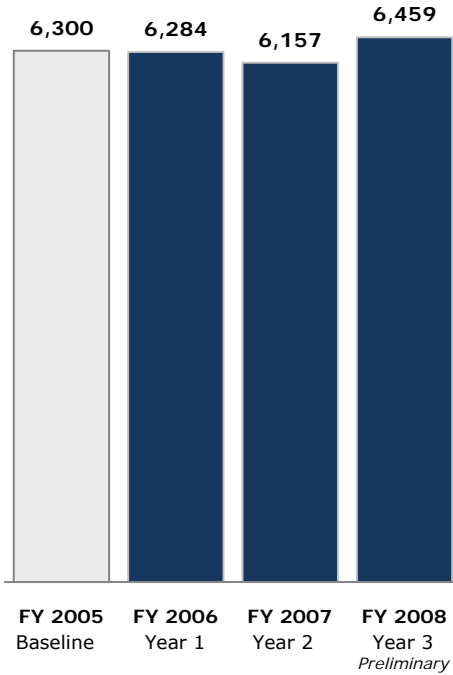
	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year <i>Preliminary</i>
<b>Any AOD Treatment</b>	<b>1,658</b>	<b>2,185</b>	<b>2,653</b>	<b>2,914</b>
Residential Treatment	689	779	1,057	1,134
Outpatient Treatment	1,395	1,890	2,218	2,469
Outpatient Treatment Only	969	1,406	1,596	1,780

	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005 <i>Preliminary</i>
<b>Any AOD Treatment</b>		<b>527</b>	<b>995</b>	<b>1,256</b>
Residential Treatment		90	368	445
Outpatient Treatment		495	823	1,074
Outpatient Treatment Only		437	627	811

# Youth

PATIENTS TREATED BY FISCAL YEAR  
**Youth Patients**



In FY 2005, 6,300 adolescents aged 10 to 17 received DASA-funded AOD treatment services. In FY 2008, 6459 youth received DASA-funded AOD treatment services – the first year that treatment levels have risen above the FY 2005 baseline. The increase in youth treatment from FY 2007 to FY 2008 was due almost entirely to an increase in outpatient treatment.

## Youth Receiving DASA-Funded AOD Treatment

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

	PATIENT COUNT			
	FY 2005 Baseline	FY 2006 First Year	FY 2007 Second Year	FY 2008 Third Year Preliminary
<b>Any AOD Treatment</b>	<b>6,300</b>	<b>6,284</b>	<b>6,157</b>	<b>6,459</b>
Residential Treatment	1,426	1,513	1,527	1,530
Outpatient Treatment	5,714	5,631	5,461	5,778
Outpatient Treatment Only	4,874	4,771	4,630	4,929

	DIFFERENCE			
		YEAR 1 FY 2006 from FY 2005	YEAR 2 FY 2007 from FY 2005	YEAR 3 FY 2008 from FY 2005 Preliminary
<b>Any AOD Treatment</b>		<b>-16</b>	<b>-143</b>	<b>159</b>
Residential Treatment		87	101	104
Outpatient Treatment		-83	-253	64
Outpatient Treatment Only		-103	-244	55

## 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 67 percent in FY 2008 and intensive inpatient completion rates rising from 63 percent to 72 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%
	FY 2008 Discharges		
	TARGET POPULATIONS		
	Outpatient*	Residential	Intensive Inpatient
Adult Medicaid Disabled	40.6%	72.3%	72.1%
Medicaid Aged	55.3%	0% (n=2)	77.8%
Other Medicaid Adults	42.2%	51.9%	72.5%
GA-U	35.5%	65.6%	77.6%
Youth	46.7%	66.5%	72.1%
	NON-TARGET		
Other Adults	52.7%	78.0%	81.1%

\*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		
ADULTS	Budget	Expenditures	Variance
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>	
YOUTH			
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		
ADULTS	Budget	Expenditures	Variance
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>
YOUTH			
GF-State	469,000	469,000	
GF-Federal			
<b>TOTAL</b>	<b>469,000</b>	<b>469,000</b>	
	FY 2008		
ADULTS	Budget	Expenditures	Variance
GF-State	11,113,000	10,330,000	783,000
GF-Federal	6,193,000	5,927,000	266,000
<b>TOTAL</b>	<b>17,306,000</b>	<b>16,257,000</b>	<b>1,049,000</b>
YOUTH			
GF-State	698,000	698,000	
GF-Federal	77,000	77,000	
<b>TOTAL</b>	<b>775,000</b>	<b>775,000</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 estimates based on reimbursement amounts from MMIS claims for services incurred through June 2008 and paid through June 2008, and imputed costs associated with TARGET service encounters extracted in late July 2008. Estimates for FY 2008 are preliminary and do not include adjustments to account for data completeness.

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 from this table. Private-pay and DOC-paid services are excluded. Including case management, assessment, and county administrative costs, the overall average treatment cost for the adult target populations was \$2,541 per treated client per year. This is the average treatment cost that was used to define the revised adult treatment expansion goals for FY 2008.** 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 2008, with costs increasing for other Medicaid adults and remaining stable for the other adult target populations.

Average treatment costs for youth increased significantly from \$1,935 in FY 2005 to \$2,223 in FY 2008. 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	FY 2008 <i>Preliminary</i>
<b>TARGET POPULATIONS</b>				
<b>Adult Medicaid Disabled</b>	\$2,345	\$2,295	\$2,283	<b>\$2,344</b>
<b>Medicaid Aged</b>	\$2,308	\$2,347	\$2,189	<b>\$2,227</b>
<b>Other Medicaid</b>	\$2,490	\$2,537	\$2,648	<b>\$2,745</b>
<b>GA-U</b>	\$1,867	\$1,850	\$1,890	<b>\$1,915</b>
<b>Youth</b>	\$1,940	\$2,174	\$2,196	<b>\$2,223</b>
<b>NON-TARGET POPULATIONS</b>				
<b>Other Adults</b>	\$1,416	\$1,532	\$1,536	<b>\$1,631</b>



## Changes in the Geographic and Demographic Distribution of Patients in Treatment



### Key Findings

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

# County Treatment Counts

by Sub-Population

NON-TARGET ADULTS	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008 Preliminary	2005 to 2006	2005 to 2007	2005 to 2008 Preliminary
Adams	71	82	107	117	15.5%	50.7%	64.8%
Asotin	123	116	122	133	-5.7%	-0.8%	8.1%
Benton	308	396	443	391	28.6%	43.8%	26.9%
Chelan	367	338	350	328	-7.9%	-4.6%	-10.6%
Clallam	300	328	354	354	9.3%	18.0%	18.0%
Clark	637	856	1,158	1,150	34.4%	81.8%	80.5%
Columbia	76	75	65	42	-1.3%	-14.5%	-44.7%
Cowlitz	618	497	443	477	-19.6%	-28.3%	-22.8%
Douglas	0	2	1	1	N/A	N/A	N/A
Ferry	19	23	44	44	21.1%	131.6%	131.6%
Franklin	266	327	372	431	22.9%	39.8%	62.0%
Garfield	11	8	6	12	-27.3%	-45.5%	9.1%
Grant	204	249	221	176	22.1%	8.3%	-13.7%
Grays Harbor	240	230	245	280	-4.2%	2.1%	16.7%
Island	140	156	145	108	11.4%	3.6%	-22.9%
Jefferson	45	76	63	60	68.9%	40.0%	33.3%
King	3,228	3,413	3,470	3,671	5.7%	7.5%	13.7%
Kitsap	627	674	598	632	7.5%	-4.6%	0.8%
Kittitas	174	116	93	113	-33.3%	-46.6%	-35.1%
Klickitat	65	67	79	96	3.1%	21.5%	47.7%
Lewis	183	237	229	209	29.5%	25.1%	14.2%
Lincoln	31	30	37	30	-3.2%	19.4%	-3.2%
Mason	129	172	149	146	33.3%	15.5%	13.2%
Okanogan	282	287	277	268	1.8%	-1.8%	-5.0%
Pacific	121	105	100	103	-13.2%	-17.4%	-14.9%
Pend Oreille	27	33	37	42	22.2%	37.0%	55.6%
Pierce	2,312	2,805	2,730	2,187	21.3%	18.1%	-5.4%
San Juan	76	78	81	87	2.6%	6.6%	14.5%
Skagit	563	617	616	652	9.6%	9.4%	15.8%
Skamania	34	72	83	70	111.8%	144.1%	105.9%
Snohomish	1,263	1,361	1,178	1,253	7.8%	-6.7%	-0.8%
Spokane	1,213	1,381	1,310	1,501	13.8%	8.0%	23.7%
Stevens	125	108	118	110	-13.6%	-5.6%	-12.0%
Thurston	598	574	613	628	-4.0%	2.5%	5.0%
Wahkiakum	25	22	39	45	-12.0%	56.0%	80.0%
Walla Walla	197	162	151	144	-17.8%	-23.4%	-26.9%
Whatcom	545	522	571	610	-4.2%	4.8%	11.9%
Whitman	76	84	67	46	10.5%	-11.8%	-39.5%
Yakima	1,121	1,189	1,344	1,453	6.1%	19.9%	29.6%
Unknown	219	270	214	408	23.3%	-2.3%	86.3%
<b>TOTAL</b>	<b>16,659</b>	<b>18,138</b>	<b>18,323</b>	<b>18,608</b>	<b>8.9%</b>	<b>10.0%</b>	<b>11.7%</b>

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

ADULT MEDICAID DISABLED	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	2005 to 2006	2005 to 2007	2005 to 2008 <i>Preliminary</i>
Adams	3	3	3	8	0.0%	0.0%	166.7%
Asotin	43	52	52	36	20.9%	20.9%	-16.3%
Benton	93	106	119	118	14.0%	28.0%	26.9%
Chelan	178	175	198	187	-1.7%	11.2%	5.1%
Clallam	86	102	124	133	18.6%	44.2%	54.7%
Clark	337	357	423	473	5.9%	25.5%	40.4%
Columbia	11	18	17	17	63.6%	54.5%	54.5%
Cowlitz	148	130	141	140	-12.2%	-4.7%	-5.4%
Douglas	0	2	2	2	N/A	N/A	N/A
Ferry	8	14	13	17	75.0%	62.5%	112.5%
Franklin	134	164	154	174	22.4%	14.9%	29.9%
Garfield	4	7	5	5	75.0%	25.0%	25.0%
Grant	44	61	58	54	38.6%	31.8%	22.7%
Grays Harbor	57	68	71	72	19.3%	24.6%	26.3%
Island	47	30	28	27	-36.2%	-40.4%	-42.6%
Jefferson	28	41	48	40	46.4%	71.4%	42.9%
King	2,804	3,202	3,507	3,890	14.2%	25.1%	38.7%
Kitsap	327	393	426	416	20.2%	30.3%	27.2%
Kittitas	15	27	25	23	80.0%	66.7%	53.3%
Klickitat	40	52	50	55	30.0%	25.0%	37.5%
Lewis	93	83	96	101	-10.8%	3.2%	8.6%
Lincoln	11	10	5	6	-9.1%	-54.5%	-45.5%
Mason	51	62	73	84	21.6%	43.1%	64.7%
Okanogan	46	48	63	78	4.3%	37.0%	69.6%
Pacific	31	22	22	24	-29.0%	-29.0%	-22.6%
Pend Oreille	22	22	20	27	0.0%	-9.1%	22.7%
Pierce	950	1,110	1,184	1,209	16.8%	24.6%	27.3%
San Juan	16	16	16	13	0.0%	0.0%	-18.8%
Skagit	232	255	277	326	9.9%	19.4%	40.5%
Skamania	14	16	15	14	14.3%	7.1%	0.0%
Snohomish	557	662	668	685	18.9%	19.9%	23.0%
Spokane	477	618	805	875	29.6%	68.8%	83.4%
Stevens	40	38	34	27	-5.0%	-15.0%	-32.5%
Thurston	274	269	298	336	-1.8%	8.8%	22.6%
Wahkiakum	4	3	3	3	-25.0%	-25.0%	-25.0%
Walla Walla	49	46	40	53	-6.1%	-18.4%	8.2%
Whatcom	195	258	318	328	32.3%	63.1%	68.2%
Whitman	15	16	19	24	6.7%	26.7%	60.0%
Yakima	371	451	528	597	21.6%	42.3%	60.9%
Unknown	51	48	43	100	-5.9%	-15.7%	96.1%
<b>TOTAL</b>	<b>7,906</b>	<b>9,057</b>	<b>9,991</b>	<b>10,797</b>	<b>14.6%</b>	<b>26.4%</b>	<b>36.6%</b>

## County Treatment Counts

by Sub-Population, *continued*

MEDICAID AGED	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	2005 to 2006	2005 to 2007	2005 to 2008 <i>Preliminary</i>
Adams	0	0	0	0	N/A	N/A	N/A
Asotin	2	1	0	0	-50.0%	-100.0%	-100.0%
Benton	2	2	1	0	0.0%	-50.0%	-100.0%
Chelan	2	3	4	0	50.0%	100.0%	-100.0%
Clallam	0	1	1	3	N/A	N/A	N/A
Clark	3	7	4	7	133.3%	33.3%	133.3%
Columbia	0	0	1	1	N/A	N/A	N/A
Cowlitz	1	2	0	2	100.0%	-100.0%	100.0%
Douglas	0	0	0	0	N/A	N/A	N/A
Ferry	0	2	0	0	N/A	N/A	N/A
Franklin	5	4	2	2	-20.0%	-60.0%	-60.0%
Garfield	0	0	0	0	N/A	N/A	N/A
Grant	1	1	0	0	0.0%	-100.0%	-100.0%
Grays Harbor	2	1	2	2	-50.0%	0.0%	0.0%
Island	0	1	1	1	N/A	N/A	N/A
Jefferson	0	0	0	0	N/A	N/A	N/A
King	49	57	61	71	16.3%	24.5%	44.9%
Kitsap	4	5	5	3	25.0%	25.0%	-25.0%
Kittitas	1	0	0	0	-100.0%	-100.0%	-100.0%
Klickitat	1	0	0	1	-100.0%	-100.0%	0.0%
Lewis	0	1	1	2	N/A	N/A	N/A
Lincoln	0	0	0	0	N/A	N/A	N/A
Mason	1	1	0	0	0.0%	-100.0%	-100.0%
Okanogan	1	0	3	2	-100.0%	200.0%	100.0%
Pacific	4	2	1	0	-50.0%	-75.0%	-100.0%
Pend Oreille	0	0	0	1	N/A	N/A	N/A
Pierce	14	21	22	13	50.0%	57.1%	-7.1%
San Juan	0	0	1	2	N/A	N/A	N/A
Skagit	2	5	7	4	150.0%	250.0%	100.0%
Skamania	0	0	0	0	N/A	N/A	N/A
Snohomish	4	6	7	3	50.0%	75.0%	-25.0%
Spokane	12	9	12	15	-25.0%	0.0%	25.0%
Stevens	1	0	1	0	-100.0%	0.0%	-100.0%
Thurston	0	1	0	0	N/A	N/A	N/A
Wahkiakum	0	0	0	0	N/A	N/A	N/A
Walla Walla	0	1	2	0	N/A	N/A	N/A
Whatcom	1	2	4	4	100.0%	300.0%	300.0%
Whitman	1	1	0	0	0.0%	-100.0%	-100.0%
Yakima	8	8	10	9	0.0%	25.0%	12.5%
Unknown	1	1	0	0	0.0%	-100.0%	-100.0%
<b>TOTAL</b>	<b>123</b>	<b>146</b>	<b>153</b>	<b>148</b>	<b>18.7%</b>	<b>24.4%</b>	<b>20.3%</b>

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

OTHER MEDICAID ADULTS	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	2005 to 2006	2005 to 2007	2005 to 2008 <i>Preliminary</i>
Adams	16	17	14	12	6.3%	-12.5%	-25.0%
Asotin	44	59	39	35	34.1%	-11.4%	-20.5%
Benton	217	239	255	284	10.1%	17.5%	30.9%
Chelan	176	173	169	168	-1.7%	-4.0%	-4.5%
Clallam	186	197	229	212	5.9%	23.1%	14.0%
Clark	507	595	573	666	17.4%	13.0%	31.4%
Columbia	7	14	9	10	100.0%	28.6%	42.9%
Cowlitz	295	300	275	299	1.7%	-6.8%	1.4%
Douglas	1	2	0	3	100.0%	-100.0%	200.0%
Ferry	9	13	23	24	44.4%	155.6%	166.7%
Franklin	103	146	172	183	41.7%	67.0%	77.7%
Garfield	5	6	3	1	20.0%	-40.0%	-80.0%
Grant	87	112	83	61	28.7%	-4.6%	-29.9%
Grays Harbor	155	142	155	157	-8.4%	0.0%	1.3%
Island	36	33	42	41	-8.3%	16.7%	13.9%
Jefferson	40	41	40	43	2.5%	0.0%	7.5%
King	1,357	1,442	1,482	1,545	6.3%	9.2%	13.9%
Kitsap	311	320	311	312	2.9%	0.0%	0.3%
Kittitas	38	34	49	45	-10.5%	28.9%	18.4%
Klickitat	51	55	51	51	7.8%	0.0%	0.0%
Lewis	133	122	131	125	-8.3%	-1.5%	-6.0%
Lincoln	10	11	8	5	10.0%	-20.0%	-50.0%
Mason	88	101	108	106	14.8%	22.7%	20.5%
Okanogan	124	117	121	105	-5.6%	-2.4%	-15.3%
Pacific	38	24	40	44	-36.8%	5.3%	15.8%
Pend Oreille	16	24	27	30	50.0%	68.8%	87.5%
Pierce	1,257	1,381	1,263	1,111	9.9%	0.5%	-11.6%
San Juan	9	18	24	18	100.0%	166.7%	100.0%
Skagit	241	246	236	228	2.1%	-2.1%	-5.4%
Skamania	25	24	21	21	-4.0%	-16.0%	-16.0%
Snohomish	845	938	921	946	11.0%	9.0%	12.0%
Spokane	690	912	929	937	32.2%	34.6%	35.8%
Stevens	63	49	74	57	-22.2%	17.5%	-9.5%
Thurston	308	329	396	421	6.8%	28.6%	36.7%
Wahkiakum	4	5	13	6	25.0%	225.0%	50.0%
Walla Walla	61	72	71	56	18.0%	16.4%	-8.2%
Whatcom	296	331	341	287	11.8%	15.2%	-3.0%
Whitman	30	29	23	25	-3.3%	-23.3%	-16.7%
Yakima	698	792	826	897	13.5%	18.3%	28.5%
Unknown	40	36	40	80	-10.0%	0.0%	100.0%
<b>TOTAL</b>	<b>8,617</b>	<b>9,501</b>	<b>9,587</b>	<b>9,657</b>	<b>10.3%</b>	<b>11.3%</b>	<b>12.1%</b>

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

GA-U	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	2005 to 2006	2005 to 2007	2005 to 2008 <i>Preliminary</i>
Adams	0	1	1	4	N/A	N/A	N/A
Asotin	3	5	8	7	66.7%	166.7%	133.3%
Benton	19	37	53	41	94.7%	178.9%	115.8%
Chelan	64	54	67	97	-15.6%	4.7%	51.6%
Clallam	36	51	68	64	41.7%	88.9%	77.8%
Clark	71	80	80	109	12.7%	12.7%	53.5%
Columbia	1	1	2	1	0.0%	100.0%	0.0%
Cowlitz	45	37	52	42	-17.8%	15.6%	-6.7%
Douglas	0	1	0	0	N/A	N/A	N/A
Ferry	2	4	3	0	100.0%	50.0%	-100.0%
Franklin	35	40	34	26	14.3%	-2.9%	-25.7%
Garfield	2	0	1	1	-100.0%	-50.0%	-50.0%
Grant	13	17	15	15	30.8%	15.4%	15.4%
Grays Harbor	6	12	25	25	100.0%	316.7%	316.7%
Island	10	8	8	10	-20.0%	-20.0%	0.0%
Jefferson	10	7	13	5	-30.0%	30.0%	-50.0%
King	577	765	894	994	32.6%	54.9%	72.3%
Kitsap	42	44	52	55	4.8%	23.8%	31.0%
Kittitas	4	3	7	4	-25.0%	75.0%	0.0%
Klickitat	7	17	9	16	142.9%	28.6%	128.6%
Lewis	14	18	14	17	28.6%	0.0%	21.4%
Lincoln	0	0	0	1	N/A	N/A	N/A
Mason	14	12	17	14	-14.3%	21.4%	0.0%
Okanogan	16	9	20	18	-43.8%	25.0%	12.5%
Pacific	4	5	8	5	25.0%	100.0%	25.0%
Pend Oreille	5	1	4	6	-80.0%	-20.0%	20.0%
Pierce	190	259	338	316	36.3%	77.9%	66.3%
San Juan	2	2	1	2	0.0%	-50.0%	0.0%
Skagit	39	53	76	81	35.9%	94.9%	107.7%
Skamania	6	5	6	12	-16.7%	0.0%	100.0%
Snohomish	132	207	186	179	56.8%	40.9%	35.6%
Spokane	122	209	289	383	71.3%	136.9%	213.9%
Stevens	7	8	15	14	14.3%	114.3%	100.0%
Thurston	21	39	50	58	85.7%	138.1%	176.2%
Wahkiakum	0	2	3	6	N/A	N/A	N/A
Walla Walla	4	11	7	6	175.0%	75.0%	50.0%
Whatcom	34	47	63	65	38.2%	85.3%	91.2%
Whitman	2	7	5	3	250.0%	150.0%	50.0%
Yakima	77	87	135	152	13.0%	75.3%	97.4%
Unknown	22	20	24	60	-9.1%	9.1%	172.7%
<b>TOTAL</b>	<b>1,658</b>	<b>2,185</b>	<b>2,653</b>	<b>2,914</b>	<b>31.8%</b>	<b>60.0%</b>	<b>75.8%</b>

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

YOUTH	Treatment Counts				Percent Change		
	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	2005 to 2006	2005 to 2007	2005 to 2008 <i>Preliminary</i>
Adams	5	1	4	3	-80.0%	-20.0%	-40.0%
Asotin	24	21	17	11	-12.5%	-29.2%	-54.2%
Benton	146	143	164	152	-2.1%	12.3%	4.1%
Chelan	104	121	114	113	16.3%	9.6%	8.7%
Clallam	116	139	158	139	19.8%	36.2%	19.8%
Clark	315	303	313	292	-3.8%	-0.6%	-7.3%
Columbia	10	5	4	5	-50.0%	-60.0%	-50.0%
Cowlitz	132	129	85	87	-2.3%	-35.6%	-34.1%
Douglas	3	1	5	3	-66.7%	66.7%	0.0%
Ferry	12	4	2	1	-66.7%	-83.3%	-91.7%
Franklin	40	59	59	148	47.5%	47.5%	270.0%
Garfield	0	1	1	0	N/A	N/A	N/A
Grant	31	44	52	32	41.9%	67.7%	3.2%
Grays Harbor	171	173	171	176	1.2%	0.0%	2.9%
Island	48	45	54	37	-6.3%	12.5%	-22.9%
Jefferson	34	42	24	25	23.5%	-29.4%	-26.5%
King	1,335	1,223	1,216	1,462	-8.4%	-8.9%	9.5%
Kitsap	217	215	183	184	-0.9%	-15.7%	-15.2%
Kittitas	24	15	22	30	-37.5%	-8.3%	25.0%
Klickitat	13	26	29	17	100.0%	123.1%	30.8%
Lewis	160	162	192	184	1.3%	20.0%	15.0%
Lincoln	1	0	2	2	-100.0%	100.0%	100.0%
Mason	87	95	95	114	9.2%	9.2%	31.0%
Okanogan	67	43	42	27	-35.8%	-37.3%	-59.7%
Pacific	9	9	11	27	0.0%	22.2%	200.0%
Pend Oreille	1	6	2	3	500.0%	100.0%	200.0%
Pierce	691	636	494	618	-8.0%	-28.5%	-10.6%
San Juan	15	15	10	16	0.0%	-33.3%	6.7%
Skagit	184	268	218	223	45.7%	18.5%	21.2%
Skamania	15	17	24	23	13.3%	60.0%	53.3%
Snohomish	415	364	295	348	-12.3%	-28.9%	-16.1%
Spokane	775	803	909	840	3.6%	17.3%	8.4%
Stevens	40	25	38	27	-37.5%	-5.0%	-32.5%
Thurston	259	313	337	337	20.8%	30.1%	30.1%
Wahkiakum	2	9	7	7	350.0%	250.0%	250.0%
Walla Walla	25	41	24	30	64.0%	-4.0%	20.0%
Whatcom	287	308	296	292	7.3%	3.1%	1.7%
Whitman	10	24	27	25	140.0%	170.0%	150.0%
Yakima	470	432	456	389	-8.1%	-3.0%	-17.2%
Unknown	7	4	1	10	-42.9%	-85.7%	42.9%
<b>TOTAL</b>	<b>6,300</b>	<b>6,284</b>	<b>6,157</b>	<b>6,459</b>	<b>-0.3%</b>	<b>-2.3%</b>	<b>2.5%</b>

# Demographics

by Sub-Population

	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	
<b>GENDER</b>	Number	Number	Number	Number	Percent
<b>Non-Target Adults</b>					
Female	3,704	4,187	4,123	<b>4,235</b>	<b>23%</b>
Male	12,813	13,787	14,046	<b>14,373</b>	<b>77%</b>
<i>Unknown</i>	142	164	154	0	N/A
<b>Adult Medicaid Disabled</b>					
Female	3,437	4,005	4,400	<b>4,685</b>	<b>43%</b>
Male	4,469	5,052	5,591	<b>6,112</b>	<b>57%</b>
<i>Unknown</i>	0	0	0	0	N/A
<b>Medicaid Aged</b>					
Female	35	52	52	<b>44</b>	<b>30%</b>
Male	88	94	101	<b>104</b>	<b>70%</b>
<i>Unknown</i>	0	0	0	0	N/A
<b>Other Medicaid Adults</b>					
Female	6,181	6,976	7,012	<b>7,002</b>	<b>72%</b>
Male	2,436	2,525	2,575	<b>2,657</b>	<b>28%</b>
<i>Unknown</i>	0	0	0	0	N/A
<b>GA-U</b>					
Female	579	741	870	<b>961</b>	<b>33%</b>
Male	1,079	1,444	1,783	<b>1,953</b>	<b>67%</b>
<i>Unknown</i>	0	0	0	0	N/A
<b>Youth</b>					
Female	2,346	2,300	2,238	<b>2,285</b>	<b>35%</b>
Male	3,909	3,948	3,868	<b>4,174</b>	<b>65%</b>
<i>Unknown</i>	45	36	51	0	N/A

	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	
<b>RACE   ETHNICITY</b>	Number	Number	Number	Number	Percent
<b>Non-Target Adults</b>					
Asian   Pacific Islander	353	411	419	<b>439</b>	<b>2%</b>
Black	1,075	1,165	1,189	<b>1,289</b>	<b>7%</b>
Hispanic	2,347	2,701	2,847	<b>3,091</b>	<b>17%</b>
American Indian	1,587	1,736	1,841	<b>1,828</b>	<b>10%</b>
Other	216	235	241	<b>238</b>	<b>1%</b>
White	10,858	11,652	11,552	<b>11,710</b>	<b>63%</b>
<i>Unknown</i>	223	238	234	<b>13</b>	<b>0%</b>



## Demographics

by Sub-Population, *continued*

	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	
RACE   ETHNICITY	Number	Number	Number	Number	Percent
<b>Adult Medicaid Disabled</b>					
Asian   Pacific Islander	102	111	134	133	1%
Black	944	1,101	1,284	1,419	13%
Hispanic	338	509	586	718	7%
American Indian	399	442	503	562	5%
Other	31	36	41	41	0%
White	6,091	6,855	7,440	7,922	73%
<i>Unknown</i>	1	3	3	2	0%
<b>Medicaid Aged</b>					
Asian   Pacific Islander	14	18	13	9	6%
Black	13	18	20	24	16%
Hispanic	15	16	16	15	10%
American Indian	13	19	19	17	11%
Other	1	1	0	2	1%
White	67	74	85	81	55%
<i>Unknown</i>	0	0	0	0	0%
<b>Other Medicaid Adults</b>					
Asian   Pacific Islander	111	113	148	134	1%
Black	568	618	611	639	7%
Hispanic	747	1,002	1,042	1,141	12%
American Indian	1,073	1,156	1,207	1,180	12%
Other	60	65	59	53	1%
White	6,057	6,546	6,517	6,509	67%
<i>Unknown</i>	1	1	3	3	0%
<b>GA-U</b>					
Asian   Pacific Islander	20	24	29	48	2%
Black	208	301	359	379	13%
Hispanic	91	159	191	250	9%
American Indian	88	113	157	194	7%
Other	16	19	24	30	1%
White	1,234	1,569	1,893	2,013	69%
<i>Unknown</i>	1	0	0	0	0%
<b>Youth</b>					
Asian   Pacific Islander	165	151	137	187	3%
Black	417	407	380	428	7%
Hispanic	901	1,027	1,109	1,353	21%
American Indian	552	483	478	467	7%
Other	48	55	72	69	1%
White	4,144	4,097	3,908	3,941	61%
<i>Unknown</i>	73	64	73	15	0%

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

	FY 2005	FY 2006	FY 2007	FY 2008 <i>Preliminary</i>	
AGE	Number	Number	Number	Number	Percent
<b>Non-Target Adults</b>					
18-24	3,846	4,285	4,203	<b>4,317</b>	<b>23%</b>
25-34	4,803	5,288	5,496	<b>5,627</b>	<b>30%</b>
35-44	4,749	5,030	4,868	<b>4,719</b>	<b>25%</b>
45-54	2,646	2,887	3,060	<b>3,195</b>	<b>17%</b>
55-64	516	563	593	<b>651</b>	<b>3%</b>
65-74	84	71	86	<b>82</b>	<b>0%</b>
75+	15	14	17	<b>17</b>	<b>0%</b>
<b>Adult Medicaid Disabled</b>					
18-24	538	656	722	<b>745</b>	<b>7%</b>
25-34	1,433	1,580	1,755	<b>1,939</b>	<b>18%</b>
35-44	2,624	2,850	3,105	<b>3,237</b>	<b>30%</b>
45-54	2,586	3,031	3,312	<b>3,663</b>	<b>34%</b>
55-64	723	934	1,092	<b>1,210</b>	<b>11%</b>
<b>Medicaid Aged</b>					
65-74	112	129	136	<b>135</b>	<b>91%</b>
75-84	11	17	17	<b>13</b>	<b>9%</b>
<b>Other Medicaid Adults</b>					
18-24	2,524	2,751	2,812	<b>2,878</b>	<b>30%</b>
25-34	3,362	3,825	3,871	<b>4,045</b>	<b>42%</b>
35-44	2,187	2,360	2,330	<b>2,165</b>	<b>22%</b>
45-54	523	540	538	<b>538</b>	<b>6%</b>
55-64	21	25	36	<b>31</b>	<b>0%</b>
<b>GA-U</b>					
18-24	122	162	235	<b>281</b>	<b>10%</b>
25-34	325	429	510	<b>659</b>	<b>23%</b>
35-44	640	836	962	<b>956</b>	<b>33%</b>
45-54	508	671	831	<b>874</b>	<b>30%</b>
55-64	63	87	115	<b>144</b>	<b>5%</b>
<b>Youth</b>					
12 and under	132	119	97	<b>107</b>	<b>2%</b>
13	321	302	272	<b>304</b>	<b>5%</b>
14	816	806	783	<b>845</b>	<b>13%</b>
15	1,492	1,500	1,480	<b>1,499</b>	<b>23%</b>
16	1,727	1,752	1,742	<b>1,842</b>	<b>29%</b>
17	1,812	1,805	1,783	<b>1,862</b>	<b>29%</b>

## Cost Offset Estimates



### Key Findings

- For adult Medicaid Disabled patients, medical savings are estimated to be \$308 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 \$57 pmpm over the 2005-07 Biennium, compared to \$58 in the original appropriation.
- For GA-U patients, medical savings are estimated to be \$181 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 tend to have a common proportional impact, but a larger absolute impact on the client group with higher “baseline” expenditure levels. Given that per-member-per-month (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 in medical costs would tend to **overestimate** the Treatment Expansion effect.

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

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

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

We looked for these indicators in the two-year period of time leading up to the measurement month. We used a two-year “look-back” window to ensure that by the end of Fiscal Year 2007, all clients entering AOD treatment during the 2005-07 Biennium would still be counted in the “AOD problem” trendline at the end of the Biennium. This ensures that any impacts on costs for clients who entered AOD treatment at the beginning of the expansion period (July 2005) would continue to be associated with impacts on the “AOD problem” group through the end of biennium. ***The expectation is that by expanding the proportion of the “AOD Problem” group to have recently received AOD treatment (increasing the AOD treatment penetration rate), Treatment Expansion would dampen the rate of growth of pmpm medical and nursing home costs in the Medicaid Disabled and GA-U target populations.***

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

In the charts and tables that follow, actual and forecast expenditures are rolled up to the fiscal year level to simplify the presentation. Cost trends were derived from MMIS paid claims and OFM "span file" eligibility data. Medical costs were lag adjusted using lag factors provided by HRSA staff. MMIS claims-based reimbursement amounts for inpatient costs incurred at hospitals participating in the Certified Public Expenditure program were adjusted to reflect the estimated full cost of the inpatient stay.

### Establishing the Baseline Period

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

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

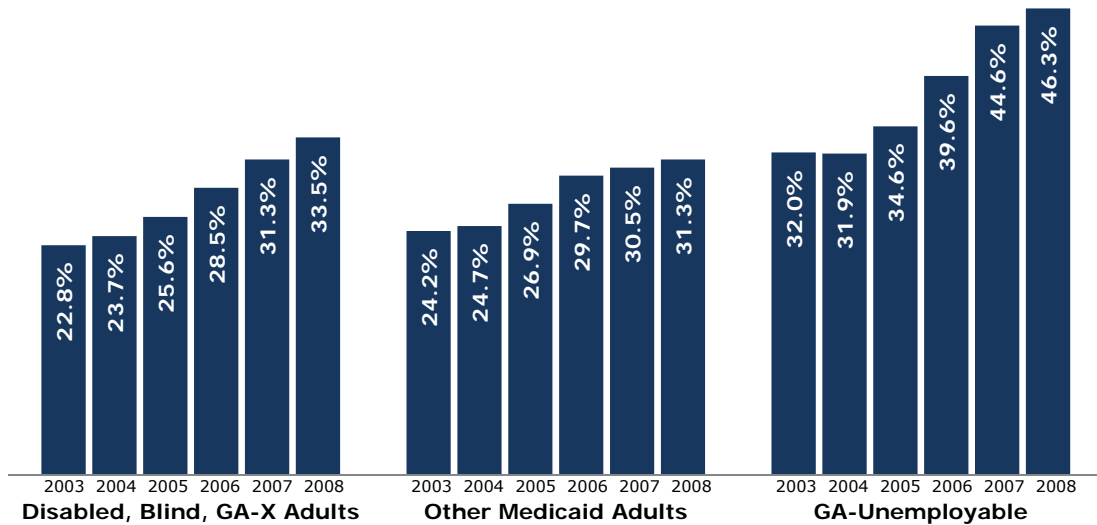
- For adult Medicaid Disabled clients, treatment penetration increased by 1.9 percentage points from 23.7 percent in FY 2004 to 25.6 percent in FY 2005. This is about two-thirds of the annual increase in AOD treatment penetration experienced in the first two years of Treatment Expansion.
- For GA-U clients, AOD treatment penetration increased by 2.7 percentage points from 31.9 percent in FY 2004 to 34.6 percent in FY 2005. This is about half of the increase experienced from FY 2005 to FY 2006, and again from FY 2006 to FY 2007.

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

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

# Penetration Rate Trends

FY 2003 to FY 2007



## Disabled, Blind, GA-X Adults (Categorically Needy/Medically Needy)

	2003	2004	2005	2006	2007	2008 <i>Preliminary</i>
<b>Number of Clients</b> <i>Unduplicated</i>	138,021	145,161	151,574	155,546	156,263	158,000
<b>Percent needing AOD treatment</b> <i>Estimate</i>	20.4%	20.4%	20.4%	20.4%	20.4%	20.4%
<b>Number needing AOD treatment</b> <i>Estimate</i>	28,156	29,613	30,921	31,731	31,878	32,232
<b>Number receiving AOD treatment</b>	6,429	7,012	7,906	9,057	9,991	10,797
<b>AOD Penetration Rate</b>	<b>22.8%</b>	<b>23.7%</b>	<b>25.6%</b>	<b>28.5%</b>	<b>31.3%</b>	<b>33.5%</b>

## Other Medicaid Adults

	2003	2004	2005	2006	2007	2008 <i>Preliminary</i>
<b>Number of Clients</b> <i>Unduplicated</i>	228,371	238,670	242,940	241,944	237,948	233,668
<b>Percent needing AOD treatment</b> <i>Estimate</i>	13.2%	13.2%	13.2%	13.2%	13.2%	13.2%
<b>Number needing AOD treatment</b> <i>Estimate</i>	30,145	31,504	32,068	31,937	31,409	30,844
<b>Number receiving AOD treatment</b>	7,291	7,785	8,617	9,501	9,587	9,659
<b>AOD Penetration Rate</b>	<b>24.2%</b>	<b>24.7%</b>	<b>26.9%</b>	<b>29.7%</b>	<b>30.5%</b>	<b>31.3%</b>

## GA-Unemployable

	2003	2004	2005	2006	2007	2008 <i>Preliminary</i>
<b>Number of Clients</b> <i>Unduplicated</i>	11,108	13,299	15,952	18,415	19,806	20,959
<b>Percent needing AOD treatment</b> <i>Estimate</i>	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%
<b>Number needing AOD treatment</b> <i>Estimate</i>	3,332	3,990	4,786	5,525	5,942	6,288
<b>Number receiving AOD treatment</b>	1,067	1,271	1,658	2,185	2,653	2,914
<b>AOD Penetration Rate</b>	<b>32.0%</b>	<b>31.9%</b>	<b>34.6%</b>	<b>39.6%</b>	<b>44.6%</b>	<b>46.3%</b>

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

## Medical Cost Trends

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

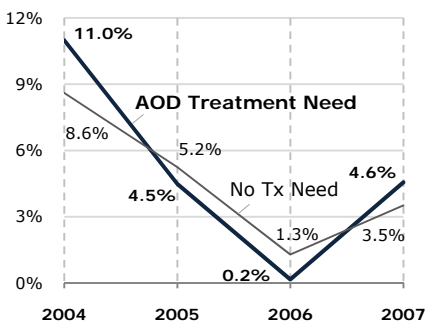
The FY 2003 to FY 2004 growth in pmpm HRSA medical expenditures was 11 percent for Medicaid Disabled clients with AOD problems. This compares to a growth rate of only 8.6 percent over the same period for the balance of the population of Medicaid Disabled clients who did not have AOD problems. Since treatment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

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

### Medicaid-only Blind/Disabled

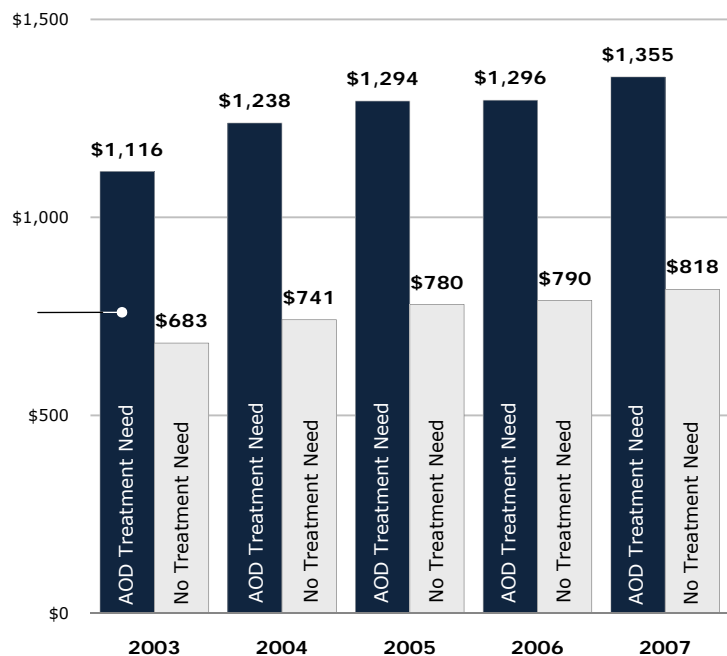
#### Medical Costs

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



SOURCE: DSHS Research and Data Analysis Division, 2008.

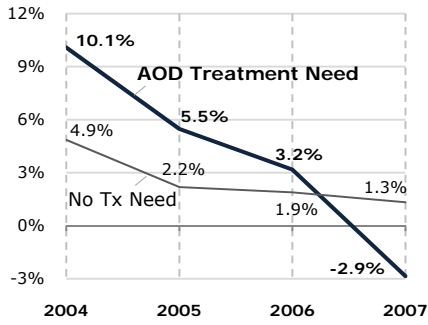
HRSA MEDICAL COSTS | Average cost per member per month (PMPM) FY 2003 through FY 2007





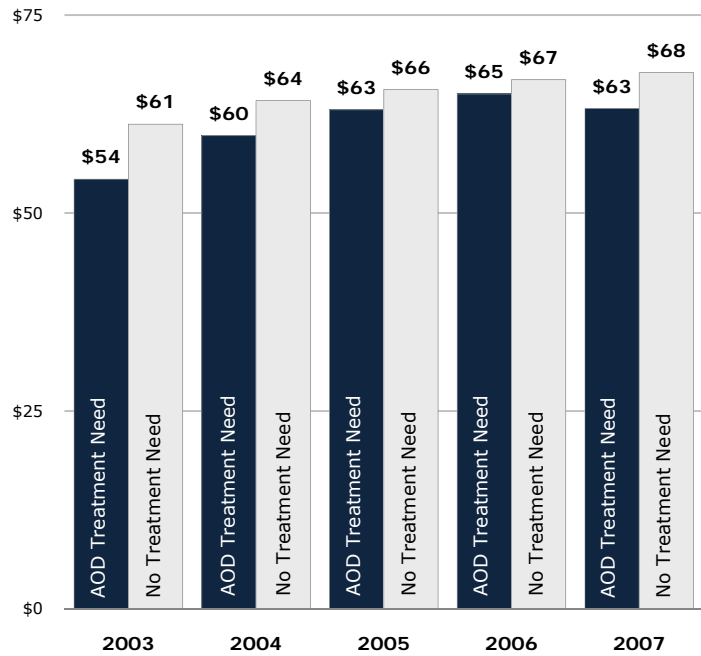
## Blind/Disabled Nursing Home Costs

**YEAR TO YEAR CHANGE** | Percent change in PMPM costs from prior year



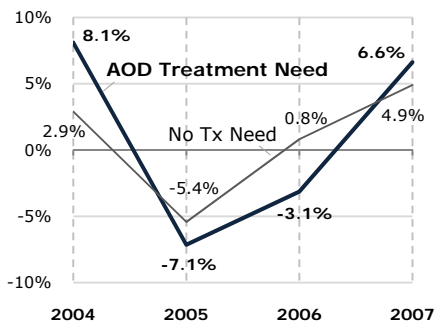
SOURCE: DSHS Research and Data Analysis Division, 2008.

**ADSA NURSING HOME COSTS** | Average cost per member per month (PMPM) FY 2003 through FY 2007



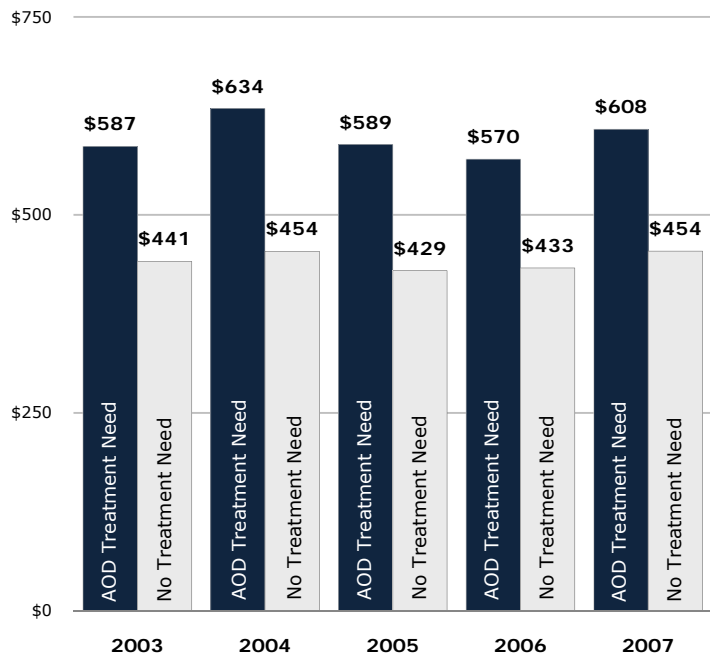
## GA-U Medical Costs

**YEAR TO YEAR CHANGE** | Percent change in PMPM costs from prior year



SOURCE: DSHS Research and Data Analysis Division, 2008.

**HRSA MEDICAL COSTS** | Average cost per member per month (PMPM) FY 2003 through FY 2007



## 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 \$1,294 pmpm, which was 4.1 percent below the \$1,350 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 \$780 pmpm, which was 2.8 percent below the \$803 linear trend forecast based on the FY 2003-04 experience.
- If Medical Assistance expenditures for Medicaid-only Disabled clients with identified AOD problems had experienced the same rate of change as observed for clients without identified AOD problems—a 2.8 percent decrease relative to trend forecast—then the average Medical Assistance expenditure for Medicaid-only Disabled clients with identified AOD problems in FY 2005 would have been \$1,312 pmpm.
- The difference between the **actual** expenditure (\$1,294 pmpm) and the **expected trend** based on the experience of non-AOD problem clients (\$1,312 pmpm) is \$17.84 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 \$17.84 pmpm estimate over the average monthly caseload of 14,056 Medicaid-only Disabled clients with identified AOD problems produces an estimated total cost savings of \$3.0 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 \$2.648 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.**

### PMPM Savings per Treated Patient

Because we are evaluating whether higher AOD treatment penetration rates impact trends in medical and nursing home expenditures for Medicaid Disabled and GA-U clients, the appropriate denominator to calculate pmpm cost savings per treated patient is the increase in post AOD treatment member months in the target populations *beyond the increase necessary simply to maintain baseline levels of treatment penetration in a growing population*. This point is particularly significant for GA-U clients. Because GA-U caseloads have been growing rapidly, a significant proportion of Treatment Expansion funding for GA-U clients was spent simply maintaining the baseline level of AOD treatment penetration in a rapidly growing population. Even so, there has been a massive increase in AOD treatment penetration in the GA-U population under Treatment Expansion—from 32 percent in FY 2004 to 46 percent in FY 2008.

There were 7,942 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 \$333 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 35 contains the detailed calculations.

- The average Medical Assistance expenditure for Medicaid-only Disabled clients **with** identified AOD problems in FY 2006 was \$1,296 pmpm, which was 11.5 percent below the \$1,464 linear trend forecast based on the FY 2003-04 experience.
- The average expenditure for clients **without** AOD problems in FY 2006 was \$790 pmpm, which was 8.5 percent below the \$864 trend forecast based on the FY 2003-04 experience.
- If Medical Assistance expenditures for Medicaid-only Disabled clients with identified AOD problems had experienced the same rate of change as observed for clients without identified AOD problems (an 8.5 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 \$1,340 pmpm.
- The difference between the **actual** expenditure (\$1,296 pmpm) and the **expected trend** based on the experience of non-AOD problem clients (\$1,340 pmpm) is \$43.88 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 \$43.88 pmpm estimate over the average monthly caseload of 18,407 Medicaid-only Disabled clients with identified AOD problems produces an estimated total cost savings of \$8.2 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 \$7.9 million for that year, for a total of \$15.4 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 \$308 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 \$610,000 in FY 2006 and \$2.25 million in FY 2007. **Estimated nursing home savings per treated Medicaid Disabled patient are estimated to be \$57 pmpm over the 2005-07 Biennium, almost identical to the \$58 pmpm estimate used in the original appropriation.**

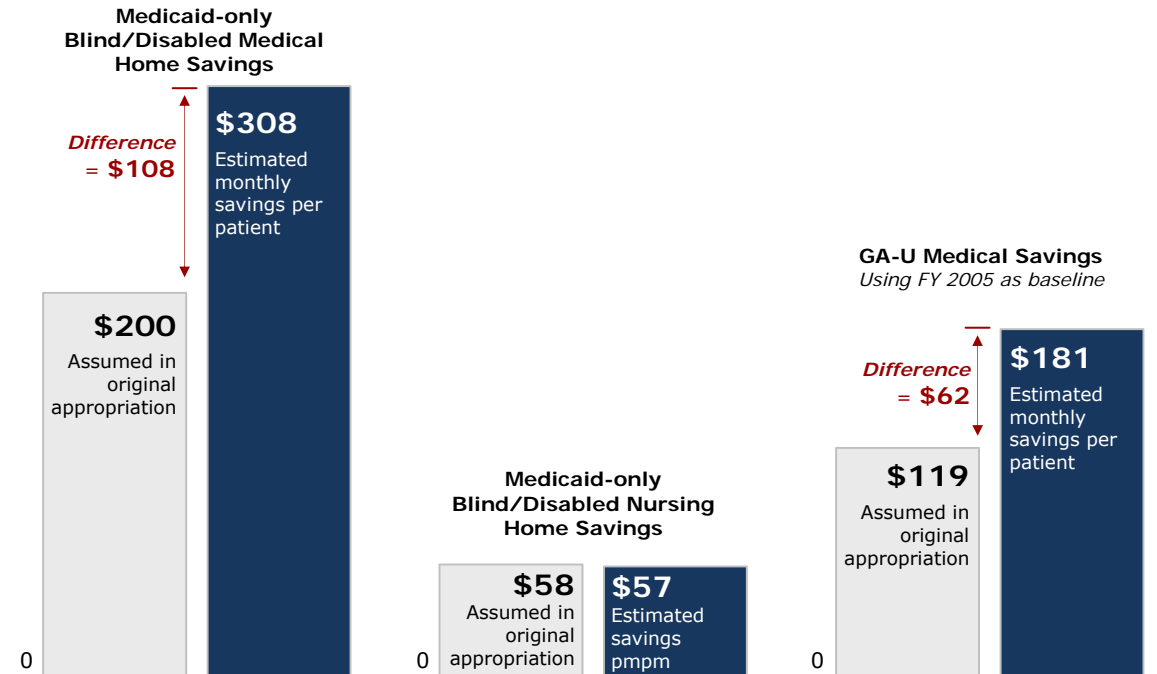
Expanding the time period used to estimate treatment expansion impacts to include FY 2005 significantly reduced the estimated nursing home savings on a per treated patient basis, bringing these estimates in line with the originally budgeted pmpm savings estimate. This occurred because the criminal justice 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 \$1.1 in FY 2006 and \$1.3 million in FY 2007. **Medical cost savings per treated GA-U patient are estimated to be \$181 pmpm over the 2005-07 Biennium, compared to the \$119 pmpm assumed in the original appropriation.**

## 2005-07 Cost Offset Estimates

Biennial Average

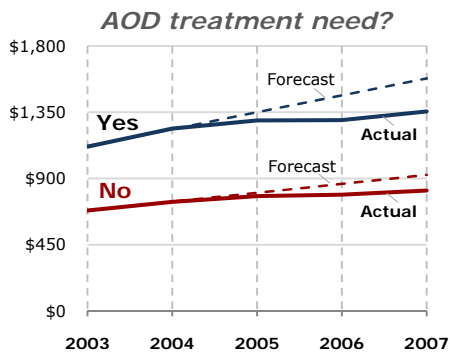


SOURCE: DSHS Research and Data Analysis Division, 2008.

FISCAL YEAR 2007	Assumed	Actual	Difference
Medicaid-only Blind/Disabled – Medical Savings	\$200	\$308	+ 108
Medicaid Disabled – Nursing Home Savings	\$58 <sup>7</sup>	\$57	- \$1
GA-U – Medical Savings, Using FY 2005 as Baseline	\$119	\$181	+ 62

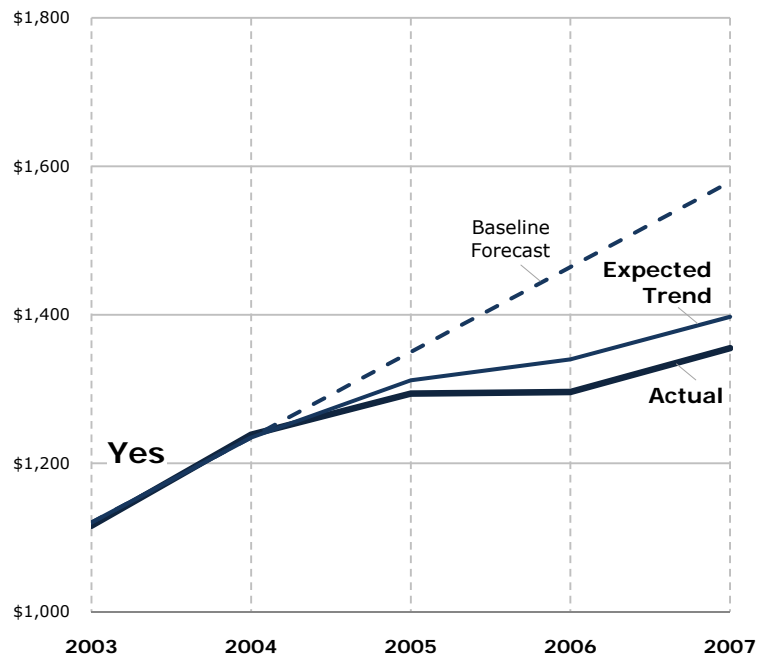
## Medicaid-only Disabled HRSA-MA Expenditures pmpm

COMPARISON | All Medicaid-only Disabled clients



SOURCE: DSHS Research and Data Analysis Division, 2008.

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

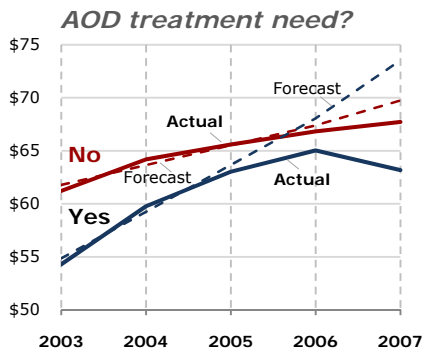


<sup>7</sup> Savings assumed in original 2005-07 Biennium appropriation.

## Medicaid Disabled

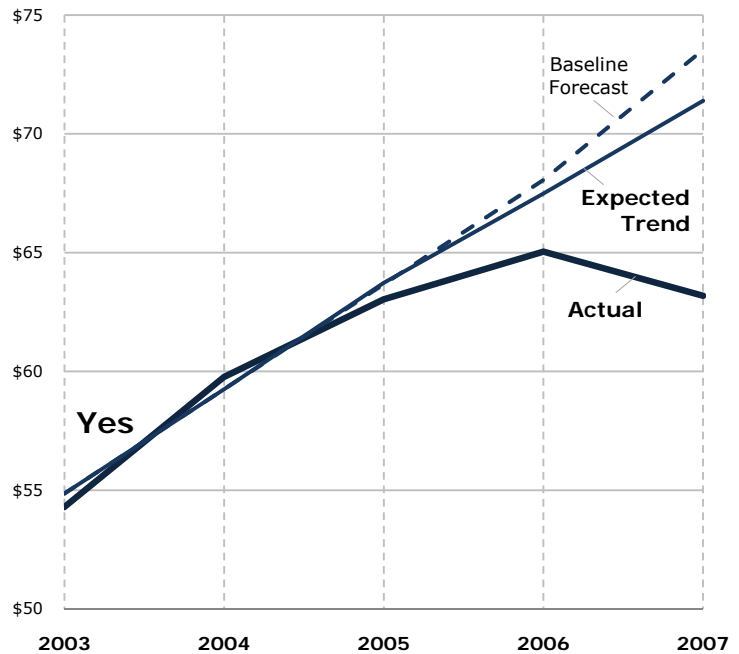
AAS Nursing Home Expenditures pmpm

COMPARISON | All Medicaid Disabled clients



SOURCE: DSHS Research and Data Analysis Division, 2008.

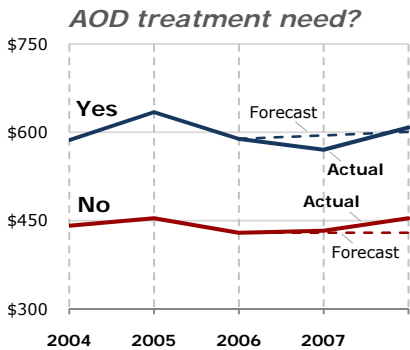
DETAIL | Close-up for Medicaid Disabled clients with identified AOD treatment need only



## GA-U Clients

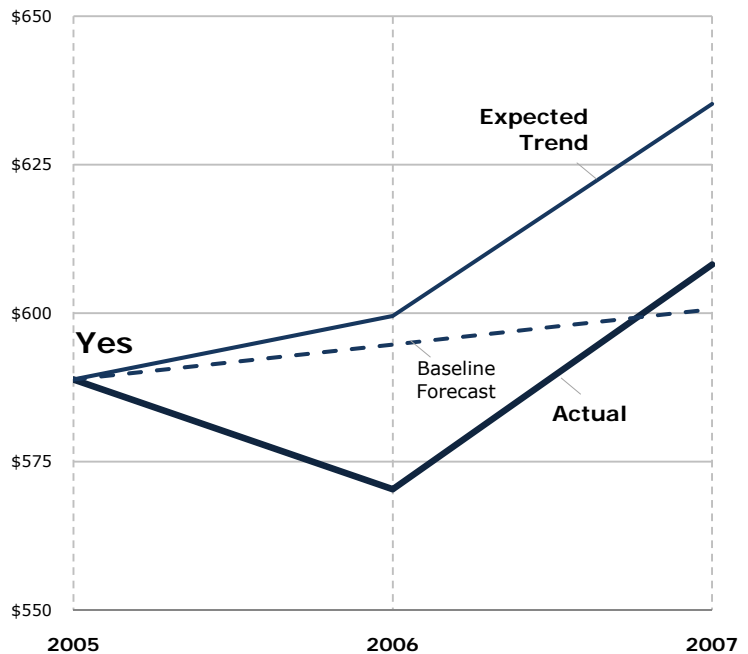
HRSA-MA Expenditures pmpm

COMPARISON | All GA-U clients



SOURCE: DSHS Research and Data Analysis Division, 2008.

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



# 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	59,738	\$683	\$682		11,897	\$1,116	\$1,120	
FY 2004	61,750	\$741	\$742		12,843	\$1,238	\$1,235	
FY 2005	62,443	\$780	\$803	-2.8%	14,056	\$1,294	\$1,350	-4.1%
FY 2006	62,085	\$790	\$864	-8.5%	15,615	\$1,296	\$1,464	-11.5%
FY 2007	61,986	\$818	\$924	-11.5%	16,880	\$1,355	\$1,579	-14.2%
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	\$1,120							
FY 2004	\$1,235							
FY 2005	\$1,312	-1.3%	-\$17.84	-\$3,009,615	-\$361,536	-\$2,648,079	7,942	-\$333
FY 2006	\$1,340	-3.0%	-\$43.88	-\$8,221,622	-\$730,560	-\$7,491,062	18,407	-\$407
FY 2007	\$1,397	-2.7%	-\$42.19	-\$8,546,132	-\$674,112	-\$7,872,020	31,523	-\$250
<b>2005-07 Biennial Average</b>								<b>-\$308</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	100,019	\$61.22	\$61.78	-0.9%	15,605	\$54.29	\$54.86	-1.0%
FY 2004	104,375	\$64.19	\$63.65	0.8%	16,813	\$59.76	\$59.25	0.9%
FY 2005	107,156	\$65.59	\$65.53	0.1%	18,307	\$63.04	\$63.67	-1.0%
FY 2006	107,324	\$66.83	\$67.40	-0.8%	20,745	\$65.04	\$68.06	-4.4%
FY 2007	106,317	\$67.72	\$69.75	-2.9%	22,829	\$63.18	\$73.54	-14.1%
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%	-\$0.70	-\$153,051	7,942		-\$19	
FY 2006	\$67	-3.6%	-\$2.45	-\$609,725	18,407		-\$33	
FY 2007	\$71	-11.2%	-\$8.21	-\$2,249,926	31,523		-\$71	
<b>2005-07 Biennial Average</b>						<b>-\$57</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*	7,551	\$429	\$429		2,718	\$589	\$589	
FY 2006	8,385	\$433	\$429	0.8%	3,371	\$570	\$595	-4.1%
FY 2007	9,041	\$454	\$429	5.8%	3,984	\$608	\$601	1.2%
Estimate of Cost Impacts								
	AOD Tx Need "Expected Trend"	Percent Deviation from Expected Trend	PMPM Deviation from Expected Trend	Total Deviation from Expected Trend	Net Post-Treatment Member Months	PMPM Impact per Treated Patient		
FY 2005	\$589							
FY 2006	\$600	-4.9%	-\$27.99	-\$1,132,299	4,099		-\$276	
FY 2007	\$635	-4.5%	-\$27.39	-\$1,309,531	9,403		-\$139	
<b>2005-07 Biennial Average</b>						<b>-\$181</b>		

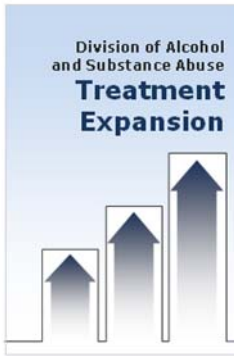
\* Last seven months of the fiscal year following the implementation of the GA-U managed care pilot in King and Pierce counties.



# DSHS | DASA Treatment Expansion: Fall 2008 Update

REPORT 4.69A | Expanding access to alcohol and drug treatment

## APPENDIX



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

Chronic disease profiles were developed from MMIS claims diagnoses using the Chronic Illness and Disability Payment System (CDPS). Pharmacy profiles were developed from MMIS prescription drug claims using the Medicaid-Rx system. CDPS and Medicaid-Rx profiles are restricted to Medicaid Disabled and GA-U patients who are not dually eligible for Medicare. DSHS service profiles were developed using the RDA Client Services Database.

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

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

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

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

TABLE 3A  
**Medicaid-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%	60	1%	66	1%	88
CANM	1%	80	1%	78	1%	74
CANL	1%	41	1%	33	1%	50
CARVH	1%	27	1%	33	1%	40
CARM	4%	237	5%	310	5%	320
CARL	11%	596	11%	696	10%	701
CAREL	16%	900	16%	1,049	18%	1,295
CERL	3%	152	3%	184	3%	206
CNSH	0%	4	0%	7	0%	12
CNSM	1%	79	1%	69	1%	94
CNSL	22%	1,218	23%	1,450	23%	1,626
DDM	0%	0	0%	0	0%	0
DDL	0%	15	0%	19	0%	10
DIA1H	0%	12	0%	8	0%	9
DIA1M	3%	155	3%	196	2%	174
DIA2M	1%	50	1%	65	1%	87
DIA2L	7%	406	7%	431	8%	562
EYEL	0%	22	0%	20	0%	24
EYEVL	2%	111	2%	116	2%	162
GENEL	3%	194	4%	240	4%	260
GIH	2%	119	2%	111	2%	160
GIM	9%	492	9%	591	8%	574
GIL	17%	987	17%	1,097	17%	1,230
HEMEH	0%	1	0%	2	0%	3
HEMVH	0%	5	0%	5	0%	4
HEMM	3%	146	3%	162	2%	129
HEML	4%	200	4%	234	4%	269
AIDSH	3%	176	3%	186	3%	207
HIVM	0%	12	0%	16	0%	8
INFH	1%	27	1%	30	1%	40
INFM	1%	54	1%	79	2%	119
INFL	5%	257	4%	226	3%	233
METH	3%	188	3%	186	3%	221
METM	2%	119	2%	94	2%	119
METVL	4%	252	4%	281	5%	369
PSYH	10%	572	11%	681	12%	824
PSYM	12%	678	11%	670	10%	737
PSYL	33%	1,860	35%	2,216	36%	2,545
PULVH	0%	15	0%	8	0%	15
PULH	3%	188	3%	215	4%	255
PULM	3%	148	3%	207	3%	240
PULL	24%	1,369	24%	1,517	23%	1,678
RENVH	1%	48	0%	20	0%	12
RENM	5%	262	6%	368	6%	416
RENL	4%	234	5%	307	5%	340
SKCM	1%	39	1%	39	1%	45
SKCL	4%	222	4%	235	4%	299
SKCVL	10%	540	10%	621	10%	699
SKCEL	14%	784	14%	885	14%	967
SKNH	0%	20	0%	6	0%	1
SKNL	3%	164	3%	164	3%	186
SKNVL	20%	1,123	20%	1,285	20%	1,431
SUBL	61%	3,437	61%	3,873	61%	4,367
SUBVL	26%	1,447	27%	1,735	28%	1,996
<b>TOTAL</b>		<b>5,669</b>		<b>6,383</b>		<b>7,165</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	2%	85	2%	152	2%	114
MRX2	0%	8	0%	13	0%	6
MRX3	2%	123	2%	144	3%	180
MRX4	31%	1,754	31%	1,946	29%	2,061
MRX5	5%	264	5%	310	5%	325
MRX6	2%	84	2%	104	2%	105
MRX7	38%	2,137	39%	2,493	39%	2,823
MRX8	1%	33	1%	38	1%	39
MRX9	71%	4,039	69%	4,421	68%	4,876
MRX10	8%	448	9%	541	8%	604
MRX11	17%	987	16%	1,010	14%	995
MRX12	1%	30	1%	35	1%	45
MRX13	2%	118	2%	151	3%	198
MRX14	0%	7	0%	7	0%	10
MRX15	32%	1,815	32%	2,025	32%	2,302
MRX16	1%	34	1%	41	1%	39
MRX17	1%	30	1%	46	1%	52
MRX18	0%	1	0%	2	0%	0
MRX19	0%	0	0%	0	0%	0
MRX20	1%	76	1%	79	1%	83
MRX21	4%	231	4%	269	3%	243
MRX22	2%	98	2%	102	1%	100
MRX23	9%	496	10%	622	10%	714
MRX24	1%	57	1%	60	1%	63
MRX25	36%	2,035	30%	1,918	24%	1,739
MRX26	57%	3,212	55%	3,484	53%	3,782
MRX27	12%	703	12%	782	13%	921
MRX28	12%	652	13%	852	13%	938
MRX29	4%	220	5%	291	5%	323
MRX30	1%	30	0%	22	1%	38
MRX31	2%	128	2%	119	2%	162
MRX32	1%	48	1%	53	1%	65
MRX33	28%	1,575	27%	1,750	27%	1,896
MRX34	11%	604	10%	651	11%	789
MRX35	2%	107	2%	115	2%	127
MRX36	1%	71	1%	83	1%	92
MRX37	60%	3,417	61%	3,911	62%	4,441
MRX38	4%	241	5%	334	6%	413
MRX39	3%	156	3%	178	3%	208
MRX40	37%	2,104	38%	2,418	37%	2,680
MRX41	8%	445	7%	474	7%	522
MRX42	32%	1,801	29%	1,830	26%	1,873
MRX43	5%	287	5%	334	5%	379
MRX44	0%	14	0%	15	0%	15
MRX45	1%	82	2%	96	1%	85
<b>TOTAL</b>		<b>5,669</b>		<b>6,383</b>		<b>7,165</b>

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

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
<b>Any Aging and Adult Service</b>	<b>6%</b>	<b>432</b>	<b>6%</b>	<b>550</b>	<b>6%</b>	<b>643</b>
Adult Family Home	0%	33	1%	43	1%	60
Adult Residential Care	0%	25	1%	41	1%	54
Assisted Living	0%	11	0%	14	0%	17
In-Home Services	3%	218	3%	285	3%	303
Nursing Home	2%	170	2%	176	2%	224
<b>Any DASA Service</b>	<b>100%</b>	<b>7,906</b>	<b>100%</b>	<b>9,055</b>	<b>100%</b>	<b>9,991</b>
ADATSA Assessment	19%	1,463	45%	4,058	48%	4,782
Other Assessment	39%	3,080		n/a*		n/a*
Detoxification	13%	1,036	13%	1,206	13%	1,330
Outpatient Treatment	87%	6,908	88%	7,941	87%	8,690
Opiate Substitution Treatment	26%	2,015	23%	2,112	25%	2,507
Residential Treatment	21%	1,683	22%	1,943	20%	2,040
<b>Any Mental Health Division Service</b>	<b>57%</b>	<b>4,532</b>	<b>59%</b>	<b>5,330</b>	<b>61%</b>	<b>6,125</b>
Child Study Treatment Center	0%	1	0%	0	0%	0
Child Long-Term Inpatient	0%	1	0%	0	0%	1
Community Inpatient	9%	712	9%	840	8%	817
Community Services	56%	4,443	58%	5,235	61%	6,054
State Institutions	2%	138	2%	153	2%	189
<b>Any Children's Administration Service</b>	<b>11%</b>	<b>876</b>	<b>11%</b>	<b>969</b>	<b>11%</b>	<b>1,076</b>
Adoptions Support	0%	18	0%	17	0%	20
Behavioral Rehabilitation Services	0%	1	0%	0	0%	2
Child Care Services	0%	19	0%	16	0%	9
DCFS CPS Case Management	7%	520	7%	599	6%	610
Child Welfare Services Case Mgmt	6%	483	6%	525	6%	598
Crisis Care	0%	0		n/a*		n/a*
Family Reconciliation Services	1%	70	1%	78	1%	82
Family Focused Services	2%	151		n/a*		n/a*
Foster Care Services - In Placement	0%	3	0%	1	0%	5
Foster Care Services - Support Services	2%	167	2%	198	3%	266
Other Intensive Services	0%	1	0%	0	0%	0
<b>Any Juvenile Rehabilitation Service</b>	<b>0%</b>	<b>7</b>	<b>0%</b>	<b>9</b>		<b>n/a*</b>
Community Residences, Group Homes	0%	3	0%	4		n/a*
Dispositional Alternatives	0%	1	0%	4		n/a*
JRA Institutions and Youth Camps	0%	5	0%	5		n/a*
Parole	0%	6	0%	5		n/a*
<b>ESA</b>	<b>92%</b>	<b>7,266</b>	<b>93%</b>	<b>8,387</b>	<b>93%</b>	<b>9,293</b>
Washington Basic Food Program	89%	7,000	90%	8,123	90%	9,031
Consolidated Emergency Assistance Prog	0%	0	0%	0	0%	0
Diversions	0%	8	0%	2	0%	8
ESA Child Care	1%	42	0%	38	0%	35
GA-Unemployable or GA-X (Pending SSI)	40%	3,123	39%	3,567	40%	4,007
Refugee Grants	0%	0	0%	1	0%	0
SSI State Supplement	2%	162	2%	157	2%	180
TANF and State Family Assistance	3%	266	3%	307	3%	290
WorkFirst Participants	30%	2,402	31%	2,763	30%	3,031
Child Support Enforcement Services	6%	432	6%	550	6%	643
<b>TOTAL</b>		<b>7,906</b>		<b>9,055</b>		<b>9,991</b>

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

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

**Chronic Disease Profile (CDPS)**

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
CANH	1%	8	0%	5	0%	7
CANM	0%	6	1%	16	1%	12
CANL	0%	4	0%	7	1%	12
CARVH	0%	3	0%	4	0%	3
CARM	2%	29	1%	30	2%	42
CARL	6%	91	7%	153	6%	163
CAREL	13%	216	14%	297	15%	398
CERL	1%	12	1%	27	1%	35
CNSH	0%	1	0%	1	0%	0
CNSM	0%	4	1%	11	0%	5
CNSL	14%	226	13%	278	13%	353
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%	33
DIA2M	1%	8	0%	6	0%	10
DIA2L	4%	72	4%	85	4%	104
EYEL	0%	7	0%	4	0%	6
EYEVL	1%	19	1%	23	1%	29
GENEL	3%	41	3%	60	2%	55
GIH	0%	4	1%	19	1%	12
GIM	6%	99	5%	115	6%	146
GIL	13%	216	13%	274	12%	311
HEMEH	0%	2	0%	0	0%	1
HEMVH	0%	0	0%	0	0%	0
HEMM	1%	20	1%	27	1%	16
HEML	1%	21	1%	31	1%	33
AIDSH	2%	35	2%	48	2%	59
HIVM	0%	3	0%	2	0%	5
INFH	0%	1	0%	5	0%	2
INFM	1%	11	0%	9	1%	13
INFL	3%	46	3%	53	3%	66
METH	1%	22	1%	24	1%	24
METM	1%	13	1%	16	1%	13
METVL	3%	44	2%	48	3%	74
PSYH	3%	46	3%	53	3%	70
PSYM	8%	135	7%	142	7%	187
PSYL	28%	452	29%	620	29%	759
PULVH	0%	0	0%	0	0%	0
PULH	1%	15	1%	27	1%	26
PULM	1%	21	1%	24	2%	43
PULL	15%	241	14%	293	16%	414
RENVH	0%	4	0%	2	0%	0
RENM	2%	25	2%	52	2%	54
RENL	4%	58	3%	71	3%	74
SKCM	1%	9	1%	10	1%	19
SKCL	3%	47	3%	55	2%	59
SKCVL	9%	139	9%	202	8%	221
SKCEL	14%	228	13%	279	13%	343
SKNH	0%	3	0%	1	0%	2
SKNL	1%	15	2%	39	1%	35
SKNVL	14%	234	15%	323	15%	402
SUBL	21%	336	23%	500	21%	559
SUBVL	14%	221	11%	238	13%	343
<b>TOTAL</b>		<b>1,636</b>		<b>2,159</b>		<b>2,626</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%	31	2%	46	2%	45
MRX2	0%	0	0%	0	0%	1
MRX3	1%	20	2%	38	1%	32
MRX4	18%	299	17%	366	18%	478
MRX5	4%	61	3%	53	4%	94
MRX6	1%	8	1%	13	1%	13
MRX7	26%	428	25%	536	25%	643
MRX8	0%	2	0%	5	0%	9
MRX9	55%	897	54%	1,154	52%	1,369
MRX10	4%	70	4%	94	4%	115
MRX11	13%	210	9%	202	10%	255
MRX12	0%	5	0%	4	0%	5
MRX13	2%	25	1%	28	1%	28
MRX14	0%	0	0%	1	0%	0
MRX15	20%	326	19%	405	20%	527
MRX16	0%	7	0%	8	1%	12
MRX17	0%	6	1%	11	0%	11
MRX18	0%	0	0%	0	0%	0
MRX19	0%	0	0%	0	0%	0
MRX20	2%	26	1%	18	1%	15
MRX21	2%	32	2%	49	2%	57
MRX22	1%	9	1%	16	1%	19
MRX23	5%	84	5%	103	5%	140
MRX24	0%	7	1%	14	1%	14
MRX25	22%	365	17%	371	14%	367
MRX26	44%	713	43%	929	41%	1,073
MRX27	8%	137	8%	167	9%	240
MRX28	6%	93	7%	153	7%	179
MRX29	2%	35	2%	47	2%	53
MRX30	0%	6	0%	2	0%	8
MRX31	0%	6	1%	12	0%	9
MRX32	0%	7	0%	3	0%	11
MRX33	21%	340	22%	474	22%	586
MRX34	6%	103	5%	111	6%	156
MRX35	1%	11	1%	19	1%	15
MRX36	0%	3	0%	6	1%	14
MRX37	50%	817	52%	1,118	52%	1,375
MRX38	1%	18	1%	24	1%	31
MRX39	1%	18	2%	45	1%	31
MRX40	20%	324	19%	414	18%	461
MRX41	4%	60	3%	67	3%	76
MRX42	20%	328	16%	346	15%	384
MRX43	2%	40	3%	69	3%	80
MRX44	0%	2	0%	3	0%	5
MRX45	1%	20	2%	35	1%	28
<b>TOTAL</b>		<b>1,636</b>		<b>2,159</b>		<b>2,626</b>

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

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
<b>Any Aging and Adult Service</b>	<b>1%</b>	<b>20</b>	<b>1%</b>	<b>23</b>	<b>1%</b>	<b>20</b>
Adult Family Home	0%	0	0%	0	0%	0
Adult Residential Care	0%	0	0%	0	0%	0
Assisted Living	0%	0	0%	0	0%	0
In-Home Services	0%	0	0%	0	0%	1
Nursing Home	1%	19	1%	17	1%	13
<b>Any DASA Service</b>	<b>100%</b>	<b>1,657</b>	<b>100%</b>	<b>2,185</b>	<b>100%</b>	<b>2,653</b>
ADATSA Assessment	48%	790		n/a*		n/a*
Other Assessment	26%	427	42%	906	42%	1,105
Detoxification	22%	367	18%	398	22%	571
Outpatient Treatment	82%	1,365	84%	1,845	82%	2,165
Opiate Substitution Treatment	12%	204	11%	230	11%	281
Residential Treatment	40%	660	34%	744	38%	1,014
<b>Any Mental Health Division Service</b>	<b>30%</b>	<b>489</b>	<b>25%</b>	<b>543</b>	<b>26%</b>	<b>681</b>
Child Study Treatment Center	0%	0	0%	0	0%	0
Child Long-Term Inpatient	0%	0	0%	0	0%	0
Community Inpatient	7%	107	6%	136	6%	149
Community Services	28%	460	23%	492	24%	636
State Institutions	0%	4	0%	6	0%	10
<b>Any Children's Administration Service</b>	<b>8%</b>	<b>133</b>	<b>8%</b>	<b>181</b>	<b>10%</b>	<b>252</b>
Adoptions Support	0%	2	0%	1	0%	3
Behavioral Rehabilitation Services	0%	0	0%	0	0%	0
Child Care Services	0%	0	0%	2	0%	0
DCFS CPS Case Management	4%	70	4%	81	4%	101
Child Welfare Services Case Mgmt	5%	82	5%	108	6%	167
Crisis Care	0%	0		n/a*		n/a*
Family Reconciliation Services	1%	8	1%	15	0%	11
Family Focused Services	1%	14		n/a*		n/a*
Foster Care Services - In Placement	0%	0	0%	0	0%	0
Foster Care Services - Support Services	1%	23	2%	43	3%	71
Other Intensive Services	0%	0	0%	0	0%	0
<b>Any Juvenile Rehabilitation Service</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>		<b>n/a*</b>
Community Residences, Group Homes	0%	0	0%	0		n/a*
Dispositional Alternatives	0%	0	0%	0		n/a*
JRA Institutions and Youth Camps	0%	0	0%	0		n/a*
Parole	0%	0	0%	0		n/a*
<b>ESA</b>	<b>100%</b>	<b>1,656</b>	<b>100%</b>	<b>2,183</b>	<b>100%</b>	<b>2,653</b>
Washington Basic Food Program	97%	1,613	97%	2,125	98%	2,593
Consolidated Emergency Assistance Prog	0%	0	0%	0	0%	0
Diversion	0%	0	0%	0	0%	0
ESA Child Care	0%	2	0%	6	0%	2
GA-Unemployable or GA-X (Pending SSI)	99%	1,647	99%	2,171	100%	2,643
Refugee Grants	0%	0	0%	0	0%	0
SSI State Supplement	0%	0	0%	0	0%	0
TANF and State Family Assistance	0%	0	0%	2	0%	1
WorkFirst Participants	37%	604	37%	812	39%	1,023
Child Support Enforcement Services	1%	20	1%	23	1%	20
<b>TOTAL</b>		<b>1,657</b>		<b>2,185</b>		<b>2,653</b>

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



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

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
<b>Any Aging and Adult Service</b>	<b>0%</b>	<b>11</b>	<b>0%</b>	<b>10</b>	<b>0%</b>	<b>14</b>
Adult Family Home	0%	0	0%	0	0%	0
Adult Residential Care	0%	0	0%	0	0%	0
Assisted Living	0%	0	0%	0	0%	0
In-Home Services	0%	7	0%	5	0%	6
Nursing Home	0%	4	0%	5	0%	8
<b>Any DASA Service</b>	<b>100%</b>	<b>8,617</b>	<b>100%</b>	<b>9,501</b>	<b>100%</b>	<b>9,587</b>
ADATSA Assessment	18%	1,586		n/a*		n/a*
Other Assessment	50%	4,319	52%	4,921	53%	5,103
Detoxification	7%	599	7%	640	7%	625
Outpatient Treatment	90%	7,713	89%	8,494	89%	8,539
Opiate Substitution Treatment	9%	788	10%	907	14%	1,356
Residential Treatment	22%	1,905	25%	2,334	23%	2,210
<b>Any Mental Health Division Service</b>	<b>24%</b>	<b>2,023</b>	<b>22%</b>	<b>2,106</b>	<b>24%</b>	<b>2,265</b>
Child Study Treatment Center	0%	1	0%	0	0%	0
Child Long-Term Inpatient	0%	0	0%	1	0%	0
Community Inpatient	2%	178	2%	163	2%	173
Community Services	23%	1,986	22%	2,072	23%	2,232
State Institutions	0%	6	0%	5	0%	8
<b>Any Children's Administration Service</b>	<b>37%</b>	<b>3,207</b>	<b>36%</b>	<b>3,438</b>	<b>38%</b>	<b>3,650</b>
Adoptions Support	0%	31	0%	28	1%	46
Behavioral Rehabilitation Services	0%	3	0%	0	0%	4
Child Care Services	1%	114	1%	76	0%	22
DCFS CPS Case Management	30%	2,540	28%	2,662	28%	2,702
Child Welfare Services Case Mgmt	15%	1,312	16%	1,545	17%	1,654
Crisis Care	0%	0		n/a*		n/a*
Family Reconciliation Services	2%	198	2%	196	2%	205
Family Focused Services	7%	609		n/a*		n/a*
Foster Care Services - In Placement	0%	12	0%	10	0%	4
Foster Care Services - Support Services	7%	558	7%	649	8%	786
Other Intensive Services	0%	2	0%	0	0%	0
<b>Any Juvenile Rehabilitation Service</b>	<b>1%</b>	<b>106</b>	<b>1%</b>	<b>79</b>		<b>n/a*</b>
Community Residences, Group Homes	1%	45	0%	38		n/a*
Dispositional Alternatives	1%	49	0%	35		n/a*
JRA Institutions and Youth Camps	1%	39	0%	29		n/a*
Parole	1%	47	0%	35		n/a*
<b>ESA</b>	<b>95%</b>	<b>8,212</b>	<b>96%</b>	<b>9,125</b>	<b>96%</b>	<b>9,193</b>
Washington Basic Food Program	90%	7,720	91%	8,617	91%	8,694
Consolidated Emergency Assistance Prog	0%	1	0%	0	0%	2
Diversion	2%	198	3%	241	3%	317
ESA Child Care	19%	1,657	19%	1,835	20%	1,882
GA-Unemployable or GA-X (Pending SSI)	3%	254	4%	335	4%	331
Refugee Grants	0%	0	0%	0	0%	0
SSI State Supplement	0%	0	0%	0	0%	1
TANF and State Family Assistance	63%	5,424	65%	6,171	63%	6,001
WorkFirst Participants	78%	6,688	79%	7,543	79%	7,595
Child Support Enforcement Services	0%	11	0%	10	0%	14
<b>TOTAL</b>		<b>8,617</b>		<b>9,501</b>		<b>9,587</b>

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

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

	FY 2005		FY 2006		FY 2007	
	Percent	Number	Percent	Number	Percent	Number
<b>Any DASA Service</b>	<b>100%</b>	<b>6,247</b>	<b>100%</b>	<b>6,241</b>	<b>100%</b>	<b>6098</b>
ADATSA Assessment	0%	19		n/a*		n/a*
Other Assessment	62%	3,873	61%	3,782	64%	3898
Detoxification	4%	256	5%	312	4%	239
Outpatient Treatment	89%	5,578	88%	5,483	86%	5271
Opiate Substitution Treatment	0%	1	0%	1	3%	210
Residential Treatment	22%	1,354	24%	1,476	22%	1321
<b>Any Mental Health Division Service</b>	<b>27%</b>	<b>1,699</b>	<b>25%</b>	<b>1,547</b>	<b>25%</b>	<b>1514</b>
Child Study Treatment Center	1%	40	0%	28	0%	15
Child Long-Term Inpatient	1%	39	0%	19	0%	25
Community Inpatient	2%	107	2%	107	2%	91
Community Services	27%	1,691	25%	1,540	25%	1507
State Institutions	0%	0	0%	0	0%	0
<b>Any Children's Administration Service</b>	<b>33%</b>	<b>2,053</b>	<b>33%</b>	<b>2,028</b>	<b>32%</b>	<b>1940</b>
Adoptions Support	2%	119	2%	136	2%	125
Behavioral Rehabilitation Services	3%	176	3%	182	3%	184
Child Care Services	0%	12	0%	14	0%	13
DCFS CPS Case Management	14%	849	13%	784	12%	728
Child Welfare Services Case Mgmt	11%	682	11%	666	11%	660
Crisis Care	0%	16		n/a*		n/a*
Family Reconciliation Services	15%	941	15%	960	15%	882
Family Focused Services	3%	213		n/a*		n/a*
Foster Care Services - In Placement	5%	303	5%	295	5%	287
Foster Care Services - Support Services	6%	379	7%	449	6%	383
Other Intensive Services	1%	49	1%	74	1%	67
<b>Any Juvenile Rehabilitation Service</b>	<b>14%</b>	<b>842</b>	<b>13%</b>	<b>815</b>		<b>n/a*</b>
Community Residences, Group Homes	2%	139	2%	104		n/a*
Dispositional Alternatives	9%	586	9%	581		n/a*
JRA Institutions and Youth Camps	4%	272	4%	264		n/a*
Parole	3%	162	3%	157		n/a*
<b>ESA</b>	<b>62%</b>	<b>3,895</b>	<b>62%</b>	<b>3,894</b>	<b>61%</b>	<b>3707</b>
Washington Basic Food Program	39%	2,416	39%	2,418	37%	2278
Consolidated Emergency Assistance Prog	0%	0	0%	1	0%	1
Diversion	1%	66	1%	63	1%	67
ESA Child Care	1%	47	1%	44	1%	45
GA-Unemployable or GA-X (Pending SSI)	0%	6	0%	7	0%	7
Refugee Grants	0%	0	0%	0	0%	0
SSI State Supplement	0%	8	0%	14	0%	8
TANF and State Family Assistance	24%	1,478	21%	1,326	21%	1263
Child Support Enforcement Services	50%	3,098	49%	3,076	49%	2970
<b>TOTAL</b>		<b>6,247</b>		<b>6,241</b>		<b>6,098</b>

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



Alcohol and Substance Abuse  
Treatment Expansion:  
**Fall 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.