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NASADAD

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS

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WASHINGTON STATE

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Since 2001, the SAPT Block Grant funding has been relatively level. Washington's FY 2009 allocation has been set at $43,857,640.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. Washington State reported the following data in 2008 comparing status at admission and discharge in assessing the quality and effectiveness of publicly funded outpatient **treatment** services provided through the Division of Alcohol and Substance Abuse (DASA) for 2007:

- There was a 14 percent increase in employment
- There was a 7 percent decrease in homelessness
- Arrests during the treatment episode were 39 percent less than the proportion arrested in the year prior to the start of the episode
- The proportion of clients reporting abstinence from illegal drugs and alcohol at discharge increased by approximately 10% and 19% respectively compared with the start of the treatment episode

Pregnant and Parenting Women

SAFE BABIES, SAFE MOMS offers comprehensive services to substance abusing mothers who are pregnant and/or parenting children under age 3. The project is a collaborative effort between the Department of Social and Health Services (Division of Alcohol and Substance Abuse, Medical Assistance Administration, Economic Services Administration, Children's Administration, Research and Data Analysis) and the Department of Health. Three pilot sites served 445 women and their children from January 2000 through June 2003. Data collected during this time found a 50% decrease in the arrest rate compared to two years prior to treatment; the low birth weight rate for infants born after program entry decreased 66% compared to those born before program entry; and the rate of child protective services referrals during the first year of life decreased 35%.

Prevention Services

The twenty percent prevention set-aside of the SAPT Block Grant contributed to the following **prevention outcomes:** DASA-funded community-based prevention programs served 32,186 people in SFY 08. In all, 66% of all DASA-funded prevention programs represent evidence-based best or promising practices. A breakdown of DASA-funded services is below:

- Receiving Evidence-Based Best Practices 25,813 (80%)
- Receiving Evidence-Based Promising Approaches 1,236 (4%)
- Receiving Innovative Practices 5,137 (16%)

Washington Quick Facts

Treatment Admissions

- 35,670 adults and 6,160 youth clients served in FY 2007
- **Primary substance of abuse at admissions:**

Adult

Alcohol	41%
Methamphetamine	22%
Marijuana	13%
Heroin	7%
Cocaine/Crack	10%
All others	7%

Youth

Alcohol	23%
Methamphetamine	10%
Marijuana	57%
Heroin	<1%
Cocaine/Crack	4%
All others	5%

- **Race/Ethnicity:**

Adult

White	64%
Hispanic	9%
Native American	9%
Black	8%
Asian/Pacific Islander	1%
Other/Multi-race	8%

Youth

White	60%
Hispanic	15%
Native American	6%
Black	5%
Asian/Pacific Islander	2%
Other/Multi-race	12%

Treatment Gap

- Percentage of adults needing treatment who did not receive it 68%

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability

All public and private substance abuse treatment programs in Washington State must be certified by the Division of Alcohol and Substance Use. Onsite reviews, data quality assurance activities, training, and corrective action plans are all used to ensure compliance with performance standards. A biannual patient satisfaction survey is administered at 579 treatment centers with more than 75% of all patients participating. Feedback from the survey is sent to all participating agencies.

Counties and tribes in Washington State must conduct a community-based needs assessment and submit a prevention plan to DASA before funding is awarded. DASA requires that at least 50% of all funded community-based prevention programs represent evidence-based best or promising practices. By statute, prevention programs utilize a "risk and protective factor" framework. Research is conducted to evaluate cost offsets associated with the provision of quality prevention programming.

A Solid Economic Investment

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was $328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Washington State can demonstrate significant cost-savings through the following DASA-supported research:

- Prevention programming in Washington State in SFY 2008 generated a lifetime cost benefit of $17,959,316
- Provision of treatment to Medicaid Disabled clients results in a cost offset, after the cost of treatment, of $308 per member per month
- Provision of treatment to Medicaid clients receiving chemical dependency screening and brief interventions in emergency rooms were reduced significantly. Savings per member per month were between $185 and $192 – resulting in potential savings of $2.7 to $2.8 million per year
- Clients considered unemployable because of substance abuse who then received treatment earned 37% more in the following year than untreated clients.
- Cost offset for SSI recipients receiving methadone maintenance is $765 per member per month, and rises to $899 per member per month for those in treatment for at least one year
- Average Medicaid costs for an infant's medical care during the first two years of life was 1.4 times greater for mothers with untreated substance abuse compared to those who received treatment in the prenatal period ($5,447 versus $3,694) and more than twice that for infants of other, non-substance abusing Medicaid women ($5,447 versus $2,648)
- Participants in opiate substitute treatment experienced a 22% reduction in risk of arrest during the first 90 days, and a 41% reduction in risk of arrest past 90 days when compared with opiate users who did not receive treatment. Opiate users who received drug-free outpatient treatment, regardless of duration, experienced a 37% to 40% reduction in risk of arrest.

NASADAD

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