

WASHINGTON

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a nonprofit organization that works to promote effective State substance abuse service systems. NASADAD members include the State Substance Abuse Agency Directors from the States, D.C., and five U.S. 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 (SAPT) 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 each State's 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 substance abuse. In addition, a minimum of 20% of the SAPT Block Grant is, by law, dedicated to prevention services. In 2013, the Block Grant funded individual prevention services for 37,798 Washingtonians, and population-level services for 119,098 Washingtonians. Washington's FY 2014 Block Grant allocation was approximately \$37 million.

Washington: A Closer Look

Treatment Admissions

Approximately 33,500 Washingtonians were served in 2013, many of which with SAPT Block Grant funds. The following data comes from the 2014 federal Treatment Episode Data Set (TEDS), 2014 SAPT Block Grant Report, and the National Survey on Drug Use and Health (NSDUH).

Primary Substance of Abuse at Admission

Primary Substance	Juveniles (12-17)	Adults (18+)	% of Total
Alcohol	11.9%	39.6%	35.2%
Amphetamines	7.6%	16.7%	15.3%
Cannabis	74.9%	12.3%	22.1%
Cocaine	0.29%	2.6%	2.3%
Heroin	2.0%	18.3%	15.8%
Opiates	1.2%	8.5%	7.4%

Gender

Female	38.6%
Male	61.4%

Age

Under 17	15.7%
18 - 25	20.7%
26 - 45	44.9%
46 - 65	18.2%
66 and Older	0.5%

Primary Race/Ethnicity

White	64.4%
Black	8.6%
Hispanic	11.8%
American Indian	10.9%
Other	14.3%

Treatment Gap

Nationally, fewer than 10% of Americans who need treatment for substance use disorders will receive it. In 2012, 386,000 Washingtonians needed treatment for an alcohol use disorder but did not receive it. 140,000 needed treatment for an illicit drug use disorder and didn't receive it.

SAPT Block Grant-Funded Programs at Work

Using outcomes data, State substance abuse agency Directors report that SAPT Block Grant-funded services help consumers remain abstinent from alcohol and drugs, obtain or regain employment, reduce high-cost medical services, avoid the criminal justice system, find stable housing, and maintain their recovery. The Washington Division of Behavioral Health and Recovery (DBHR) reported the following treatment outcomes in its 2014 SAPT Block Grant report describing clients who completed treatment:

- 83% were abstinent from alcohol at discharge.
- 73% were abstinent from illicit drugs at discharge.
- 84% reported having a stable living situation at discharge.
- 93.9% had no arrests during the past 30 days.

According to a report compiled in 2011 that uses Washington State data, substance use disorder treatment in Washington also delays the onset of cardiovascular disease, slows the progression of cardiovascular disease, and reduces the risk of death.

Substance Use Disorder Treatment Saves Money

Research from the World Health Organization and others shows that substance misuse and substance use disorders increase the risk of injuries, infectious and chronic diseases, and mortality. Substance abuse also increases individuals' health care costs. Findings from a 2008 study show that substance use disorder treatment reduces health care costs for Washington State Medicaid beneficiaries. Individuals with substance use disorders who *did not* receive treatment accrued an additional \$4,909 in medical costs compared to beneficiaries that did not have a substance use disorder. In contrast, annual costs for individuals with substance use disorders who *did* receive treatment were \$2,587 lower than for those who did not receive treatment services.

Community Prevention and Wellness Initiative

Washington State has made a commitment to target their substance abuse prevention funds to the highest need communities in each of the State's 39 counties. Statewide, 52 communities have been targeted, and are required to develop a multi-sector community coalition (supported by community leaders) in addition to placing a prevention/intervention professional in the local school district to implement evidence-based prevention and early intervention services (a 20% match is required by the local school district).

"High need" communities are chosen based on the following indicators: early academic failure, academic failure, crime, prevalence of alcohol and other drug use, mental health issues, economic deprivation, and troubled families. DBHR has dedicated more than \$5.5 million in funds to the initiative from the federal SAPT Block Grant and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Partnerships for Success Grant.

Treatment Innovations

DBHR has engaged in a number of activities to expand access to substance use disorder services and to increase the quality of services. This includes partnering with other agencies such as the State Medicaid Authority to design a Health Home for low-income Washington residents with chronic health conditions, including substance use disorders.

Washington has also increased Medicaid coverage among persons with substance use disorders, with 85% of adults who receive outpatient services and 94% of adults who receive inpatient services enrolled in Medicaid. DBHR is investing in new adult treatment centers to expand treatment capacity.

Reducing Underage Drinking and Marijuana Use

DBHR has secured federal grants since 1998 to fund strategies to reduce underage drinking. Now that marijuana is legal in the State of Washington for adults aged 21 and older, prevention strategies have been expanded to include a focus on preventing underage use of marijuana. The Washington Healthy Youth Coalition receives funds to provide State-level leadership on preventing underage drinking and use of marijuana. The Coalition created, maintains, and promotes www.StartTalkingNow.org which provides information and communication strategies to parents, caregivers, educators, and other influential adults. The Coalition also plans and implements Statewide education campaigns and provides educational materials to community-based organizations and schools. "Let's Draw the Line" mini-grants are made available to local coalitions and community groups to support policies and enforcement efforts that help reduce and prevent underage drinking.



Since 1998, underage drinking and binge drinking have been reduced by 50% in Washington State. The 2012 Healthy Youth Survey (a Washington State survey) showed that more youth are talking to their parents about alcohol and 11,000 fewer youth in used alcohol compared to 2010. Students also reported an increased commitment to school, local ordinances have been passed to reduce access, and there is more prevention collaboration among schools, law enforcement, government agencies, health professionals, and community groups that serve youth.

Combating Opioid Abuse

Opioid misuse and abuse have increased in States across the country, increasing the need for effective prevention, treatment, and recovery resources. DBHR contracts with the Alcohol and Drug Abuse Institute at the University of Washington to create a Center for Opioid Safety Education. The Center will collaborate with State agencies and other stakeholders to create an overdose response plan that will provide insight into how individuals, communities, and health care professionals can prevent and intervene in opioid overdoses. The Center will also conduct overdose prevention trainings around the State, as well as professional opioid safety trainings for treatment providers, and eventually law enforcement, pharmacists, and other professional groups. Finally, the Center will continue to update and renew content on the Alcohol and Drug Abuse Institute's informational website, www.stopoverdose.org, on opioid overdose that includes resources for law enforcement and pharmacists, information on how to respond to an opioid overdose, and more.

Using Evidence-Based Programs

DBHR ensures that publicly funded prevention services are effective by collaborating with the Oregon Health Authority to maintain a list of programs and strategies that are evidence-based. This list is publicly available at www.theathenaforum.org and includes a searchable database. Programs must meet all of the following criteria to be added to the list: 1) there are at least two studies that show the program achieves the intended results; 2) they include "substance abuse prevention" as an area of interest; and 3) they come from the SAMHSA's National Registry for Evidence-Based Programs and Practices (NREPP), the State of Oregon's list of evidence-based programs, or the Pacific Institute for Research and Evaluation's Reference Guide for Community Environmental Prevention.

Both DBHR and the Oregon Health Authority use an established annual submission and review process. The two agencies also review programs that have been removed from NREPP and consider whether programs will be removed from the States' list. The Washington State Institute for Public Policy report on Washington prevention and early intervention programs shows that the programs will save the State over \$40 million by reducing juvenile crime, substance abuse, mental health issues, teen pregnancies, school failure, violence, and injuries.

HealthPath Washington

HealthPath is a Health Home for Washingtonians who are dually eligible for Medicare and Medicaid services. To qualify, beneficiaries must have one chronic health condition and be at risk for developing another. Eligible conditions include substance use disorders, mental health conditions, asthma, diabetes, heart disease, cancer, dementia, HIV/AIDS, and others.

Health Home Services and Goals:

- Conduct screenings to identify health risks and referral needs;
- Set person-centered goals to improve health and service access;
- Improve management of health conditions through education and coaching;
- Support changes to improve beneficiaries' ability to function in their home and community;
- Slow disease progression;
- Access the right care, at the right time and place;
- Successfully transition from hospital to other care settings and get necessary follow-up;
- Reduce avoidable health care costs; and
- Make health care decisions independently.



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