

Agency Strategic Plan

Program: Division of Alcohol and Substance Abuse

MISSION STATEMENT:

The Division of Alcohol and Substance Abuse (DASA) compliments the department's mission to improve the quality of life for individuals and families in need by continuing to develop and enhance our statewide network of prevention and treatment services so as to provide alcoholics and addicts with the tools necessary to establish and maintain an alcohol/drug-free lifestyle.

LISTING OF STATUTORY AUTHORITY REFERENCES:

RCW 70.96A THE UNIFORM ALCOHOLISM AND SUBSTANCE ABUSE ACT: Established a state alcoholism and drug prevention and treatment program within DSHS. The statute describes the duties and responsibilities of the division, and special provisions such as treatment provider certification, as well as establishment of various types of treatment services, detoxification services, and involuntary commitment of alcoholics.

PL 100-690, AS AMENDED BY PL 102-321, PL 101-93 (1989) and PL 101-347, SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT: Public Law 100-690 established a federal block grant to the states under the Alcohol, Drug Abuse and Mental Health Administration of the Department of Health and Human Services. The law, and its amendments, specify the way these funds will be used for treatment and prevention services. DSHS is the "single state agency" for administration of these funds.

RCW 74.50 THE ALCOHOLISM AND DRUG ADDICTION TREATMENT AND SUPPORT ACT OF 1987 (ADATSA): Removed alcoholism and drug addiction as sufficient incapacities for eligibility for the state general assistance program, but established instead, a system of assessment, treatment and shelter for alcoholics and drug addicts so that they can become employable and self sufficient.

CHAPTER 271, LAWS OF 1989, THE OMNIBUS DRUG ACT: The Omnibus Drug Act provided for an expanded program of treatment services for adolescents, established a program of treatment services for pregnant and postpartum women (coordinated with the First Steps Program), increased funding for opiate dependency services, and amended RCW 70.96A to include involuntary detention of drug addicts.

E2SSB 5493, KNOWN AS THE BECCA BILL (1995), AND ITS COMPANION BILL, E2SHB 2217 (1996): The Becca Bills include changes to age of consent for outpatient treatment, revise the consent law for certain minors seeking inpatient treatment, allow parent application for admission of minors to inpatient treatment without the minor's consent, and require the notification of parents where minors seek outpatient treatment, among other provisions. These bills include funding for secure residential treatment beds, supplemental funding for high level intensive inpatient, and recovery house beds, establishment of detoxification/crisis stabilization beds, and funding for evaluation of programs providing treatment under this law including outcomes of adolescents being served.

PROGRAM DESCRIPTION (Continued)

Need for Treatment

A recent statewide household survey conducted in the state of Washington indicates that only 21 percent of persons in need of publicly funded chemical dependency treatment actually received services. That means over 83,000 adults under 200 percent of poverty level went unserved during 1994. (Kabel, J., Kohlenberg, E., Shaklee, M., & Clarkson, S. (1996). Substance Use, Substance Use Disorders, and Need for Treatment in Washington State Adults: Findings from the 1993-1994 Washington State Needs Assessment Household Survey and the Arrestee Estimates of Substance Abuse Need for Treatment Study. Olympia, WA: Office of Research and Data Analysis, Department of Social and Health Services.)

The table below presents information regarding all adults in Washington, and information on the Division of Alcohol and Substance Abuse potential clients, persons under 200 percent of the poverty level.

	Persons with lifetime dependence	Persons needing substance abuse treatment in last year	Persons needing and receiving DASA funded treatment in last year
All Adults	15.01%	10.50%	
Adults under 200% of poverty level	15.23%	106,087 persons needed treatment in 1994	11.08% 22,590 persons received treatment in 1994

Treatment and Support Services:

Basic chemical dependency treatment services includes services designed to maintain a cost effective, quality continuum of care for rehabilitating alcoholics and drug addicts. The continuum of treatment services includes diagnostic evaluation, client motivational counseling, primary treatment, and sobriety-maintenance follow-up counseling.

Because of stipulations tied to both federal and state funding, special emphasis for treatment and treatment intervention have been given to the following populations:

- Pregnant women and new mothers.
- Families with children.
- Injection Drug Users (IDU).
- People with HIV/AIDS.
- Recipients of child welfare and child protective services.

PROGRAM DESCRIPTION (Continued)

Contracted treatment services include:

- Alcohol/drug detoxification.
- Assessment services.
- Outpatient treatment.
- Opiate Substitution.
- Intensive inpatient treatment.
- Recovery house.
- Extended care recovery house.
- Long term residential care.
- Involuntary treatment of alcoholics.
- Special programs for youth and pregnant women.
- Special programs to prevent Fetal Alcohol Syndrome (FAS).

Specialized contracted support services are also available for eligible persons. Support services include such services as:

- Childcare.
- Translation services.
- Transportation assistance.
- Case management.
- Outreach and transitional housing.
- Vocational services.
- Counselor training.

Service Delivery Mechanisms:

DASA does not provide direct treatment services using state staff. All patient services for indigent and low income patients are provided through contracts. Prevention services are contracted to counties and non-profit organizations with community prevention linkages.

Clients:

Individuals are eligible for treatment services if they are low-income or indigent, and are assessed as alcoholic or other drug addiction, with priority access granted to persons included in the above population groups. For persons applying for treatment under the Alcohol and Drug Addiction Treatment and Support Act (ADATSA), eligibility is further restricted to those who are unemployable as a result of their alcohol or other drug addiction. Children and families are eligible for prevention services if they are at high risk for substance abuse.

DASA continues to respond to the diverse needs of ethnic minorities and persons with disabilities through increased access to services and equity of services being offered by our statewide network of treatment and prevention services.

MAJOR STRATEGIES:

STRATEGY: PROVIDE PERSONS IN NEED WITH A CONTINUUM OF CHEMICAL DEPENDENCY TREATMENT SERVICES, WITH SPECIAL CONSIDERATION TO DIVERSE SPECIAL NEEDS, WHICH WILL REDUCE THE NEGATIVE CONSEQUENCES OF SUBSTANCE ABUSE.

GOALS AND OBJECTIVES:

A. Provide a continuum of substance abuse treatment that promotes safety, self sufficiency and health.

- Provide detoxification, outpatient and residential treatment to substance abusing indigent and low income adults, youth and pregnant women.
- Decrease arrests of substance abuse clients.
- Increase the likelihood that substance abuse clients become employed.
- Decrease the use of the state welfare system by substance abuse clients.
- Decrease the use of emergency medical services and hospitalizations by substance abuse clients.
- Decrease the use of psychiatric inpatient hospitals by substance abuse clients.

The last four outcomes listed above will be tracked through DASA's management information system, TARGET, and will be summarized annually in a report prepared by the University of Washington Alcohol and Drug Abuse Institute. The report produced in 1996 was:

Baxter, B. (1996). Changes in Clients' Lifestyles During Substance Abuse Treatment in State-Supported Facilities in Washington State: 1993-1994 Discharges. Seattle, WA: University of Washington Alcohol and Drug Abuse Institute. Technical Report 95-01.

B. Provide substance abuse treatment services which meet the service needs of minorities and the disabled.

- Provide treatment services for at least an equal proportion of minorities or disabled as those represented in the total population.

C. Reduce substance abuse in Washington State through primary prevention services designed to address risk factors and enhance protective factors associated with adolescent substance abuse. (Based on the 1995 Adolescent Health Behavior Survey, significant increases in use patterns were noted for junior high students used marijuana; grade school students binge drinking; and high school students binge drinking.)

- Decrease the number of junior high school students using marijuana.
- Decrease the number of grade school students who binge drink alcohol.
- Decrease the number of high school students who binge drink alcohol.

PERFORMANCE MEASURES:

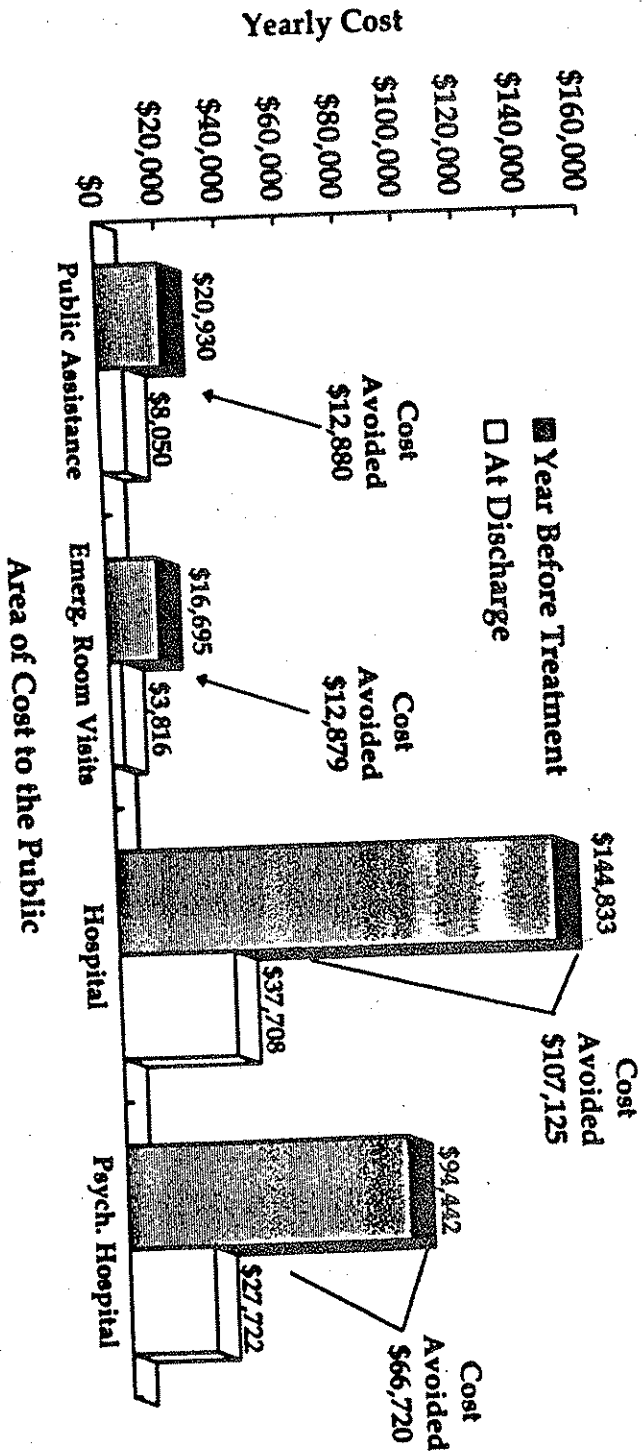
- Percent of clients who show reduction in arrests.
- Percent of clients who become employed at discharge.
- Percent of clients who show reduced public assistance.
- Percent of clients who show reduced emergency room use.
- Percent of clients who show reduced use of psychiatric hospitals.
- Number of assessments.
- Number of adults in residential treatment.
- Number of youth in residential treatment.
- Number of pregnant women in residential treatment.
- Number of persons in involuntary residential treatment.
- Number of non-ADATSA in outpatient treatment.
- Number of youth in outpatient treatment.
- Number of pregnant and parenting women in outpatient treatment.
- Number of persons in ADATSA outpatient treatment.
- Number persons receiving detoxification services.
- Number persons receiving opiate substitution services.
- Percentage of minorities in treatment.
- Percentage of disabled in treatment.
- Percentage of junior high school students who use marijuana.
- Percentage of grade school students who binge drink.
- Percentage of high school students who binge drink.

FINANCIAL OUTLOOK:

The Division of Alcohol and Substance Abuse (DASA) biennial budget is \$175 million. This is primarily made up of state Violence Reduction and Drug Education funds, federal Substance Abuse Prevention and Treatment Block Grant funds, and General Fund State funds. Each of these funds has its own unique characteristics as to trends in growth and categorical requirements. However, all these sources are lidded within currently available funds. This causes long waiting lists to occur. For example, the ADATSA chemical dependency treatment program for indigent adults has a wait list of over 600 persons. This is the primary reason for the low percentage of persons treated (21 percent) as compared to the number of persons who need chemical dependency treatment in the state of Washington.

The Violence Reduction and Drug Enforcement Account was approved by the voters in the fall of 1995. Revenue for this account is derived through a tax on liquor, cigarettes and some soda drinks. If collection of these taxes fall short of the estimate assumed by the Legislature, funding for chemical dependency treatment is jeopardized. Over the last several biennia, the account has become the major source of state funding for the division. The account was established in 1989, targeting services for youth, pregnant women, and persons requiring involuntary treatment or ADATSA services.

Public Savings Linked to Chemical Dependency Treatment Projected Cost Off-sets for 100 Clients



- A study of ADATSA clients showed that the cost of confinement of convicted felons was \$1,494 per client less in the 12 months after discharge from treatment (\$3,920) than the cost for ADATSA - eligible persons who did not receive treatment (\$5,414).
- Data from the same ADATSA follow-up study showed that ADATSA clients earned an average \$1,017 per year more from full or part-time employment 18 months after treatment (\$5,157) than ADATSA - eligible persons who did not receive treatment (\$4,140). Persons who also completed special vocational services after treatment earned even more, a total of \$7,644 a year, on average.

• Figures adjusted to 1996 dollars.