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INTRODUCTION

The Colorado Department of Human Services, Office of Behavioral Health submits the State Fiscal Year (SFY) 2012-2013 Report entitled, “The Costs and Effectiveness of Substance Use Disorder Programs in the State of Colorado” to the General Assembly House and Senate Committees on Health and Human Services in compliance with:

A) Colorado Revised Statute 27-80-110

“27-80-110. Reports. The unit shall submit a report not later than November 1 of each year to the health and human services committees of the senate and house of representatives, or any successor committees, on the costs and effectiveness of alcohol and drug abuse programs in this state and on recommended legislation in the field of alcohol and drug abuse.”

B) Colorado Revised Statute 16-13-701 (4)

“16-13-701. Reporting of forfeited property. (4) The unit in the department of human services that administers behavioral health programs and services, including those related to mental health and substance abuse, shall prepare an annual accounting report of moneys received by the managed service organization pursuant to section 16-13-311 (3) (a) (VII) (B), including revenues, expenditures, beginning and ending balances, and services provided. The unit in the department of human services that administers behavioral health programs and services, shall provide this information in its annual report pursuant to section 27-80-110, C.R.S.”

A BRIEF OVERVIEW OF PERSONS SERVED IN TREATMENT, DETOXIFICATION AND DRIVING UNDER THE INFLUENCE (DUI) SERVICES AND PROGRAMS

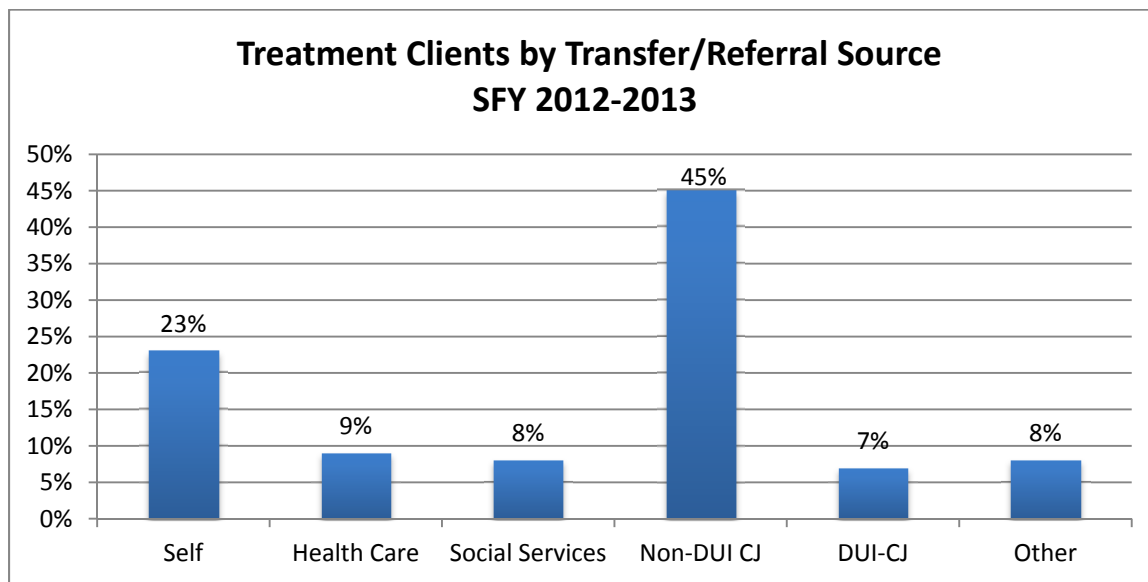
While certain sections of this report are based on the number of Drug/Alcohol Coordinated Data System (DACODS)¹ discharges for SFY2012-2013 (n=103,787)¹, the following demographic data are based on the number of unduplicated clients in each service category.

Treatment Clients

Of 27,274 discharges from substance use disorder treatment in SFY 2012-2013, 23,266 were unique clients. Forty-five percent of treatment clients were referred for treatment by the criminal justice system (excluding referrals related to driving under the influence DUI). See Figure 1. Approximately 27% worked full-time and 72% achieved a high school education or higher. Thirty-five percent of the individuals discharged from substance use disorder treatment had dependent children for a total of 16,175 children.

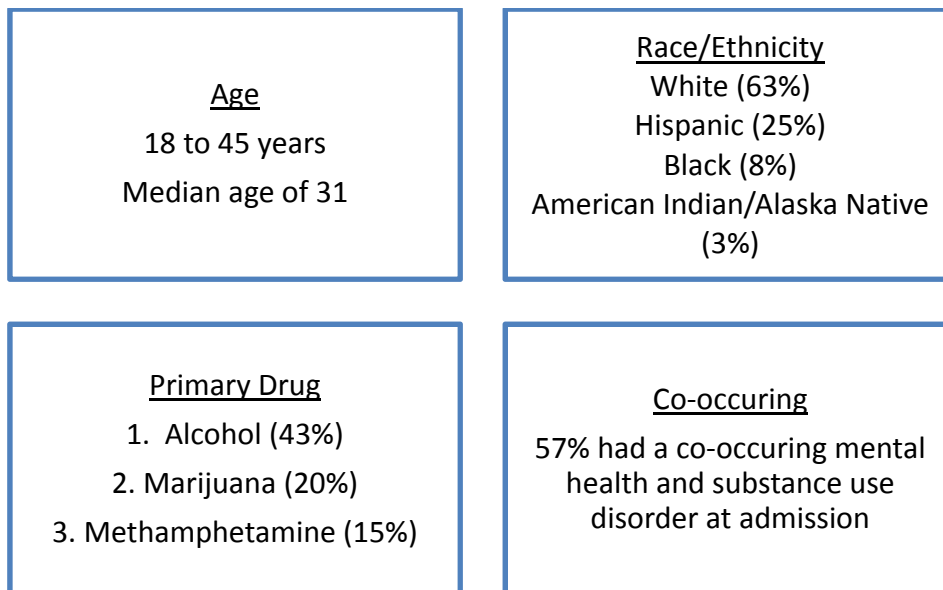
¹ Numbers and percentages are rounded to the nearest whole number.

Figure 1. Treatment Client by Transfer/Referral Source, SFY 2012-2013



Treatment clients were more likely to be adult men (67%) between the ages of 18 and 45 years with a median age of 31 years. Caucasians represent the largest ethnic demographic proportion of clients discharged from treatment in SFY 2012-2013. Hispanics comprise 25%, and American Indian/Alaska Natives comprised 3% of the clientele. On average, clients had been using their primary drug for approximately 16 years, and 62% reported starting their primary drug before the age of 18. Of the substance use disorder treatment discharges, 57% had a co-occurring mental health and substance use disorder at admission. See Figure 2.

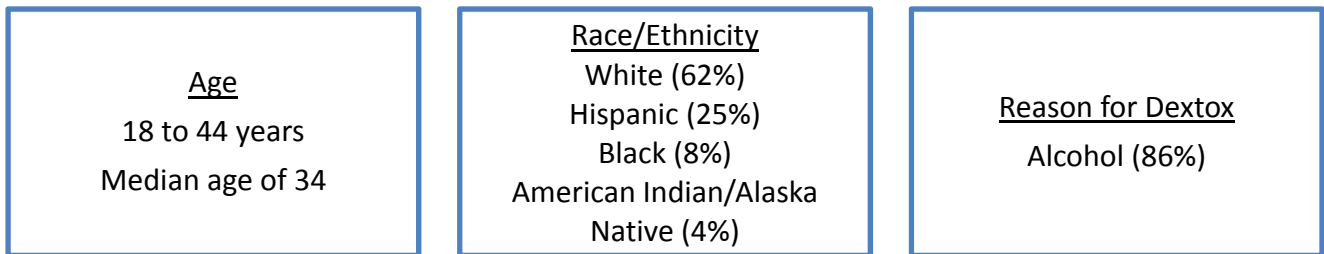
Figure 2. Characteristics of Persons Served in Treatment with Substance Use Disorder, SFY 2012-2013



Detoxification Clients

There were 53,303 discharges from detoxification services (excluding treatment and DUI services), 28,634 of which were unique clients. While 22% of clients in detox were within the 18-24 year age category, the median age for detox was 34. The largest proportions of clients discharged from detox were Caucasian. Nearly all (86%) were in detox for alcohol abuse, which they typically started using before the age of 18 (57%). Detox clients had been using their primary substance for an average of 15 years. The proportion of males discharged from detox comprised 72%. Eighty-three percent achieved a 12th grade education or higher and 35% worked full-time. Twenty-five percent had dependent children for a total of 13,150 children. See Figure 3.

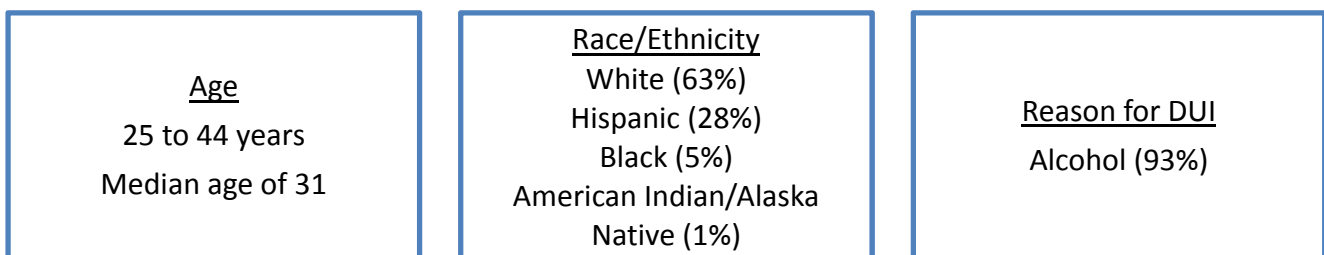
Figure 3. Characteristics of Persons Served in Detoxification with Substance Use Disorder, SFY 2012-2013



Driving Under the Influence (DUI) Clients

There were 23,210 discharges from DUI services (excluding other treatment and detox services), of which 21,623 were unique clients. Fifty-three percent of DUI clients were within the 25 to 44 years age group and 25% were within the 18 to 24 year age group. Their median age was 31 years. The majority of clients discharged from DUI were male (74%) and Caucasian (63%). Hispanics represented 28% of discharges. Ninety-three percent received their DUIs for being under the influence of alcohol. These clients started using their primary substance before the age of 18 (58%) and had been using for an average of 14 years. This group was more likely to have a 12th grade education or higher (85%) and work full-time (60%). Thirty-five percent of DUI clients were responsible for children for a total of 14,402 children dependent upon DUI clients.

Figure 5. Characteristics of DUI Persons Served with Substance Use Disorder, SFY 2012-2013



SUBSTANCE USE DISORDER PREVENTION AND TREATMENT RESOURCES IN SFY 2012-2013

As a part of the legislative directive related to cost and effectiveness of alcohol and drug abuse programs, this report includes SFY 2012-2013 figures outlining the personnel, operating and service costs related to substance use disorder prevention, intervention, treatment, and recovery services in Colorado contracted by the Department of Human Services, Office of Behavioral Health. These figures only include those administrative and contract dollars that are administered by the Department of Human Services, Office of Behavioral Health and do not include resources administered by other state and local agencies.

Figure 6 illustrates the funding sources received by the Office to provide substance use disorder prevention, intervention, treatment and recovery services in Colorado.

Figure 6. Substance Use Disorder Prevention and Treatment Revenue by Source, SFY 2012-2013 (Actual dollar amount rather than Long Bill appropriated amount)

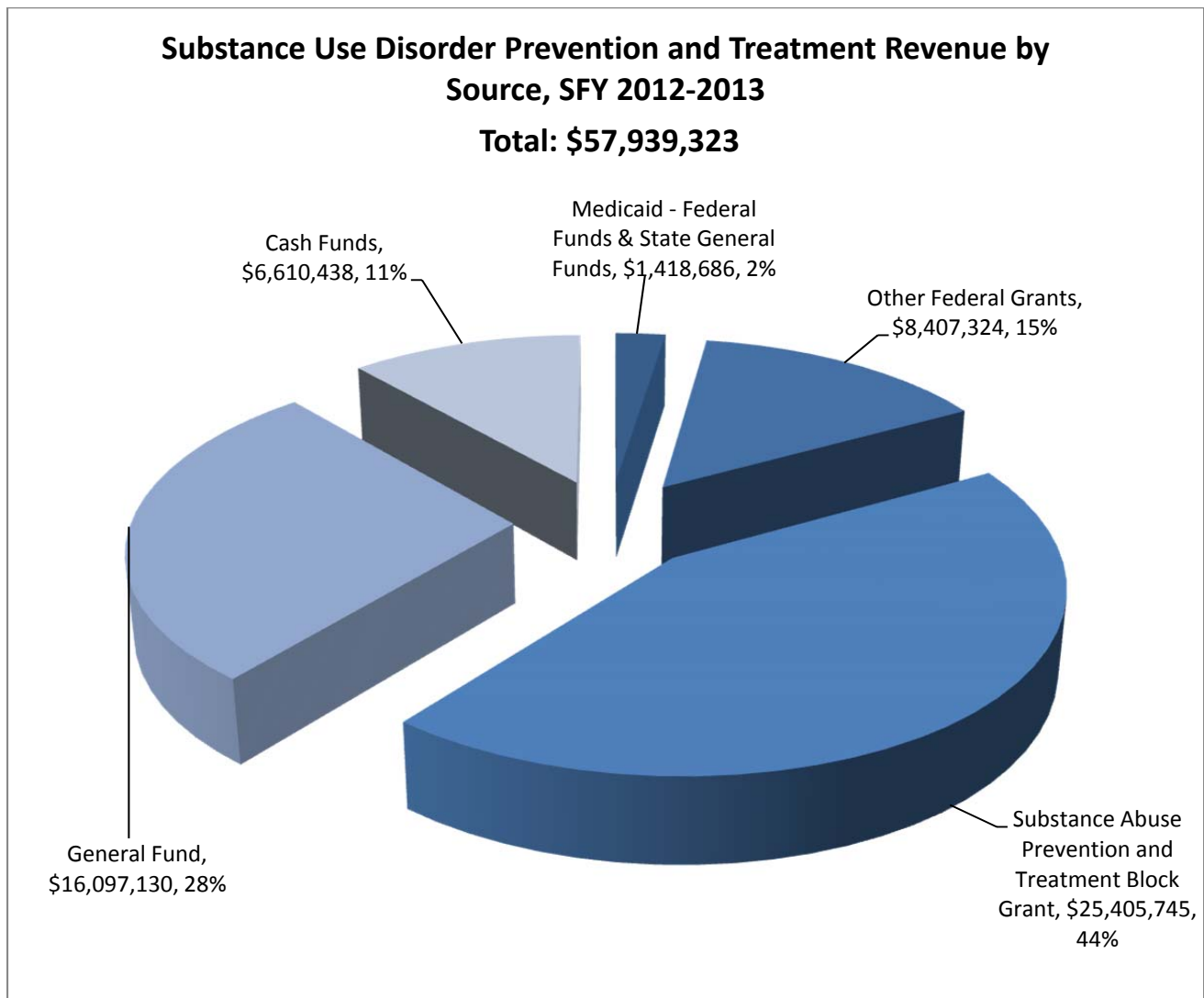
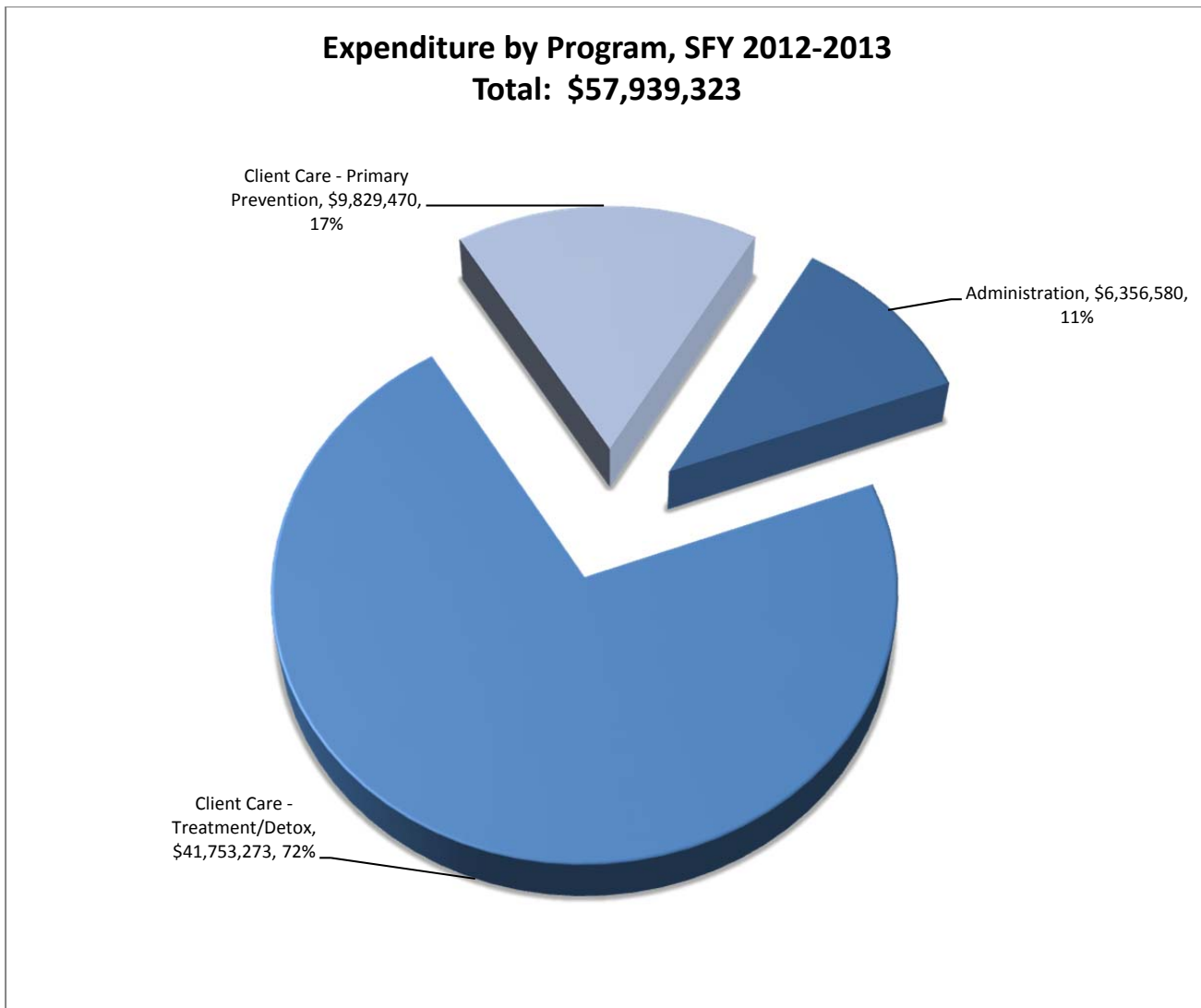


Figure 7 illustrates the SFY 2012-2013 expenditures for client care – primary prevention, client care treatment and detoxification, and administration.

Figure 7. Expenditure by Program, SFY 2012-2013



Figures 8 and 9 demonstrate:

- The Department of Human Services, Office of Behavioral Health’s funding history – substance use disorder treatment, State Fiscal Years 2009 through 2013.
- History of the Department of Human Services, Office of Behavioral Health’s State General Fund dollars

Figure 8. Department of Human Services, Office of Behavioral Health Substance Use Disorder Treatment and Detox Funding History, SFY 2009-2013

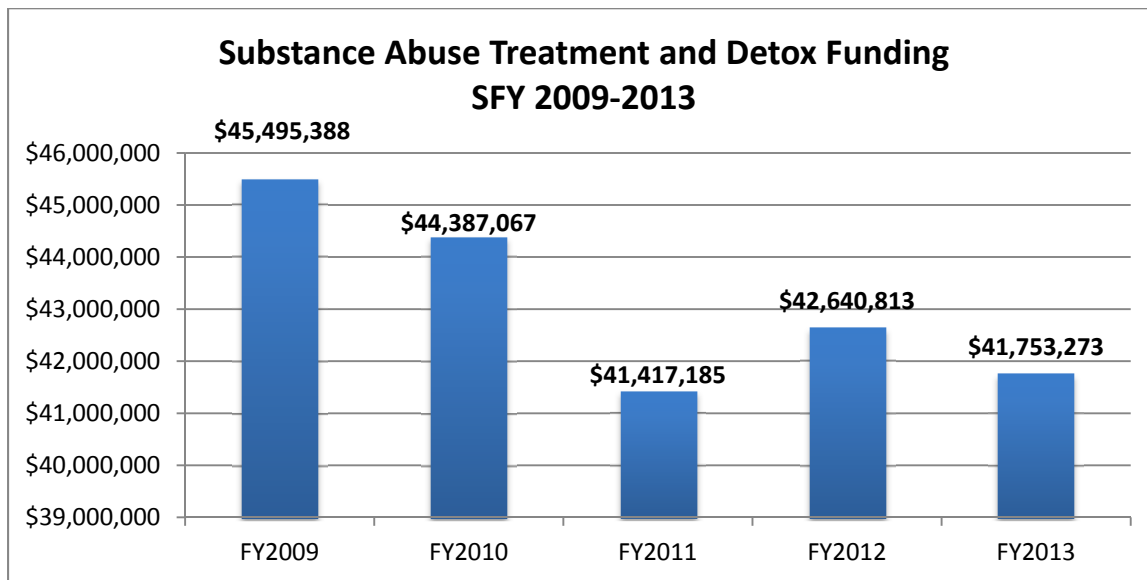
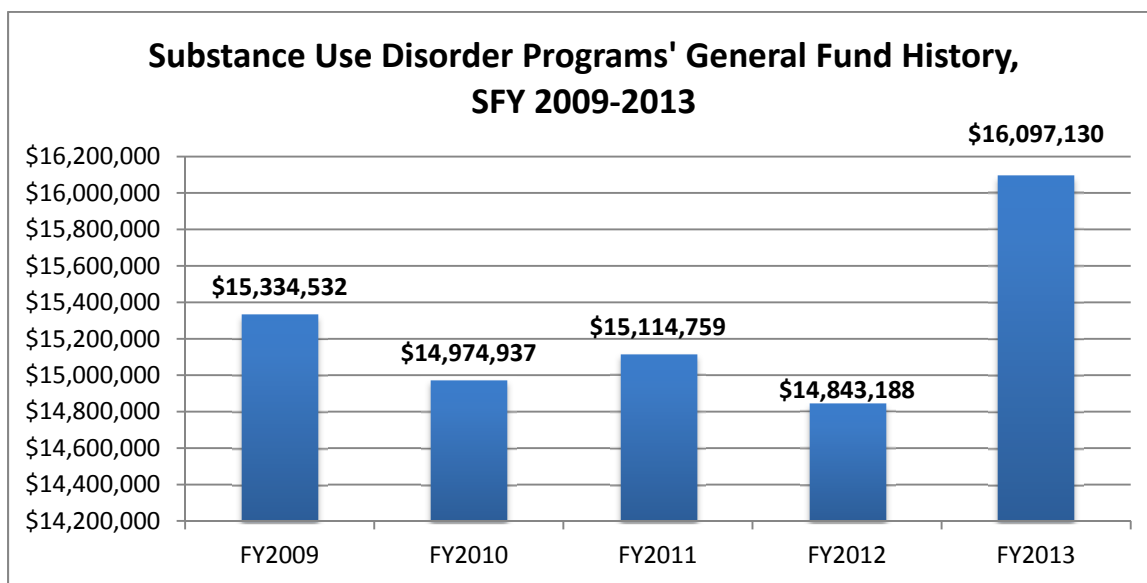


Figure 9. Department of Human Services, Office of Behavioral Health Substance Use Disorder Programs’ State General Fund History, SFY 2009-2013



SUBSTANCE USE DISORDER PREVENTION AND TREATMENT SERVICE COSTS

Service cost related to substance use disorder prevention, intervention, treatment and recovery services in Colorado are displayed below in Table 1.

Table 1. Average Annual Cost Per Client for Treatment Services Funded by Department of Human Services, Office of Behavioral Health² during SFY 2012-2013.

Year	Office Funded ³ Average Cost/Client	Office with Other Payer Source Funded ⁴ Average Cost/Client
2013	\$812	\$1,645
2012	\$667	\$1,460
2011	\$775	\$1,729
2010	\$936	\$1,732
2009	\$893	\$1,661
2008	\$809	\$1,543
2007	\$774	\$1,509
2006	\$759	\$1,497

THE BENEFITS AND OUTCOMES OF SUBSTANCE USE DISORDER TREATMENT SERVICES

Treatment Outcomes for SFY 2012-2013

Based on Drug/Alcohol Coordinated Data System (DACODS), client discharges from treatment modalities (e.g., residential, intensive outpatient, outpatient treatment modalities) were used to calculate change from admission to discharge. Detoxification (detox) was an excluded treatment modality because its primary goal is to provide a safe, short-term environment in which the client may detoxify and then is referred to treatment. Driving Under the Influence (DUI) programs were excluded as a treatment modality because DUI focuses primarily on reducing the practice of driving while intoxicated, rather than reducing substance use behavior exclusively. Based on these exclusions, the total number of discharges was 27,274.⁵

Reason for Discharge

Twenty-six percent of discharges completed their treatment with no further treatment recommended; 25% completed treatment at that agency with additional treatment recommended; 12% left against professional advice; 13% were terminated by the agency and 10% did not complete their treatment at the agency. Six percent of clients were incarcerated. See Figure 11.

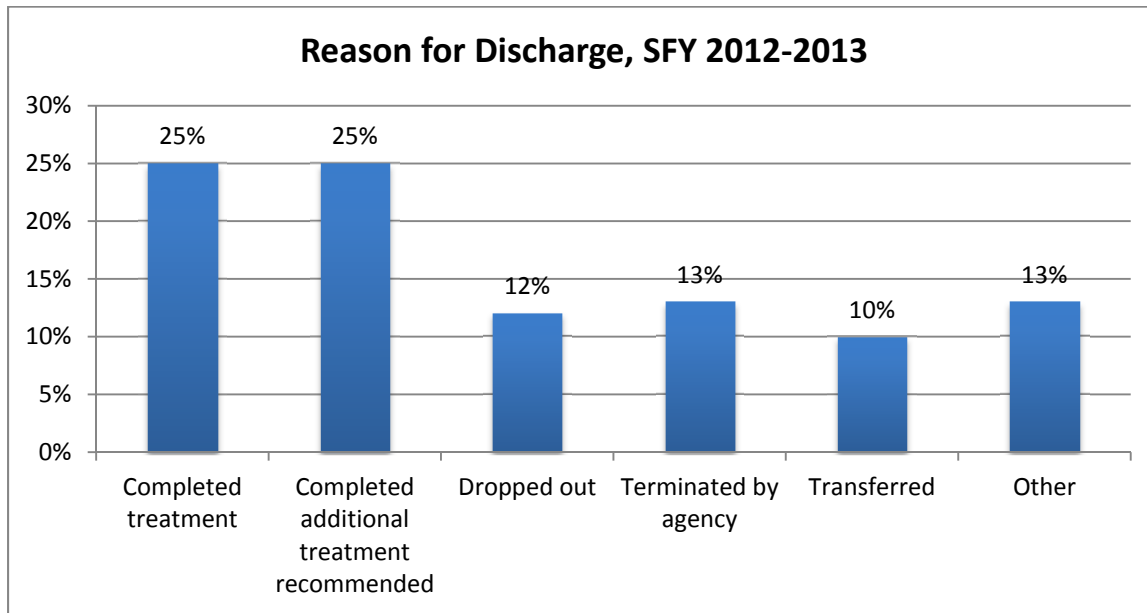
² Detoxification services and costs are excluded.

³ Data were generated from the OBH's funding database, using number of clients treated with OBH monies.

⁴ Data reflects all clients funded by the Office and by self-pay or insurance.

⁵ Discharge variable for arrest data=DUI/DWAI Arrests and Other Arrests during treatment or in the past 30 days of treatment.

Figure 11. Reason for Discharge, SFY 2012-2013

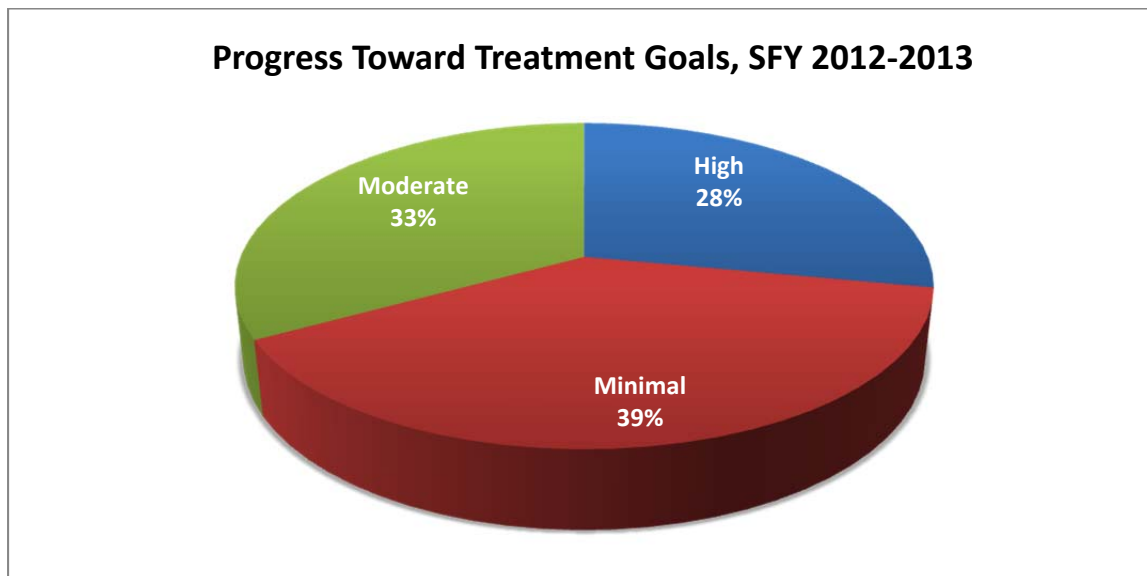


The following outcome measures exclude clinical assessments from the analysis (n=26,917).

Progress towards Treatment Goals

During the treatment process, addiction counselors collaborate with their clients to develop individualized treatment plans. These plans identify goals clients wish to attain from their treatment. At time of discharge, counselors and clients assess progress made toward these goals. In SFY 2012-2013, 63% of all treatment clients had made moderate to high progress toward their goals. See Figure 12.

Figure 12. Progress towards Treatment Goals, SFY 2012-2013

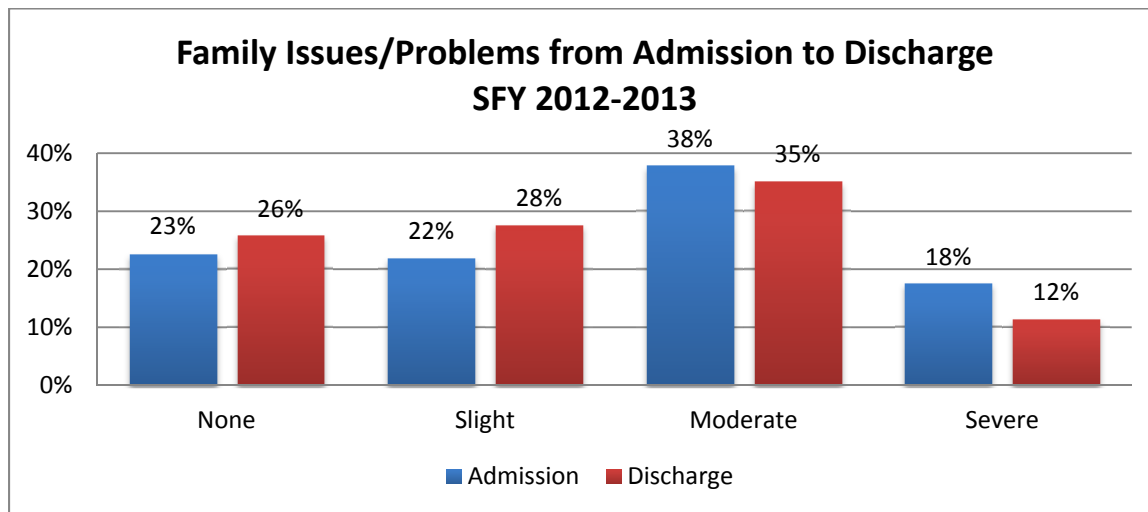


Clinicians assess the severity of the clients' issues or problems at both admission and discharge, using terms defined in the DACODS User Manual. Overall, the percentage of clients with severe issues identified at admission decreased at discharge. Those clients who rated the following issues as none, slight, or moderate at admission often report staying the same or slightly increased at discharge. Treatment likely raises awareness within clients about issues related to their substance use disorder.

Family Issues/Problems

Family Issues/Problems is defined as the degree of family issues and problems the client is currently experiencing with or in the family. The percentage of clients with with severe family issues decreased at discharge. See Figure 14.

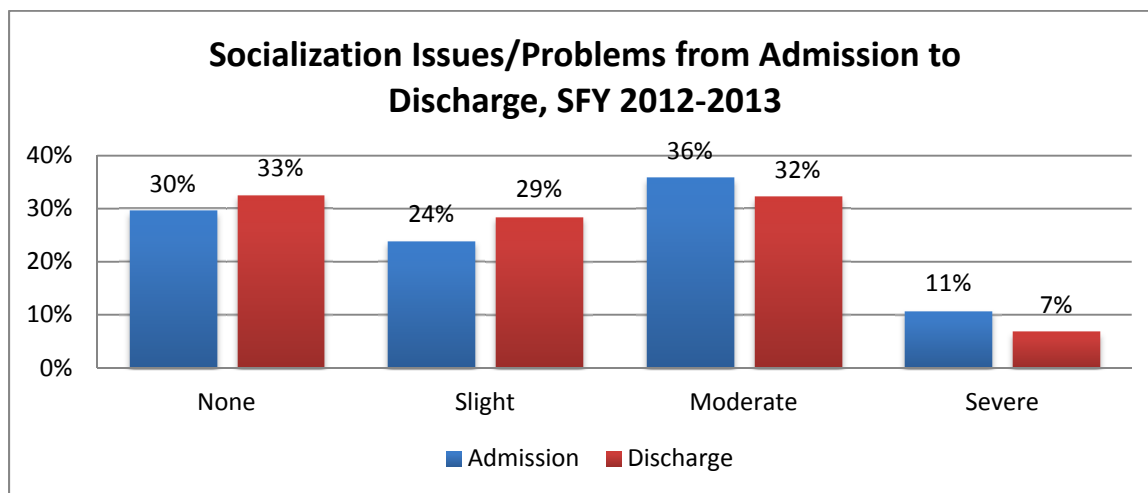
Figure 14. Family Issues/Problems from Admission to Discharge, SFY 2012-2013



Socialization Issues

Socialization is defined as the ability and social skills to form relationships with others. The percentage of clients with severe problems at admission decreased at discharge. See Figure 15.

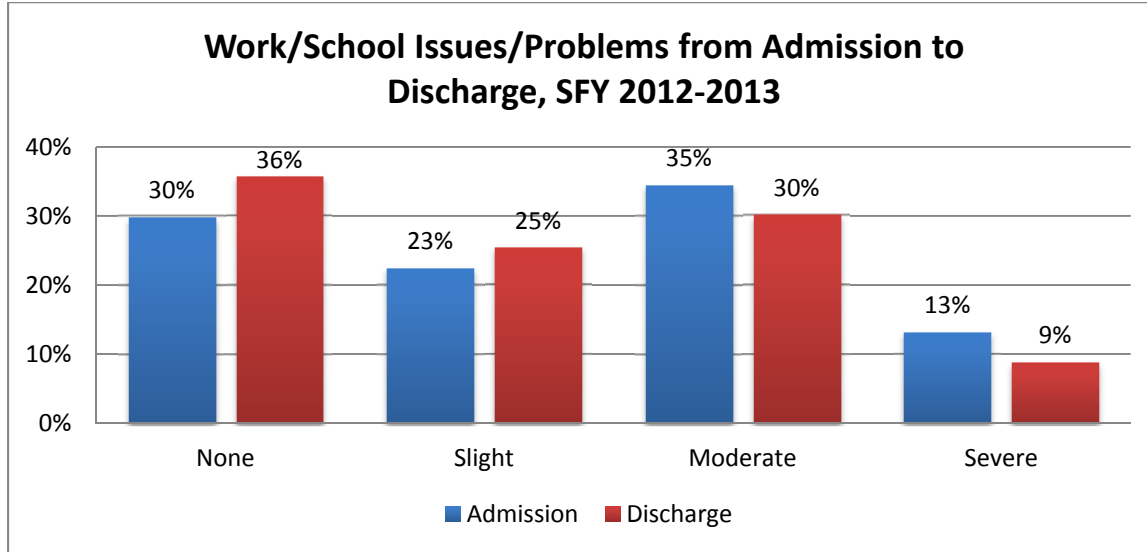
Figure 15. Socialization Issues/Problems from Admission to Discharge, SFY 2012-2013



Education/Employment Issues

The number of clients with moderate or severe problems at admission decreased at discharge. See Figure 16.

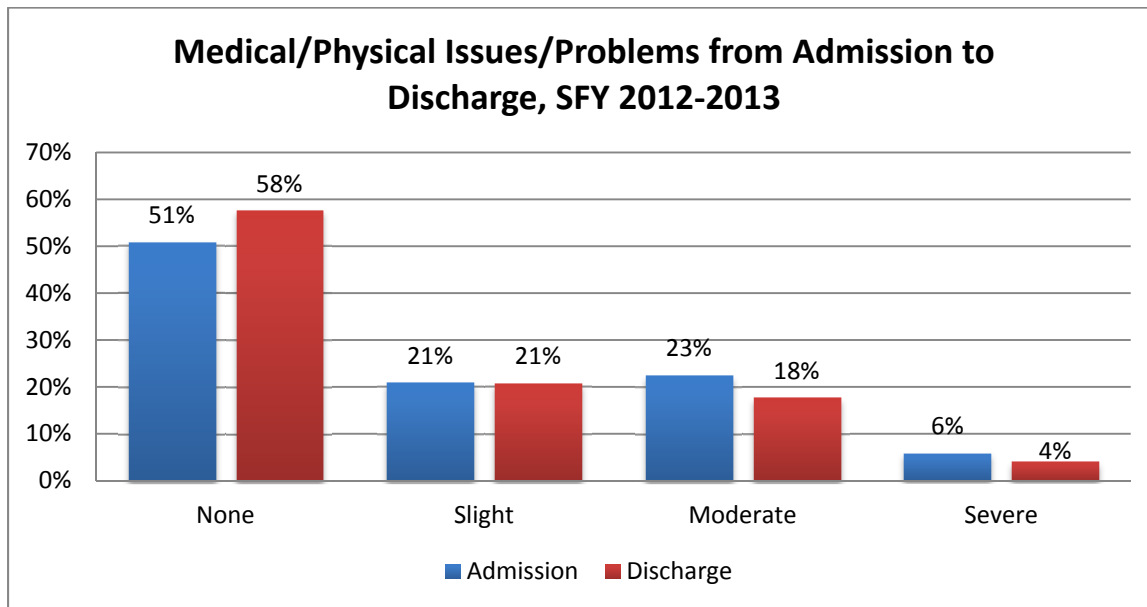
Figure 16. Work/School Issues/Problems from Admission to Discharge, SFY 2012-2013



Medical/Physical Issues

The proportion of clients without medical/physical problems at discharge increased from admission to discharge. The proportion of clients with severe problems slightly decreased at discharge. See Figure 17.

Figure 17. Medical/Physical Issues/Problems from Admission to Discharge, SFY 2012-2013



Employment Status and Living Situation

Slight increases occurred from admission to discharge in the proportions of clients working full-time and living independently. See Figure 18 and Figure 19.

Figure 18. Employment Status from Admission to Discharge, SFY 2012-2013⁶

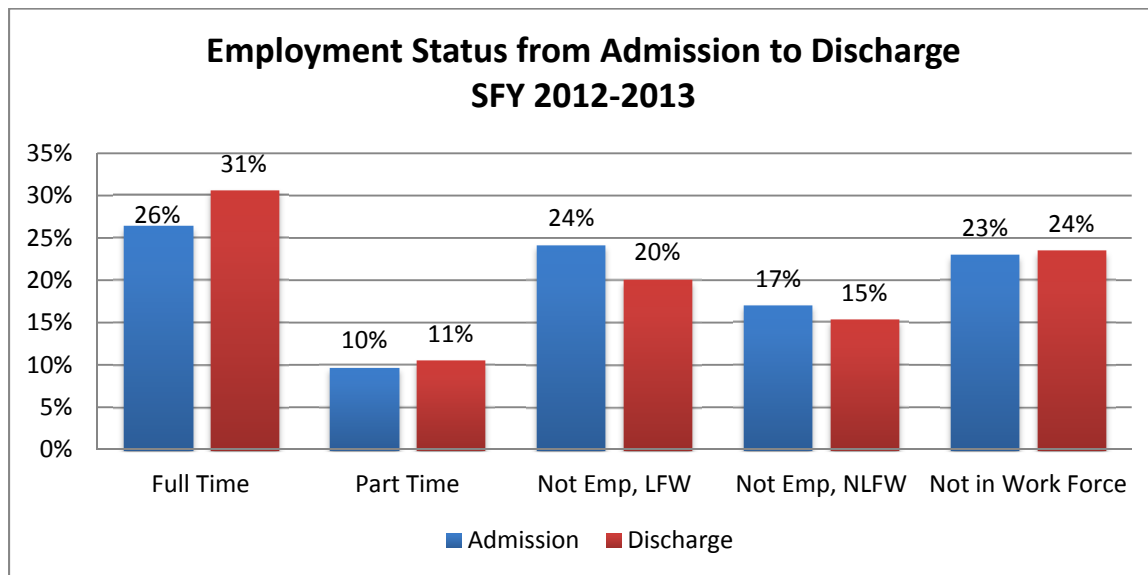
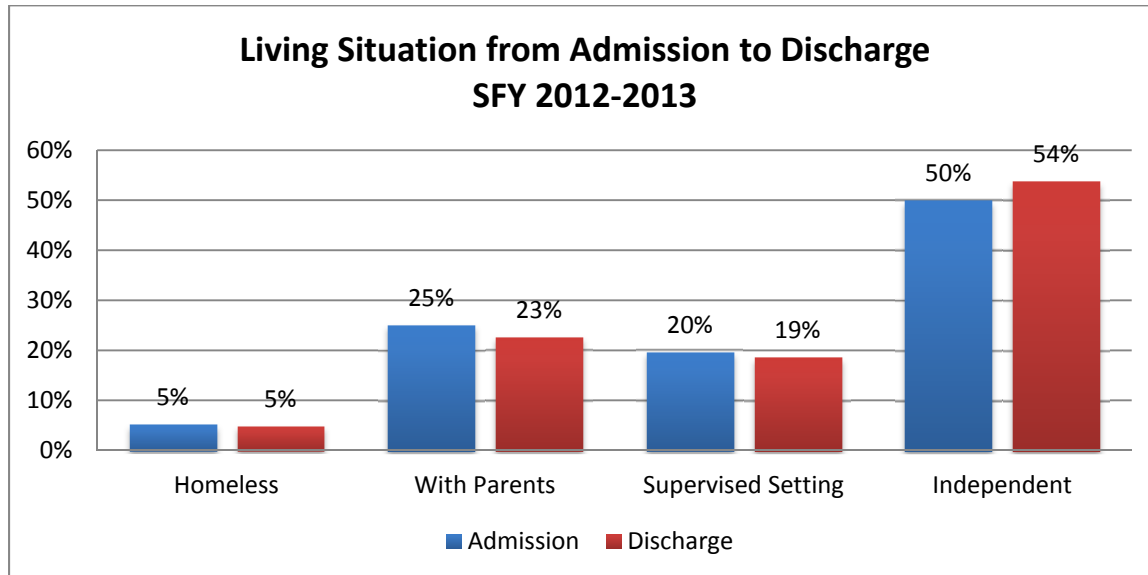


Figure 19. Living Situation from Admission to Discharge, SFY 2012-2013



⁶ Not Emp, LFW = Not Employed, Looking For Work; Not Emp, NLFW = Not Employed, Not Looking For Work

TRACKING CIVIL FORFEITURE FOR SFY 2012-2013

As required by C.R.S. 16-13-311 (3)(a) (VII) (B) and 16-13-701 (4), the designated Managed Service Organizations (MSOs) allocate monies to substance use disorder treatment and detoxification programs in the Judicial Districts in which forfeiture proceedings were prosecuted. These monies are in addition to the appropriated funds through the Department of Human Services, Office of Behavioral Health and the MSOs. The following table details the reporting of civil forfeiture funds for SFY 2012-2013 by three Colorado MSOs, as required by statute. One of the four MSOs, Boulder County Public Health Department, did not receive any funds from civil forfeiture. Please refer to Table 3 for more detailed information.

Table 3. Civil Forfeiture, SFY 2012-2013

MSO Provider / Description	Signal	West Slope	AspenPointe	Total All	Prior SFY
Beginning Balance	\$43,054.29	\$15,039.19	\$301,410.56	\$359,504.04	\$432,995.69
Distribution	\$233,978.61	\$0.00	\$119,952.00	\$353,930.61	\$351,436.45
Revenue Received	\$246,282.04	\$1,381.75	\$11,126.25	\$257,408.29	\$277,799.86
Ending Balance	\$55,357.72	\$16,420.94	\$192,584.81	\$262,981.72	\$359,359.10

Summary

Signal expended \$233,979 of forfeiture funds during the year. Signal expended \$203,627 on treatment and detox services and \$30,352 for administrative cost (13% of total funds distributed). West Slope Casa had no reported disbursements for services during the year from forfeiture funds. AspenPointe reported disbursing \$119,952 of forfeiture funds for provider treatment costs TeleCare Recovery Care Management Program.

For SFY 2012-2013, \$257,408 in forfeiture revenues was collected and a total of \$353,931 was expended on treatment and detoxification services (including administrative charges). The revenue received represents a 6.8% decrease from the previous year.

RECOMMENDED LEGISLATION IN THE FIELD OF ALCOHOL AND SUBSTANCE USE DISORDER

The Department of Human Services, Office of Behavioral Health is actively engaged in the process of the HB13-1296 Involuntary Civil Commitment Task Force. The Department of Human Services, Office of Behavioral Health is looking forward to the Task Force recommendations concerning the combining of the statutory processes for conducting mental health and substance abuse involuntary civil commitments.

REFERENCES

¹ Colorado Department of Human Services, Office of Behavioral Health. Drug/Alcohol Coordinated Data System (DACODS) Database.