



COLORADO
Department of Human Services

The Honorable Kevin Lundberg
Senate Health and Human Services
Committee
200 E. Colfax Avenue, Room 271

November 1, 2015

Dear Senator Lundberg:

Enclosed, please find a legislative report to the Senate Health and Human Services Committee from the Department of Human Services on the costs and effectiveness of the substance use disorder programs and the annual accounting of forfeited property dollars.

- Section 27-80-110 C.R.S. (2013) requires the Department to submit an annual report by November 1. The report outlines the scope of substance abuse in Colorado and the effectiveness of substance use disorder treatment programs.
- Section 16-13-701 C.R.S. (2013) requires the Department to submit an annual report by November 1. The report outlines civil forfeiture revenues collected and allocated to substance use disorder treatment programs in various Judicial Districts.

If you require further information or have additional questions, please contact the Department's Deputy Executive Director, Community Partnerships, Julie Krow, at Julie.Krow@state.co.us 303-866-5414.

Sincerely,

Reggie Bicha
Executive Director

Enclosure

Cc: Senator Larry Crowder, Vice-Chair, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Beth Martinez Humenik, Health and Human Services Committee
Senator Linda Newell, Health and Human Services Committee

Elizabeth Haskell, Health and Human Services Committee Staff
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Nikki Hatch, Deputy Executive Director of Operations



Julie Krow, MA, LPC, Deputy Executive Director, Community Partnerships
Sarah L. Sills, MPA, MSTC, Director of Budget and Policy
Nancy VanDeMark, Ph.D., Director Office of Behavioral Health
Alicia Caldwell, Communications Director





COLORADO
Department of Human Services

The Honorable Dianne Primavera, Chair
Public Health Care and Human Services Committee
200 E. Colfax Avenue, Room 271
Denver, CO 80203

November 1, 2015

Dear Representative Primavera:

Enclosed, please find a legislative report to the House Public Health Care and Human Services Committee from the Department of Human Services on the costs and effectiveness of the substance use disorder programs and the annual accounting of forfeited property dollars.

- Section 27-80-110 C.R.S. (2013) requires the Department to submit an annual report by November 1. The report outlines the scope of substance abuse in Colorado and the effectiveness of substance use disorder treatment programs.
- Section 16-13-701 C.R.S. (2013) requires the Department to submit an annual report by November 1. The report outlines civil forfeiture revenues collected and allocated to substance use disorder treatment programs in various Judicial Districts.

If you require further information or have additional questions, please contact the Department's Deputy Executive Director, Community Partnerships, Julie Krow, at Julie.Krow@state.co.us 303-866-5414.

Sincerely,

Reggie Bicha
Executive Director

Enclosure

Cc: Representative Jonathan Singer, Vice-Chair, Public Health Care and Human Services Committee
Representative Kathleen Conti, Public Health Care and Human Services Committee
Representative Janak Joshi, Public Health Care and Human Services Committee
Representative Lang Sias, Public Health Care and Human Services Committee
Representative Jessie Danielson, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Max Tyler, Public Health Care and Human Services Committee
Representative Justin Everett, Public Health Care and Human Services Committee
Representative Jovan Melton, Public Health Care and Human Services Committee
Representative JoAnn Windholz, Public Health Care and Human Services Committee



Representative Joann Ginal, Public Health Care and Human Services Committee
Representative Dominick Moreno, Public Health Care and Human Services Committee

Elizabeth Burger, Public Health Care and Human Services Committee Staff
Molly Otto, Colorado Joint Legislative Library
Debbi MacLeod, Colorado State Publications Library
Nikki Hatch, Deputy Executive Director of Operations
Julie Krow, MA, LPC, Deputy Executive Director, Community Partnerships
Sarah L. Sills, MPA, MSTC, Director of Budget and Policy
Nancy VanDeMark, Ph.D., Director Office of Behavioral Health
Alicia Caldwell, Communications Director





COLORADO

Office of Behavioral Health

Department of Human Services

**The Costs and Effectiveness of Substance Use Disorder
Programs Report
(C.R.S. 27-80-110)**

**Annual Accounting of Forfeited Property Dollars
Report
(C.R.S. 16-13-701)**

Fiscal Year 2014-2015

**Report to the General Assembly
Colorado House Public Health Care and Human Services Committee and Senate
Health and Human Services Committee**

November 1, 2015

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INTRODUCTION

The Colorado Department of Human Services Office of Behavioral Health respectfully submits this Fiscal Year (FY) 2014-2015 report entitled, "The Costs and Effectiveness of Substance Use Disorder Programs in the State of Colorado," to the Colorado House Public Health Care and Human Services Committee and Senate Health and Human Services Committee in compliance with:

1) Colorado Revised Statute 27-80-110 (2015)

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.

2) Colorado Revised Statute 16-13-701 (4) (2015)

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.

EXECUTIVE SUMMARY

Accessible and effective community-based substance use disorder treatment helps reduce society's financial burden from problems associated with drug and alcohol use. As the national and state economies face escalating health care costs, needed substance use disorder treatment and recovery programs help reduce health and societal costs. The benefits of substance use disorder treatment far outweigh the costs. Even beyond the significant physical and psychological costs to the person with a substance use disorder and his/her family, substance use disorder treatment can save money by diminishing the financial consequences imposed on employers and taxpayers. Substance use disorder treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Substance use disorder treatment is also much less expensive than its alternatives, such as incarcerating addicted persons. For example, the average cost for one full year of substance use disorder treatment is approximately \$1,933 per patient, whereas one full year of imprisonment costs approximately \$34,260 per person (Colorado Department of Corrections, Cost Per Day Report 2014).

The following report provides a brief overview of the individuals who received substance use services in FY 2014-2015, the actual cost of serving these individuals, and the outcomes related to substance use treatment services.

- Fifty-nine percent of individuals receiving treatment services had moderate to high progress towards treatment goals by discharge. This progress was evident in a variety of trends in family, socialization, employment/education, and medical health outcomes. Throughout each outcome category, there was a trend of decreased frequency of moderate and severe problems at discharge.
- There was a statistically significant decrease in primary drug use from admission to discharge (the corner-stone outcome measure for substance abuse treatment).
- The average annual cost for providing substance use disorder treatment per client was \$1,933.
- In FY 2014-2015, \$279,056.72 in forfeited property revenues was expended on treatment and detoxification services.

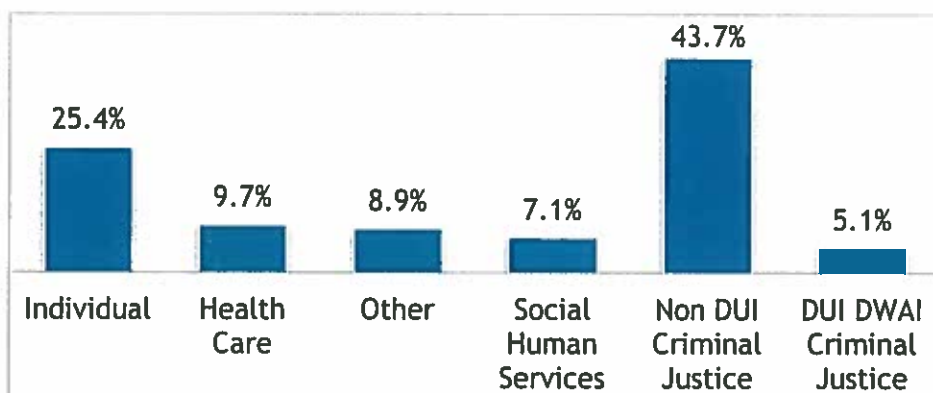
A BRIEF OVERVIEW OF PERSONS SERVED IN TREATMENT, DETOXIFICATION AND DRIVING UNDER THE INFLUENCE (DUI) SERVICES AND PROGRAMS

The following demographic data are based on the number of unique individuals in each substance use service category. In FY 2014-2015, 77,615 unique individuals were served in total by all categories.

Treatment Clients

Of 30,106 discharges from substance use disorder treatment in FY 2014-2015, 27,128 were unique clients. Forty-four percent of treatment clients were referred for treatment by the criminal justice system (excluding referrals related to driving under the influence (DUI); Figure 1). Approximately 32% worked full-time, and 77% achieved a high school education or higher. Thirty-four percent of the individuals discharged from substance use disorder treatment had 18,362 dependent children.

Figure 1. How Individuals are Referred to Treatment [FY 2014-2015]¹



Individuals were more likely to be adult men (66%) between 25 years and 44 years of age with a median age of 32 years. The predominantly reported race categories were: Caucasian/White (74%), African American/Black (7%), and American Indian/Alaska Native (4%)². Nineteen percent identified as of Hispanic/Mexican ethnicity.³ On average, clients had been using their primary drug for approximately 16 years, and 58% reported starting their primary drug before the age of 18 years. Of the substance use disorder treatment discharges, 45% had a co-occurring mental health and substance use disorder at admission (Figure 2).

Detoxification (Detox) Services

There were 52,591 discharges from detoxification services (excluding treatment and DUI services), 27,591 of which were unique clients. The median age for detox was 34 years and the primary age range was 25-44 years old. Sixty percent of those discharged were Caucasian.⁴ Thirty-three percent identified as of Hispanic/Latino ethnicity. The majority of individuals receiving detox services (83%) identified alcohol as the primary substance of use. Fifty-five percent of these individuals started using substances before the age of 18. Detox clients had been using their primary substance for an average of 19.5 years. Seventy-two percent of persons served in detox were men. Eighty-one percent have a 12th-grade education or higher and 37% work full-time. Twenty-two percent had 11,625 dependent children (Figure 2).

¹ Referral Source is a reported field in the DACODS system defined as "The person or agency referring the client to the alcohol or substance abuse treatment program" (DACODS, p 56).

² Race categories are not mutually exclusive. Furthermore, individuals may decline to answer. Therefore, the total reported percentages across the race categories will not necessarily total to 100%.

³ Ethnicity is used to capture the specific Hispanic ethnicity the client identifies with regardless of race (e.g. Hispanic/ Mexican- of Mexican origin; Hispanic/Puerto Rican- of Puerto Rican origin).

⁴ 29% of individuals declined to report race.

Driving Under the Influence (DUI) Services

There were 25,667 discharges from DUI services (excluding other treatment and detox services), of which 22,896 were unique clients. The population of individuals who received DUI services identified as Caucasian (79%), male (73%), and between the ages of 25 and 44. The median age was 32 years. Thirty-seven percent of individuals identified as of Hispanic/Latino ethnicity. Ninety-one percent identified alcohol as the primary substance of use. The majority started using their primary substance before the age of 18 years (58%) and had been using for an average of 18 years. This group was more likely to have a 12th-grade education or higher (86%) and work full-time (69%) compared to the treatment and detox group. Thirty-three percent of DUI clients were responsible for 14,431 children (Figure 2).

Figure 2: Modal Snapshot of Individuals Served by Service Category [FY 2014-2015]^{5 6}

Service Category	Age Category	Race ⁷	Ethnicity	Primary Drug of Abuse ⁸
Treatment	25-44	Caucasian/White (74%) Declined to answer (16%) African American/Black (7%) American Indian/Alaska Native (4%)	Mexican (19%) Other Hispanic/Latino (6%) Not Hispanic or Latino (67%)	Alcohol (39%) Marijuana (18%) Methamphetamine (20%)
	Age Category	Race	Ethnicity	Primary Drug of Abuse
Detox	25-44	Caucasian/White (60%) Declined to answer (29%) African American/Black (7%) American Indian/Alaska Native (4%)	Mexican (20%) Other Hispanic/Latino (4%) Not Hispanic or Latino (67%)	Alcohol (83%) Methamphetamine (6%) Heroin (5%)
	Age Category	Race	Ethnicity	Primary Drug of Abuse
DUI	25-44	Caucasian/White (79%) Declined to answer (13%) African American/Black (6%) American Indian/Alaska Native (2%)	Mexican (22%) Other Hispanic/Latino (6%) Not Hispanic or Latino (63%)	Alcohol (91%) Marijuana (6%)
	Age Category	Race	Ethnicity	Primary Drug of Abuse

SUBSTANCE USE DISORDER PREVENTION AND TREATMENT RESOURCES IN FY 2014-2015

As a part of the legislative directive related to cost and effectiveness of alcohol and drug abuse programs, this report includes FY 2014-2015 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. These figures only include those administrative and contract dollars administered by the Department of Human Services, and do not include resources administered by other state and local agencies.

⁵ Race and ethnicity categories are not mutually exclusive; therefore, the reported percentages will not total to 100%.

⁶ All figures are rounded to the nearest whole integer.

⁷ Only the majority races reported here. Race categories not represented here are Asian & Hawaiian Pacific Islander.

⁸ This represents the most prevalent primary drug of abuse for individuals served in treatment. This does not capture poly drug use. These numbers are not representative of the prevalence for general population drug use.

Figure 3 illustrates the funding sources received by the Department to provide substance use disorder prevention, intervention, treatment and recovery services in Colorado.

Figure 3. Substance Use Disorder Prevention and Treatment Revenue by Source [FY 2014-2015]^{9 10 11}

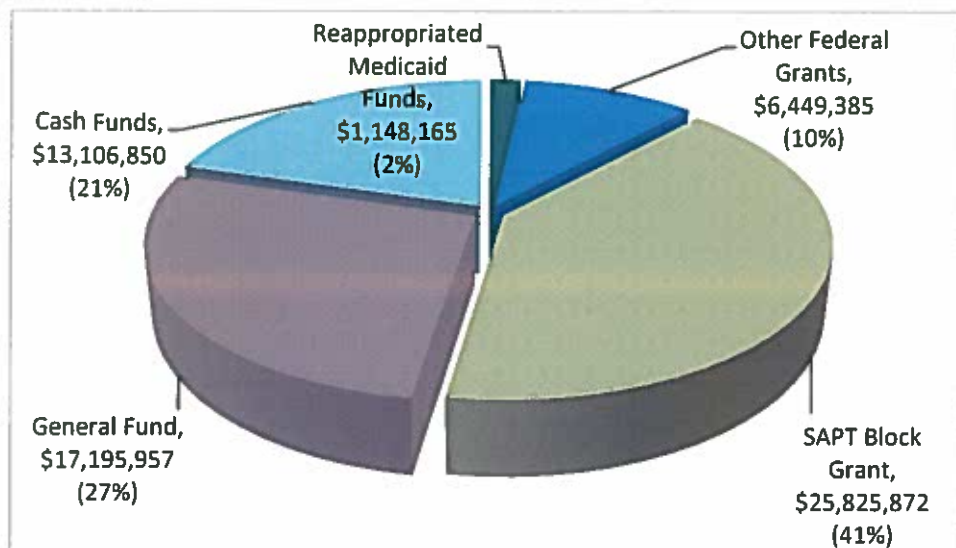
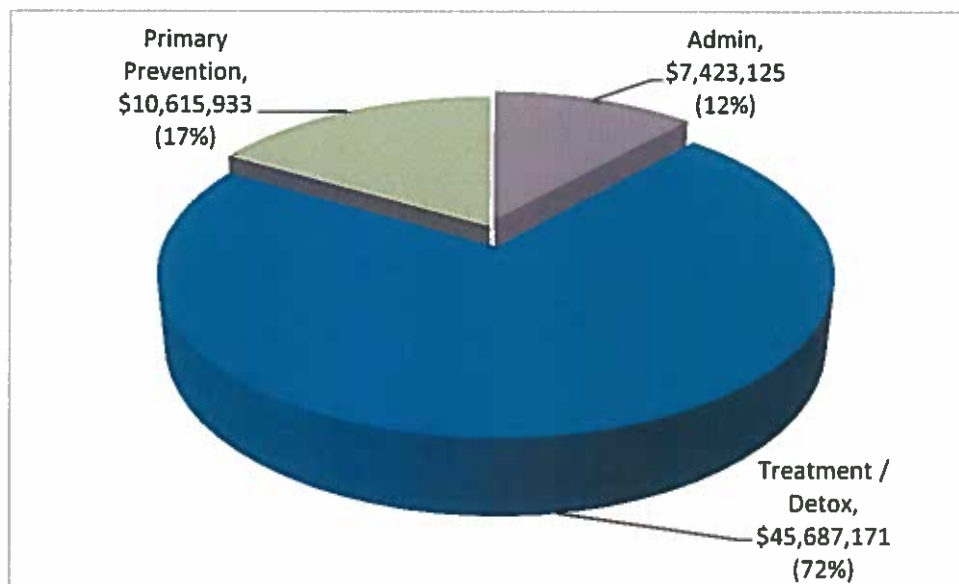


Figure 4 illustrates the FY 2014-2015 expenditures for client care - primary prevention, treatment and detoxification, and administration.

Figure 4. CDHS Expenditure by Program [FY 2014-2015]¹²



⁹ Actual expenditure dollar amount rather than Long Bill appropriated amount

¹⁰ Total Amount=\$63,726,229

¹¹ Cash Funds include: Persistent Drunk Driver Cash Fund, Tobacco Use Prevention Fund, Law Enforcement Assistance Fund, Tobacco Litigation Settlement Cash Fund, Rural Alcohol and Substance Abuse Cash Fund, Correctional Treatment Cash Fund, Controlled Substances Program Fund, and Addiction Counselor Training Fund.

¹² Total Amount=\$63,726,229

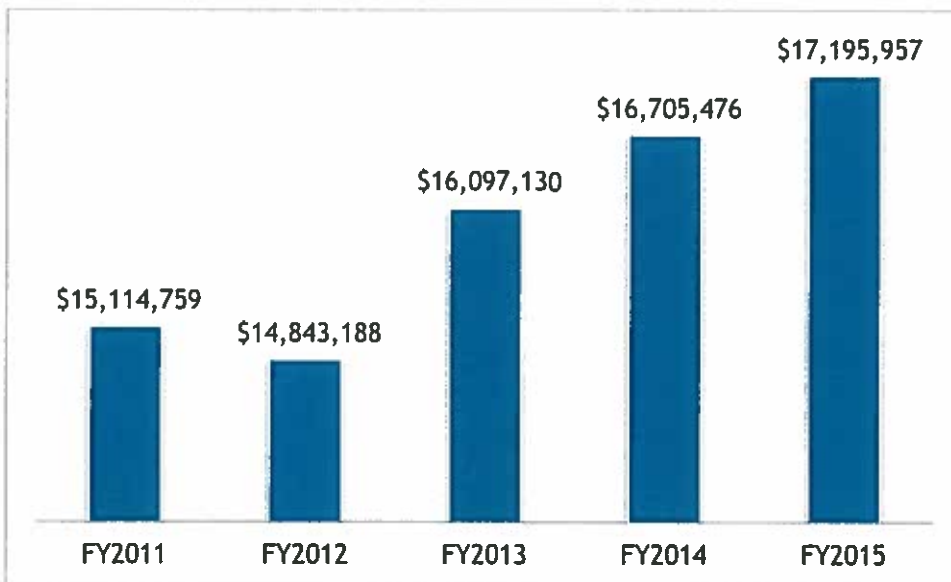
Figures 5 and 6 demonstrate:

- The Department of Human Services expenditure history - substance use disorder treatment, Fiscal Years 2011 through 2015.
- A history of the Department of Human Services State General Fund dollars.

Figure 5. Department of Human Services Substance Use Disorder Treatment and Detox Funding History Total Expenditures [FY 2011-2015]¹³



Figure 6. Department of Human Services Substance Use Disorder Programs' State General Fund Expenditure History [FY 2011-2015]



¹³ FY 2015 new appropriation of Marijuana Tax Cash Fund to increase Department funding for expanding the provision of jail-based behavioral health services and providing substance use disorder treatment services for adolescents and pregnant women.

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 Figure 7.

Figure 7. Average Annual Cost Per Client for Treatment Services Funded by the Department of Human Services during FY 2013-2015.

State Fiscal Year	Department Funded ¹⁴ Average Cost/Client	Department with Other Payer Source Funded Average Cost/Client
2015	\$773	\$1933
2014	\$744	\$1860
2013	\$777	\$1942

THE BENEFITS & OUTCOMES OF SUBSTANCE USE DISORDER TREATMENT SERVICES FY 2014-2015

Treatment Outcomes for FY 2014-2015

Based on Drug/Alcohol Coordinated Data System (DACODS) data, client discharges from treatment modalities (e.g., residential, intensive outpatient, outpatient treatment modalities) were used to evaluate the change in outcomes 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 detox from a particular substance (e.g., alcohol, methamphetamine, etc.) and then referred to treatment. Driving Under the Influence (DUI) programs were excluded as a treatment modality because DUI programs focus on reducing the practice of driving while intoxicated, rather than treating substance use behavior exclusively. Based on the exclusions of DUI and detox modalities, 27,128 individuals were discharged from treatment services in FY 2014-2015.

Outcome measures for substance use treatment are captured in the DACODS form. These measures are clinician rated scales of the individual's presenting issues/problem severity. In addition, these rating scales are collected at both admission and discharge. The following measures were analyzed: family, socialization, education/employment-based concerns, and medical issues. In order to calculate the outcomes (change over time), clients must have been enrolled in treatment with more than one data point; therefore, single assessments were excluded from the analysis (n=27,102).

Reason for Discharge

The DACODS system collects two measures capturing the "outcome of treatment at discharge status" and "reason for discharge". Discharge status captures treatment completion while discharge reason further examines why some individuals did not complete treatment. Forty-seven percent of individuals completed treatment (Figure 8). Of those who did not complete treatment, 75.5% cited the client decision (e.g., attendance, client stopped coming, or client decision to leave)¹⁵ as the reason of discharge (Figure 9). The next most cited reason for discharge was incarceration (12.3%).

¹⁴ The Department no longer operates under the shared-cost principle.

¹⁵ Client decision/attendance includes three DACODS items: client decision, attendance, client stopped coming. Client decision is defined as *client left treatment or service against professional advice; he/she dropped out or walked away from treatment. AWOL/Absconded*. Attendance is defined as *the client was not following attendance guidelines/regulations-missed too many sessions*. Client discontinued and contact efforts failed is defined as *the client has stopped attending their treatment and the provider has been unable to contact them* (DACODS, 106).

Figure 8. Treatment Completion at Discharge (% of individuals)¹⁶

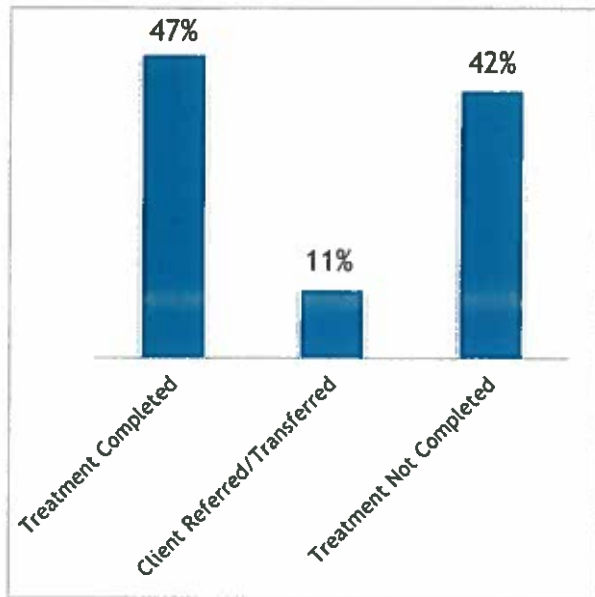
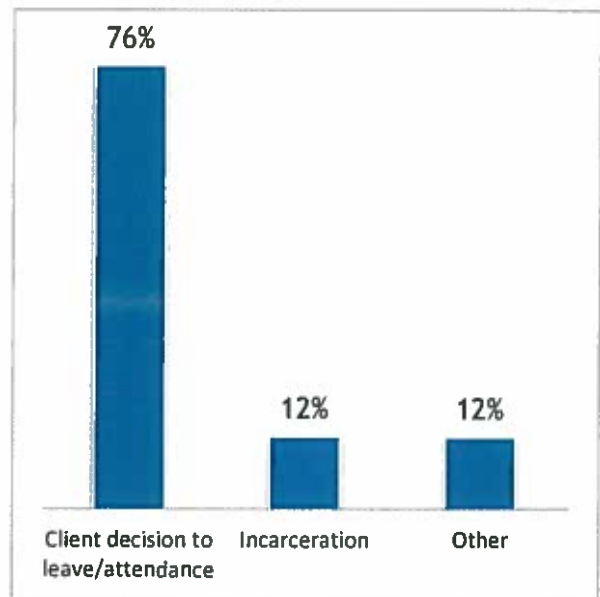


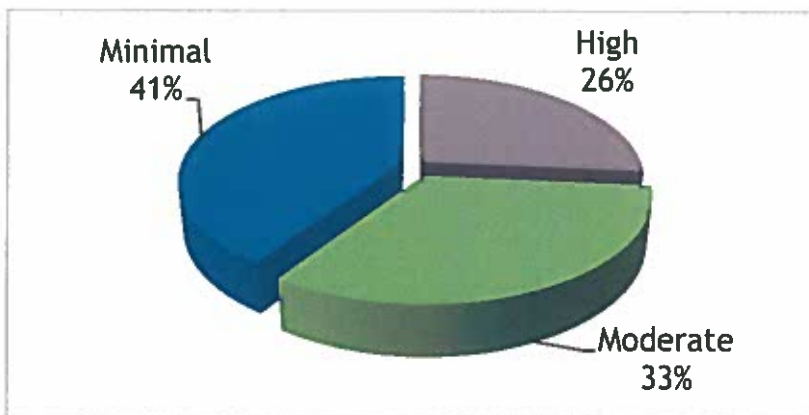
Figure 9. Reason for Discharge (% of individuals)



Progress Towards Treatment Goals

During the treatment process, behavioral health professionals collaborate with their clients to develop individualized treatment plans. These plans identify the goals individuals wish to attain from his/her treatment. At the time of discharge, counselors and clients assess progress made toward these goals. In FY 2014-2015, 59% of all treatment clients had made moderate to high progress toward their goals (Figure 10).¹⁷

Figure 10. Progress Towards Treatment Goals [FY 2014-2015]



¹⁶ Transferred is defined as *transferred or referred to another substance abuse treatment program for completion of their course of treatment or service* (DACODS Manual, p. 105).

¹⁷ High progress towards goals is defined as *completing all phases of the treatment plan established at the beginning of the treatment episode, or completed between 66-100% of the goals*. Moderate progress is defined as *completing 33-66% of treatment goals* (DACODS Manual, p. 114).

The following information provides an outcome overview on the success of an individual receiving substance use disorder treatment. The goal is to decrease the issue or problem magnitude for each measure from admission to discharge. See Appendix 1 for a complete statistical analysis of treatment outcomes.

Family Issues/Problems

Family Issues/Problems is defined as the degree of family issues and problems the client is currently experiencing. The percentage of clients with moderate and severe family issues decreased at discharge (Admission: 55.9%- Discharge: 48.4% = 7.5 % Decrease).

Socialization Issues

Socialization is defined as having the ability and social skills to form relationships with others. The percentage of clients with moderate and severe problems at admission decreased at discharge (Admission: 47.6%- Discharge: 42.5% = 5.1% Decrease).

Education/Employment Issues

The number of clients with moderate or severe education or employment issues at admission decreased at discharge (Admission: 45.7%- Discharge: 37.6% = 8.1% Decrease).

Medical/Physical Issues

The proportion of clients with no medical/physical problems at discharge increased from admission to discharge. The proportion of clients with moderate and severe problems decreased at discharge (Admission: 25.3% -Discharge: 20.4% = 4.9% Decrease).

Reduction in Use

For treatment services, the seminal treatment outcome measure is the reduction of use in the primary drug of abuse in the last 30 days. In FY 2014-2015, there was a statistically significant decrease in the average substance use from admission to discharge¹⁸ (Figure 11).

Figure 11. Average frequency of Primary Drug Use in past 30 days from Admission to Discharge [FY 2014-2015]

Average Substance Use in last 30 days	Admission	Discharge
Mean (Standard Deviation)	7.72 (11.10)	2.07 (6.19)

Reduction in Arrests

The average number of arrests (not DUI related) decreased from admission to discharge (Figure 12).

Figure 12. Mean Arrests from Admission to Discharge [FY 2014-2015]

Average Arrests over the past 30 days	Admission	Discharge
Mean (Standard Deviation)	.11 (.99)	.07 (.96)

¹⁸ T(27102)=89.8, p<.000: This number reflects a reduction in use for the primary drug reported on the DACODs. This statistic does not reflect reduction in poly-drug use.

Employment

There was an increase in the percent employed full-time from admission to discharge (Admission: 27.4% -Discharge: 31.5% = 4.1% Increase). In addition to this increase, there was a corresponding decrease in the percent of individuals unemployed at discharge (Admission: 41.3%- Discharge: 35.3% = 6% Decrease). An increase in employment reflects a benefit to the society by increasing economic contributions.

Length of Stay

It is important to consider the length of treatment when determining appropriate system costs. The most frequently reported length of treatment was 0-30 days (34%). Thirty-one percent were in treatment for over 120 days. This bimodal (30 days and 120 days) distribution is consistent regardless of living situation (e.g., independent living, correctional facility/jails, homeless). The modal length of stay also differed depending on the type of services (e.g. inpatient v. outpatient). For outpatient services the modal length of stay was seven days of treatment and the modal length of stay for inpatient services was 13 days. The Centers for Medicare & Medicaid Services limits an average length of stay allowed for Medicaid eligible members, to 15 to 30 days depending on the level of care of the treatment setting.

TRACKING CIVIL FORFEITURE FOR FY 2014-2015

As required by C.R.S. 16-13-311 (3)(a) (VII) (B) and 16-13-701 (4), civil forfeiture funds are apportioned by local Judicial Districts directly to the regional Managed Service Organizations. These monies are in addition to the funds available through the Department of Human Services, Office of Behavioral Health.

The following table details the reporting of civil forfeiture funds for FY 2014-2015 by three Colorado Managed Service Organizations, as required by statute. *One of the four Managed Service Organizations, Mental Health Partners, did not receive any funds from civil forfeiture.* Please refer to Figure 16 for more detailed information.

Figure16. Civil Forfeiture, FY 2014-2015

MSO Provider / Description	Signal	West Slope	AspenPointe	Total All	Prior FY 2013-2014
Beginning Balance	\$75,725.62	\$19,480.63	\$95,835.67	\$191,041.92	\$264,364
Distribution	\$159,104.72	\$0.00	\$119,952.00	\$279,056.72	\$391,321
Revenue Received	\$226,925.11	\$1,842.77	\$26,933.11	\$255,700.99	\$315,196
Ending Balance	\$143,546.01	\$21,323.40	\$2,816.78	\$167,686.19	\$262,982

Signal expended \$159,105 of forfeiture funds during the year. Of this, \$138,421 was expended on treatment and detox services and \$20,684 for the administrative cost (13% of total funds distributed). West Slope Casa had no reported disbursements from forfeiture funds for services during the year. AspenPointe reported disbursing \$119,952 of forfeiture funds for their TeleCare Recovery Care Management Program. For FY 2014-15, \$255,701 in forfeiture revenues was collected and a total of \$279,057 was expended on treatment and detoxification services (including administrative charges). The revenue received represents an 18.88 % decrease from the previous year.

Outcomes Summary

Substance use disorder treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. Substance use disorder treatment is also much less expensive than its alternatives, such as incarcerating addicted persons.

- Fifty-nine percent of individuals receiving treatment services had moderate to high progress towards treatment goals by discharge. There was a trend of decreased frequency of moderate and severe problems at discharge.
- There was a statistically significant decrease in primary drug use from admission to discharge (the corner-stone outcome for substance abuse treatment).
- The average annual cost for providing substance use disorder treatment per client was \$1,933.
- In FY 2014-2015, \$279,056.72 in forfeited property revenues was expended on treatment and detoxification services.

APPENDIX I: Repeated Measures ANOVA results for Treatment Outcomes for FY 2014-2015

Treatment Outcome	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared ¹⁹
Family issues	321.255	1.000	321.255	815.057	.000*	.029
Medical physical issues	180.273	1.000	180.273	626.080	.000*	.023
Education/ employment issues	437.173	1.000	437.173	1027.530	.000*	.037
Socialization issues	90.756	1.000	90.756	199.774	.000*	.007

¹⁹ While all outcome changes were statistically significant note the small partial eta squared statistics. These small partial eta squared statistics represent small effect sizes across all outcome changes.