

# PLANNING & EVALUATION

## Using State Databases to Measure Performance

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September 2009  
Ellensburg, WA



# Overview – Policy Questions: Using State Databases To Find Answers

- Can we demonstrate the extent of alcohol/drug and mental health problems
- Can we demonstrate the impact of not funding alcohol/drug and mental health treatment
- Can we verify value (positive impacts) of alcohol/drug and mental health treatment
- Can we measure the impact of closing programs or starting new programs
- Can we drill down and look across programs, populations and diagnoses to determine negative or positive effects of not providing, or providing, alcohol/drug and mental health treatment



# Examples of Previous Analyses / Studies Using State Databases

- Extent of alcohol/drug problems
- Impact of not funding alcohol/drug treatment
- Value of providing alcohol/drug treatment

# Extent of Alcohol/Drug Problems in Washington State

- 70% of adult prison inmates have an alcohol/drug problem. (Department of Corrections)
- 82% of youth in state juvenile correctional facilities have a substance abuse problem. (Juvenile Rehabilitation Administration, Department of Social & Health Services)
- 75% of parents of children in therapeutic foster care had documented substance abuse problems. (OCAR 1993)
- 66% of parents of children in foster care had documented substance abuse problems. (OCAR 1993)

# Extent of Alcohol/Drug Problems in Washington State (cont)

- 45% of out-of-home placements for children under two years occurred among the 8% of infants born to mothers documented to be using alcohol/drugs during their pregnancy. (Cawthon and Schragger 1995)
- 20% of disabled individuals on Medicaid (Blind, Disabled, GAX) estimated to need alcohol/drug treatment (Mancuso et al 2005)
- 30% of individuals on General Assistance Unemployable (GAU) estimated to need alcohol/drug treatment (Mancuso et al 2005)
- 13% of Temporary Assistance to Need Families (TANF) recipients estimated to need treatment (Mancuso et al 2005)

# Impact of Not Funding Alcohol / Drug Treatment

- Higher arrest and incarceration rate
- Higher health care costs
  - Emergency Room visits
  - Longer hospital stays
  - Nursing Home placements
  - Psychiatric hospitalizations
  - Pharmacy costs (especially opiates)
  - Infant delivery
- Worse birth outcomes
  - Low birth weight
  - Very low birth rate
  - Fetal death rate
- Lower employment rates and earnings
- Higher death rate

# Value of Alcohol/Drug Treatment

- Lower arrest and incarceration rate
- Lower health care costs
  - Emergency room visits
  - Hospital stays
  - Nursing home
  - Psychiatric hospitalizations
  - Pharmacy costs
  - Infant delivery
- Improved birth outcomes
  - Reduction in low birth weight
  - Reduction in very low birth weight
  - Reduction in fetal death rate
- Improved employment rates and earnings
- Lower death rate

# SSI Cost Offset Results – Criminal Justice

- 16% reduction in arrests for those entering treatment.
- 30% reduction in arrests for those receiving 90 days or more of treatment.
- 43% reduction in arrests for those completing treatment.
- Methamphetamine clients tend to have slightly better outcomes (higher reduction in arrests).

# SSI Cost Offset Results – Health Indicators

- \$296 per client per month net cost offsets (after alcohol/drug treatment costs deducted) – methamphetamine.
- \$267 per client per month net cost offsets (after alcohol/drug treatment costs deducted) – all other drugs/alcohol.
- Cost offsets higher for clients completing 90 days of alcohol/drug treatment or more.
- Cost offsets highest for treatment completers, regardless of length of stay.

# SSI Cost Offset Results – Health Indicators (cont)

- 35% reduction in average monthly emergency room costs for alcohol/drug treated group versus non-treated persons (represents \$154 per client per month reduction in costs).
- 29% decline in cost of an emergency room visit for treated versus non-treated persons.
- 20% decline in number of subsequent emergency room visits for treated versus non-treated persons.
- 20-30% decline in “wandering” (visiting multiple emergency rooms) for treated versus non-treated persons.
- 42-64% reduction in subsequent emergency room visits for persons with primary mental illness who received (42%) or completed (64%) alcohol/drug treatment vs those that needed but didn’t receive care.

# Conclusion

- State databases can be used to measure performance
- County-level analyses can be done
- A funding collaborative can be established between counties and the state to “mine” State databases
- Counties must agree to share in the cost of the performance monitoring system

# Next Steps

- Counties define measures to be monitored across all participating counties
- Format and frequency of reports need to be determined
- Department of Social and Health Services, Division of Research and Data Analysis develops cost proposal and negotiates final price with counties
- Counties determine who will contribute funding and how cost will be distributed across participating counties