

TREATMENT UTILIZATION AND RESOURCES STUDY

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TREATMENT UTILIZATION AND RESOURCES STUDY

I. INTRODUCTION

A. Purposes of Study

Over the past decade, the Division of Alcoholism, Drug Abuse and Mental Health (DADAMH) of the State of Delaware has financed public services for substance abuse in the form of detoxification and treatment of alcohol and drug abusers (hereinafter referred to as the state program). These services have been funded jointly by state moneys and federal block grant funds, --the Substance Abuse Prevention and Treatment Block Grant, SAPTBG. Virtually all services are rendered by providers under contract with DADAMH, and DADAMH has directly delivered some services. Most providers have been private-nonprofit agencies and a few providers have been private for profit firms. By 2000, service provision has grown to more than seventy programs with an enrollment of approximately 4,500 clients who have an array of substance abuse problems. As will be seen, service provision has been characterized by considerable changes in types of abuse by clients and treatment approaches known as modalities.

Understanding of such complexity is needed for resource allocation decisions. Planning for substance abuse services can be facilitated by determination of actual service utilization by substance abusers (clients), and the service provision and resources of providers. Moreover, with complementary data on clients and providers, analysis can be conducted to determine the factors that influence utilization levels and patterns in treatment programs. Knowledge of all these utilization dimensions can assist in setting guidelines and standards for acceptable levels and types of service utilization and provision that can be formalized through the awarding of provider contracts.

The overall objective of the present study is to contribute to the understanding of service utilization and provision of substance abuse treatment and detoxification programs financed by DADAMH. An earlier analysis of utilization dimensions has been conducted for DADAMH and encompassed the fiscal years of 1992, 1993, and 1994 (Solano, 1996). The present analysis not only extends the inquiry into utilization to fiscal year 1999, but also expands the scope of analysis to various policy concerns.

B. Scope of Analysis

A threefold approach is taken to fulfill the present research objective. One, a profile of various service utilization dimensions of the State program is given for the fiscal years 1992 through 1999. The review and analyses encompass tabular presentations and observations about the tabular compilations. Two, for selected utilization dimensions, statistical analyses are undertaken to investigate policy issues. Regression (econometric) models are defined (specified) and estimated to determine the bases (i.e., reasons for) for either the prevalence of a dimension or for differences in the

value of a dimension. Three, policy issues that involve the reviewed utilization dimensions are delineated since they have managerial and program design implications for the State program. Not all the policy issues are evaluated statistically, because of the lack of appropriate data, and the complicated statistical modeling that is required for hypotheses testing. Thus the statistical evaluation can be viewed as preliminary and exploratory, and can indicate needed future research.

The service dimensions that are examined have been grouped into three categories. They are (a) a system perspective of service utilization, (b) individual modalities, and (c) a demographic profile of clientele.

The three major dimensions of service utilization encompass the following specific analyses:

1. System Perspective of Service Utilization
 - A. Overall Size and Scope of Service Utilization
 - Magnitude and Growth--unique clients in treatment and detoxification.
 - Detoxification and Treatment Linkage--clientele connections and clientele episodes.
 - Regression model to assess the differences in detoxification-only clientele and treatment clientele.
 - Regression models to assess the bases for detoxification episodes and for treatment episodes.
 - B. Scope of Service Utilization
 - Client enrollment in treatment modalities.
 - Inpatient-outpatient services.
 - Interconnection of modalities
 - Regression model to assess the shift in treatment location, (or inpatient-outpatient substitution).
2. Client utilization of seven modalities.
 - A. Patterns of utilization for each modality.
 - Average Service Duration/Quantity (Length of stay per episode) for inpatient modalities.
 - Average Service Duration (Length of enrollment period/episode) of outpatient modalities.
 - Average Service Quantity (number of encounters per episode) of outpatient modalities.
 - Number of episodes per year by clients in both inpatient and outpatient modalities.
 - Regression models to assess the bases for Service Duration and Service Quantity of each modality.
3. Clientele Demographic Profile
 - A. Patterns of substance abuse, --types of substances abused, and the number and types of substance abuse diagnoses.
 - B. Demographic description of unique clients, --gender, race, and age by type of

abuse.

- C. Regression models that evaluate the determinants of the substance abuse by clients—alcohol versus drugs, different drug choices by clients, and the number of drugs (diagnoses).

C. Overview of Report

The remainder of this report is organized into the following sections. One, conceptual and methodological considerations are given. This entails (a) the concepts and measures employed in the study, (b) the data used in the report and their sources, and (c) the statistical techniques applied. The remaining three sections encompass the findings for (a) a system perspective of service utilization, (b) individual modalities, and (c) a demographic profile of clientele.