

II. CONCEPTUAL AND METHODOLOGICAL CONSIDERATIONS

A. Concepts and Measures

Numerous concepts and indicators of utilization are employed in the present study. The data for these concepts and their measurements are presented on tables in which the unit of observation is the separate fiscal years encompassing 1992 through 1999. Because utilization occurs continually, the measures and data for most tables have been adapted to the time frame of each fiscal year. The concepts and measures used in the statistical analyses are the same but the units of observation for the estimation of the regression models are the client episodes over the 1992-1999 period.

The concepts and measures entailed in the tables are defined immediately below:

1. **MODALITIES.** Various organizational and therapeutic approaches, called modalities, are taken to provide services to clients. Seven modalities have been financed by the state program: (1) detoxification, (2) short term-residential care, (3) long-term residential care, (4) outpatient care, (5) intensive case management, (6) continuous team treatment, (CTT), and (7) methadone maintenance. Each modality is defined in the section in which the service utilization via modalities is analyzed—Types of Service Utilization and Provision. These modalities are often classified into two groups: inpatient services and outpatient services. (See Figure II.1).
 - **INPATIENT SERVICES.** Inpatient services include both short-term residential care and long-term residential care.
 - **OUTPATIENT SERVICES.** Outpatient services comprise outpatient care, intensive case management, continuous team treatment, and methadone maintenance.

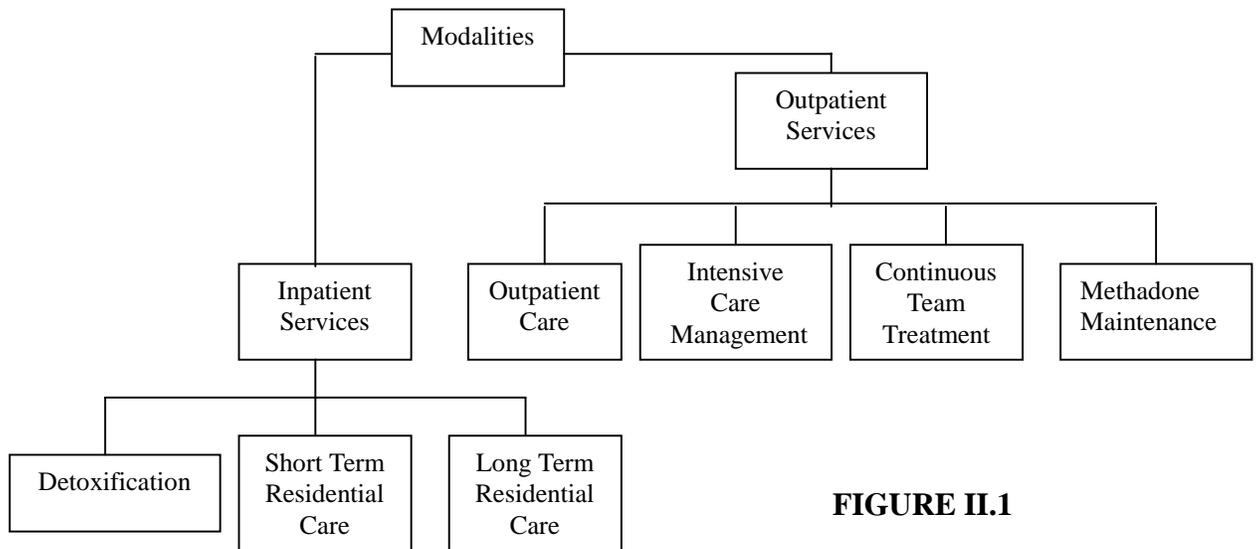


FIGURE II.1

DETOXIFICATION. Detoxification can be either free-standing residential care or

hospital inpatient (acute) care.

- The former is twenty-four hour/day services in a non-hospital setting that provide for safe (pharmacological or non-pharmacological) withdrawal and transition to ongoing treatment.
- The latter is twenty-four hour/day medical acute care services for detoxification for persons with severe medical complications associated with (pharmacological or non-pharmacological) withdrawal from alcohol or drug intake.
- Acute detoxification care is not a modality implemented by providers contractual basis for the State program.

RESIDENTIAL CARE. Three classes of residential care can be implemented for substance abuse treatment, -- short-term residential, long-term residential, and hospital inpatient care.

- Short-term residential care involves treatment services for alcohol and other drug abuse and dependency for a maximum of 30 days in a non-acute (non-hospital) care setting (housing).
- Long-term residential care provides treatment services for alcohol and other drug abuse and dependency for more than 30 days in non-acute care setting (housing) which may include transitional living arrangements such as halfway houses.
- Hospital inpatient care includes twenty-four hour/day medical care (other than detoxification) in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency.
- The State program does not finance hospital inpatient services for the provision of residential care.

OUTPATIENT SERVICES. Outpatient services are ambulatory care received by a patient who does not reside in a treatment facility. The patient could obtain drug abuse or alcoholism treatment therapy, with or without medication, and also counseling and supportive services. Four modalities are subsumed under outpatient services—outpatient care, intensive case management, continuous team treatment, and methadone maintenance.

- Outpatient care is the provision of treatment services in the form of periodic counseling and therapies that are delivered in either individual, family, or group sessions (encounters) of short time duration, viz. an hour per session.
- Intensive case management is intensive outpatient care for which services are provided to the client that last two or more hours per day for three or more days per week
- Continuous team treatment is also intensive outpatient care for which services are provided to the client in which there is a team of counselors and staff who provide a wide range of services inclusive of treatment therapy, vocational educational and social counseling.¹

¹The SAPTBG identifies CTT services as intensive outpatient or "intensive case management".

- Methadone Maintenance is the provision of methadone as a substitute drug for heroin addiction.
2. **AGENCY.** An agency is an organization (private nonprofit, private profit, governmental, or community center) that is a provider of treatment or detoxification services. An agency can be a provider of one or more programs.
 3. **PROGRAM.** A program is the (separate) delivery of a particular modality by a provider that is under contract to DADMAH. That is, each provider that conducts a set of services under a modality is producing a program. An agency may in fact have two or more programs some of which deliver the same modality but at different locations. (See Figure II.2).

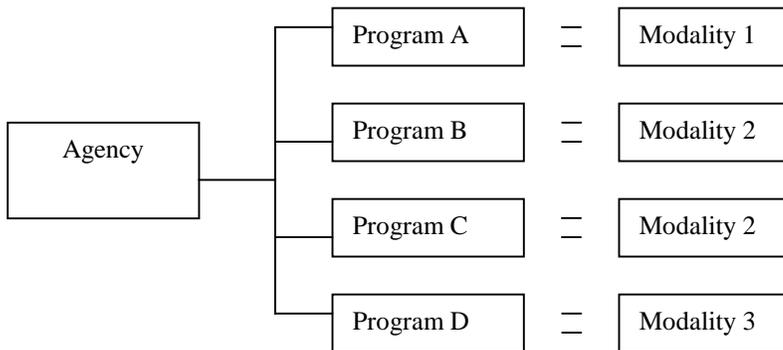


FIGURE II.2

4. **UNIQUE CLIENTS.** The numbers of distinct individuals receiving services within the fiscal year, irrespective of the number of admissions and/or quantity of services received within the year. These clients represent an unduplicated count within a year of every separate individual that participated in either detoxification and/or treatment services.
5. **ADMISSIONS.** The number of separate admissions to a service by a client within a year. An admission occurred, and was counted as client participation, each time a client was admitted to a program within a fiscal year.
6. **CONTINUATIONS.** The number of clients who were carried over or continued in a service from one fiscal year to the next. A continuation is merely a count of clients who received services in the particular fiscal year but were admitted in the previous fiscal year.
7. **VOLUME OF CLIENT PARTICIPATION.** The number of separate admissions and continuations of *all* clients that occur within the fiscal year. (See Figure II.3).

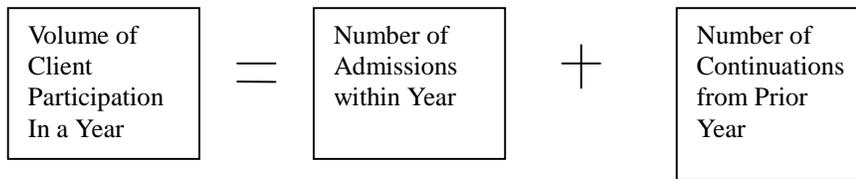


FIGURE II.3

8. **TREATMENT EPISODE.** A treatment episode is a separate occurrence of detoxification or treatment in which services are provided to a particular client covering the time period of client admission to client discharge. A client could have multiple treatment episodes during the fiscal year, signified by each separate admission and discharge period (i.e. a number of admissions). A client can be admitted in one fiscal year and discharged in the following year; in this case, treatment episode is attributed to the year in which the admission occurred. (See Figure II.4).

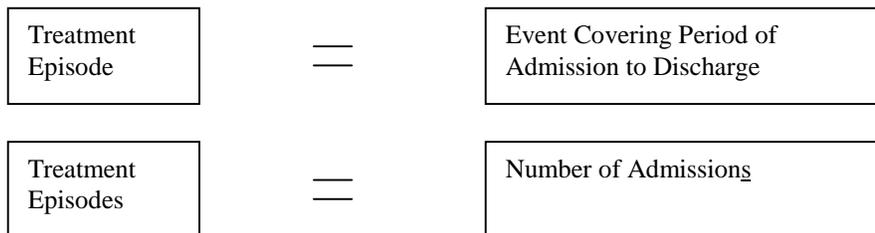


FIGURE II.4

9. **CLIENT SERVICE UNIT.** The mechanism through which an individual client received services. For inpatient modalities, a service unit is expressed as a *single day*, since during this time frame, services are delivered to a client. For the outpatient modalities, a service unit is a single *encounter* that encompasses a therapy session of a short time frame, e.g., hours of a day, in which a client receives treatment from a provider. (See Figure II.5).

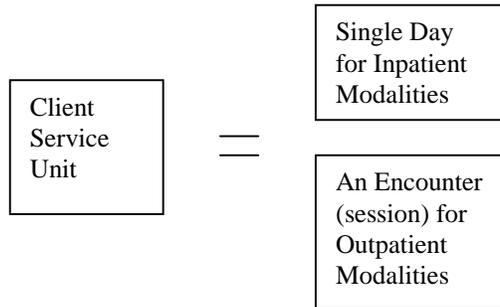


FIGURE II.5

10. **SERVICE QUANTITY.** The number or amount of service units received during a treatment episode i.e., a period between client admission and client discharge. Service quantity is measured differently for inpatient services and for outpatient modalities. Where a client is admitted in one fiscal year and is discharged in the following year (a continuation), service quantity is measured as the amount of service units received from admission date to the end of the fiscal year. Where a client is continued, service quantity is counted as the amount of service units received from the beginning of the fiscal year in which continuation occurs until the discharge date. (See Figure II.6).

- **LENGTH OF STAY.** For inpatient modalities, service quantity is the length of a client’s stay at a provider facility, measured in the number of days, for a treatment episode.
- **ENCOUNTERS.** For outpatient modalities, service quantity is the volume/number of encounters for a treatment episode.

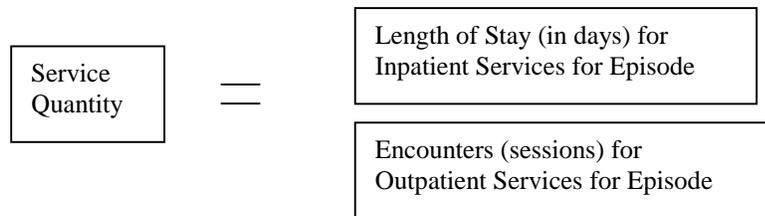


FIGURE II.6

11. **AVERAGE SERVICE QUANTITY.** The average amount of services received by *all* clients within a fiscal year. Inpatient and outpatient services are measured differently. (See Figure II.7).

- **AVERAGE LENGTH OF STAY.** An *average annual length of stay* for all clients in an inpatient modality is computed as the ratio of (a) the total number of service units (days) received by all clients for every episode within a fiscal year to (b) the total number of treatment episodes of all clients within the fiscal year.
- **AVERAGE ENCOUNTERERS.** An *average annual number of encounters* for all clients within an outpatient modality is computed as the ratio of (a) the total number of service units (encounters or sessions) received by all clients for every episode within a fiscal year to (b) the total number of treatment episodes of all clients within the fiscal year.

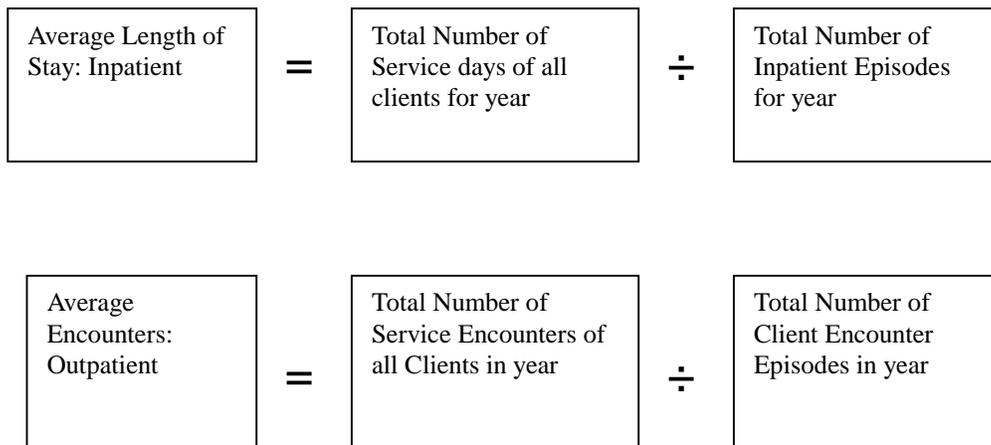


FIGURE II.7

12. **SERVICE DURATION.** The time period over which a client receives services (or service units) in a treatment episode. For inpatient services, the length of time (days

or months) of an episode is equivalent corresponds to the length of stay, i.e., service quantity. For outpatient services, length of time of an episode does not correspond to the number of encounters, which measures service duration. Where a client is admitted in one fiscal year and in the following year is discharged (a continuation), service duration is measured as the time from admission date to the end of the fiscal year. Where a client is continued, the time frame of service duration is from the beginning of the fiscal year in which continuation occurs until the discharge date. (See Figure II.8).

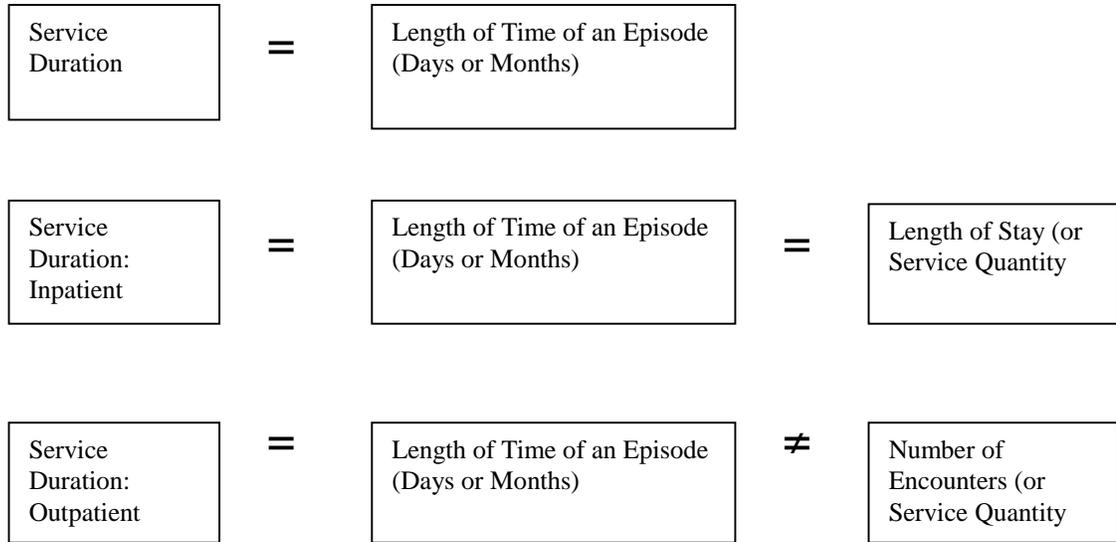


FIGURE II.8

13. **AVERAGE SERVICE DURATION.** The average annual length of an episode by *all* clients within a fiscal year is measured in the same way for inpatient and outpatient modalities. (See Figure II.9). The *average annual length of an episode* for all clients is computed as the ratio of (a) the total number of days (or months) for which all clients were enrolled for all episodes within a fiscal year to (b) the total number of treatment episodes of all clients within the fiscal year.



FIGURE II.9

14. **TYPES OF SUBSTANCE ABUSE.** The categories of substance abuse are based on the provider’s assessment or diagnosis of a client’s primary substance abuse problem. All substance abuse not designated as alcohol is defined as drug abuse.

- ALCOHOL. The service provider's primary diagnosis that a client's major substance abuse problem is alcohol.
- DRUGS. The service provider's primary diagnosis that the client's major substance abuse problem is drugs other than alcohol. The primary substance of drugs was broken down into the following categories of substances:
 - a. MARIJUANA: pot, hashish, reefer
 - b. HALLUCINOGENS: LSD, PCP, "ecstasy", DMT, MDA, MDMA, mescaline, peyote, psilocybin, mushrooms
 - c. COCAINE: coke, crack
 - d. HEROIN, OTHER OPIATES, OPIODS: Codeine, morphine, Percocet, Percodan, Demerol, Methadone, Dilaudid, Fentanyl
 - e. SEDATIVES: Tranquilizers or sleeping pills, including barbiturates, Valium, Librium, Xanax, Quaalude, methaqualone, Seconal, Halcion, phenobarbital, "downers", "barbs", "ludes", rohypnol
 - f. STIMULANTS: Amphetamines, "speed" or "ice", including methamphetamine, Preludin, Ritalin, Dexedrine, Benzedrine, "uppers"
 - g. ANALGESICS: Darvon, Talwin
 - h. INHALANTS: Gasoline or lighter fluid, spray paints, shoeshine liquid or glue, paint solvents, amyl nitrate, nitrous oxide, "Poppers", cleaning fluids, locker room odorizers, "whippets"
- The designation of provider primary diagnoses was missing for very few cases; these missing data were assigned to the drug abuse category.

15. CHANGES OVER TIME. For many utilization services and dimensions, changes over time are presented in two ways in order to determine the trend in utilization activities.

- INDEX. An index is constructed with 1992 data (or the earliest year of available data) as a base that equals 100. Each subsequent year is divided by 1992 figure to arrive at the annual index number for that fiscal year. An annual index number indicates the total (or cumulative) proportional change since the initial index-base year. For example, the value of 2,000 clients in a modality in 1992 would be assigned 100. Then if there were 2,500 clients in 1994, the index value for that year would be 125 (2,500/2,000), indicating a 25% increase over the two years, or alternatively, the number of clients in 1994 would be 125% higher than the number in 1992.
- PERCENTAGE CHANGE. Percentage change in some utilization dimensions is computed for subsequent time periods, mostly annual changes. The proportional increase/decrease in the value of a utilization dimension is calculated by the following formula: [(value in past period - value in present period)/ value in past period]. For example, if there were 2,300 clients in 1992 and then 2,500 in 1994, the percentage change in clients between 1993 and 1994 (in this case, percentage increase) would be 8.7% [(2,500-2,300)/2,300].

B. Statistical Analyses

A secondary focus of the present resource utilization study is to conduct statistical analyses that may account for differences/variation in the separate utilization dimensions. The dimensions are analyzed with multiple regression models.

Because of the mathematical complexity of the regression models in the form of equations and because their interpretations are not readily accessible to most readers, only general interpretations of the estimated results are given in the text. The statistical results are reported in the form of general statements of what (independent) variables/factors are significant determinants of issue differences (the dependent variable). All estimated equations and their relevant statistical results are shown in an appendix. What follows is some general and simple description of the regression approach taken in the present study. Technical dimensions of the various models and their analyses are confined to footnotes and citations.

A basic regression model is comprised of the following equation:

$$Y = B_0 + B_1X_1 + B_2X_2 \dots + B_nX_n$$

Where Y is a dependent variable measuring any utilization dimension, X₁ through X_n are any number of independent variables hypothesized to explain the differences in a utilization dimension,

B₀ through B_n are regression parameters/coefficients that indicate the extent of the impact of the independent variables.

All models have independent variables on the right hand side of the equation.² The independent variables represent hypotheses that are tested with the estimation of a particular model. A hypothesis provides an explanation for the expected/predicted relationship between an independent variable and the dependent variable. Put differently, a hypothesis clarifies why a social, economic, or health characteristic or factor would influence an issue response. Hypotheses and thus the independent variables of a regression model are not the same for all issues. However, as the substance abuse and economics literature indicates, there is reason to expect consistency in hypotheses, and thus independent variables in a model, to explain particular similar dimensions.

Although the regression models will differ in their specification (i.e., the composition of their independent variables), there is a common set of independent variables on the right hand side of all the equations. These variables and their measurement are shown in the Table II.1. Additional variables are included in a

² The independent variables employed in the models have been limited by the availability of data from the data systems obtained from DADAMH.

particular equation according to the utilization dimension being examined. These variables will be identified when the separate utilization dimensions are analyzed.

TABLE II.1: COMMON SET OF INDEPENDENT VARIABLES USED IN THE VARIOUS EQUATIONS			
Variable Name	Variable Measurement	Type of Variable Measurement	Variable Label In The Equation
Age of client	Date of Application minus birth date	Interval (a numerical scale)	AGE
Gender of client	Female = 1, Male = 0, (reference)	Categorical (or Dummy)	SEX
Race of client	Black = 1, Asian = 1, Hispanic = 1, White = 0 (reference)	Categorical (or Dummy)	BLACK ASIAN HISPANIC
Marital Status	Single = 1, Married = 1, Widow/Divorced/Separated = 0 (Reference)	Categorical (or Dummy)	SINGLE MARRIED
Type of Primary Substance	Alcohol = 1, Crack = 1, Cocaine = 1, Heroin = 1, Marijuana = 1, Other drugs (Sedatives, Stimulants, Analgesics, Inhalants) = 0, (reference)	Categorical (or Dummy)	ALCOHOL CRACK COKE HEROIN DOPE
Geographical Residence of Clients: Counties	Kent Co. = 1, Sussex Co. = 1, New Castle County = 0 (reference) Zip codes of clients' residence for identification	Categorical (or Dummy)	KENT SUSSEX
Household Income	Annual income in dollars	Interval (a numerical scale)	HHINCGRS
Age of Initial Drug Use	Age when used drugs initially	Interval (a numerical scale)	FIRSTAGE
Initial Enrollment in State Program	Designation of client episode as a first time client enrollment. First Time Episode = 1, All other episodes = 0 (reference)	Categorical (or Dummy)	FIRSTIME
Time to date in the program	Number of months since initially enrolled in program	Interval (a numerical scale)	TIMETODT
Number of Episodes To Date	Number of Prior Episodes Experienced Before Current Episode	Interval (a numerical scale)	EPISODES
Trend, or distinguishable pattern over time	The number of months in ascending order from 7/91 to 6/99	Interval (a numerical scale)	TREND

The unit of analysis/observation for some equations is the separate or individual episode of a client. That is, between 1992 and 1999, each episode is a unit of observation for the regression model, irrespective of the number of episodes experienced by a client. For other equations the unit of observation is the individual unique client. Each client is counted as an observation, regardless of the number of their episodes. The time frame of the analysis of different utilization dimensions may differ due to the lack of consistency in the coding of selected variables.

A number of different types of regression models have been employed, irrespective of the independent variables included. The type of model used, and thus the type of estimation undertaken was based on the measurement of the dependent variable (i.e., the selected utilization dimension). The following models and estimations that have been utilized are presented in Table II.2.

TABLE II.2: VARIOUS REGRESSION MODELS EMPLOYED IN THE ANALYSES		
Type of Model	Measurement of Dependent Variable	Example of Dependent Variable Measurement
Ordinary List Squares (OLS)	Variable with interval scale	Length of stay (in days)
Binary logistic analysis	Dichotomous or two mutually exclusive categories	Alcohol or Drug Abuse; yes =1 no = 0
Multinomial (polychotomous or polytomous) logistic analysis	Multiple mutually exclusive categories	Types of (Primary) Substance Abuse: Alcohol =1 Cocaine = 1 Heroin = 1 Marijuana = 1 Other Drugs = 0
Tobit analysis	Variable with many observations that have a single value at the low (truncated) or high (censored) end of the variable's range	Number of detoxification episodes with many clients have "no" or (zero) episodes

An independent variable can be concluded to have an impact on a dependent variable if both the equation and the particular independent variable are statistically significant at the .05 level of significance, ($p < .05$). The general interpretation of a statistically significant coefficient for an OLS equation depends on whether it is an dummy categorical variable or an interval variable (scale) is: a unit change in the independent variable produces a change in the dependent variable equal to the estimated value of the regression coefficient. The independent variables in the estimated equation, if statistically significant, can be interpreted in a similar way for the models of binary logistic analysis, multinomial logistic analysis.³ An estimated coefficient initially produces a probability estimate. A general interpretation is the characteristic that the independent variable measures, say male gender, is more likely to be associated with the dependent variable, say drug rather than alcohol usage. This type of interpretation will be supplied in the text.

The estimated probabilities can be transformed into odds ratio. An odds ratio indicates the comparative odds of an occurrence of the dependent variable based on the value of the independent variable. A concrete interpretation to a statistically significant

³ These models are estimated with the maximum likelihood estimator (MLE) since all the units of analysis are individual-level data—i.e., client episodes.

coefficient can be illustrated by some examples regarding the dependent variable of whether or not a client was a drug or an alcohol abuser (as a primary diagnosis). If a categorical independent variable, say males, has a positive sign and a coefficient with an odds value of 2, then males have 2 times the odds of females, as the reference category, to receive health care; alternatively males are twice as likely to receive care than females. If an independent variable with an interval scale, e.g., earned income measured in hundreds of dollars, produced an odds ratio of 1.5 with a positive sign, then for every unit increase in the independent variable, \$100 in income earned, the odds of receiving care would increase by 50% (1.50-1.00; or 150%-100%). The odds ratio results are left to the reader and have been provided in the appendix along with the estimated equations.

C. Sources of Data and Data Issues

Two data sets were employed to complete the present report.

(1). CRF File, 1992-1999. CRF refers to Consumer Reporting Form. The CRF File encompasses utilization data on substance abuse treatment of the State program. The data is collected and compiled by DADAMH, which provided the file to the Health Services Policy Research Group (HSPRG). Behavioral health care providers under contract with DADAMH are required to supply the information for variables stipulated on the CRF form. The data is reported for a fiscal year, the time frame of provider contracts. Clients treated under SENTAC program were excluded from the analysis.

The CRF file contains information for each client continuation, admission, and discharge. Data on client socioeconomic characteristics as well as treatment diagnoses and modalities are to be submitted by providers. An individual record is reported for each separate admission, irrespective of the number of times an individual client entered the system with a particular provider. Thus the data is organized according to separate client incidences rather than a separate record for each client. The present analysis required that the data be reorganized according to each separate client as an observation.

(2). Encounter Data, 1992-1999. A second data set employed encompasses client encounters of outpatient services by providers under contract to DADAMH. Data were only available from some providers. Most notably, data from of Brandywine Counseling was not obtained. The data was obtained from the billing records for the services. Because the data was in paper form and not yet computerized, the HSPRG compiled the information on the billing records into a computer file. A “cleaned” file has been given to DADAMH. Since the billing records were reported for each encounter (or separate treatment session) of a client, the computerized file had to be reorganized so that each client is a separate observation. The billing records included an MCI (client identification number) which allowed matching of the encounter data with the CRF File. Besides the MCI, the variables in the Encounter Data included, date of service, amount charged, client evaluation as well as the type of service unit, i.e., family, group, or individual therapies and education therapy.

Data on the provider's of detoxification and treatment services are given in Table II.3. The table presents each program according to its name, the modality delivered and the time frame of its service provision between 1992 and 1999.

TABLE II.3: PROVIDERS AND MODALITIES BY TIME FRAME OF SERVICE DELIVERY				
Program #	Period	Modality	Provider	Program
10002201	92-99	detox	NET Delaware, Inc.	Kirkwood Detox
10005501	92-99	outpat	Kent County Counseling	Alcohol/Drug Outpatient
10005503	92-98	intcase	Kent County Counseling	Intensive Case Management
10005504	92-99	meth	Kent County Counseling	Methadone Program
10005505	96-99	outpat	Kent County Counseling	Alcohol/Drug Outpatient TASC
10005506	98-99	outpat	Kent County Counseling	Alcohol/Drug Outpatient
10010501	92-94	outpat	SODAT Counseling, Inc.	Alcohol/Drug Outpatient
10010503	96-99	outpat	SODAT Counseling, Inc.	Alcohol/Drug Outpatient TASC
10010504	94-99	ctt	SODAT Counseling, Inc.	Alcohol/Drug Continuous Treatment
10013901	92-99	outpat	Brandywine Counseling, Inc.	Alcohol/Drug Outpatient
10013903	92-99	ctt	Brandywine Counseling, Inc.	Alcohol/Drug Continuous Treatment
10013904	92-97	meth	Brandywine Counseling, Inc.	Methadone Program (became 10-16)
10013905	92-99	intcase	Brandywine Counseling, Inc.	Perinatal Program
10013906	92-99	intcase	Brandywine Counseling, Inc.	First Step
10013907	92-99	outpat	Brandywine Counseling, Inc.	Alcohol/Drug Outpatient
10013908	95-99	outpat	Brandywine Counseling, Inc.	Alcohol/Drug Outpatient
10013909	96-99	outpat	Brandywine Counseling, Inc.	Alcohol/Drug Outpatient
10013910	95-99	meth	Brandywine Counseling, Inc.	Methadone Program
10013912	96-99	meth	Brandywine Counseling, Inc.	Methadone Perinatal
10013913	96-99	meth	Brandywine Counseling, Inc.	Methadone CTT/Intensive Case Mgmt
10013914	96-99	meth	Brandywine Counseling, Inc.	Methadone First Step
10013915	99	meth	Brandywine Counseling, Inc.	NSAFE Methadone
10013916	96-99	meth	Brandywine Counseling, Inc.	Methadone TASC
10013917	98-99	meth	Brandywine Counseling, Inc.	Methadone Program
10013918	99	outpat	Brandywine Counseling, Inc.	TASC Outpatient
10013919	99	outpat	Brandywine Counseling, Inc.	Bridge-Women Welfare Recipients
10013920	99	outpat	Brandywine Counseling, Inc.	Bridge-Women Welfare Recipients
10017001	93-99	ltres	ANKH, Inc.	Tau House - Halfway House
10020401	96-99	outpat	Thresholds, Inc.	Alcohol/Drug TASC
10025301	93-99	ltres	ANKH, Inc.	Houston Hall-Halfway House
10029501	93-98	ltres	NET Delaware, Inc.	Glass House - 90 Day Drug Residential
10033701	92-99	outpat	Open Door, Inc.	Alcohol/Drug Outpatient
10033702	93-97	outpat	Open Door, Inc.	Family Program
10041001	92-95	intcase	NET Delaware, Inc.	Continuing Care Unit
10041002	94-99	outpat	NET Delaware, Inc.	Continuum for Recovery
10041003	94-98	intcase	NET Delaware, Inc.	Outpatient TASC
10041004	95-96	outpat	NET Delaware, Inc.	Women's Intensive Outpatient
10041005	96-98	outpat	NET Delaware, Inc.	Outpatient TASC 2
10041006	97-99	outpat	NET Delaware, Inc.	Outpatient

10057601	93-99	ctt/intcase	Psychotherapeutic Services, Inc.	Continuing Treatment
10057602	96-99	ctt	Psychotherapeutic Services, Inc.	Georgetown Continuing Treatment
10057603	97-99	ctt	Psychotherapeutic Services, Inc.	Continuous Treatment Team
10060001	92-99	ltres	NET Delaware, Inc.	Alternatives
10061801	92-96	intcase	NET Delaware, Inc.	Foundations - Men's
10061802	93-96	intcase	NET Delaware, Inc.	Foundations - Intensive Case Management
10061803	95-99	ctt	NET Delaware, Inc.	Foundations - Continuous Treatment
10063401	92-99	ltres	Serenity Place, Inc.	Halfway House
10072501	92-99	ltres	NET Delaware, Inc.	Reflection House - Pregnant Women
10081601	95-99	ltres	Connections, Inc.	Cornerstone Residential
30108301	92-99	outpat	Peoples Place II, Inc	People's Place Counseling
75002401	92-99	detox	Kent/Sussex Detox	Alcohol/Drug Detox
90053801	92-99	ltres	DADMH	Corinthian House
90055301	92-99	shtres	NET Delaware, Inc.	RCD Short Term Residential
90055304	95-98	shtres	NET Delaware, Inc.	RCD Short Term Residential TASC
90055305	96-98	shtres	NET Delaware, Inc.	RCD TASC 2
90055306	97-98	shtres	NET Delaware, Inc.	RCD TASC 3
90055307	98-99	ltres	NET Delaware, Inc.	RCD Long Term Residential
90058701	93-99	ltres	Limen House	Women's Halfway House
90061004	96	outpat	Turnabout Counseling Center	Alcohol/Drug TASC
90061101	92-99	outpat	Turnabout Counseling Center	Alcohol/Drug
90061103	92-97	intcase	Turnabout Counseling Center	Intensive Case Management

Sources: Division of Alcoholism, Drug Abuse, and Mental Health.

shtres: short-term residential care.

detox: detoxification services.

outpat: outpatient care.

intcase: intensive case management.

meth: methadone maintenance.

ctt: continuous team treatment.

ltres: long-term residential care.