



ALCOHOL AND DRUG
Treatment Services Report

Hawai'i, 2006 · 2008 · 2010



EXECUTIVE SUMMARY

This report focuses on alcohol and drug treatment services provided by agencies that are funded by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health during state fiscal year 2010. The report contains information on the socio-demographic characteristics of the adolescents and adults who were admitted to treatment programs. The use of different modalities of services, funds expended on services, and data relating to treatment service outcomes and status of follow-up are also presented. Data for 2006, 2008, and 2010 are presented in trend tables. Using the latest reporting year, 2010, as the year of primary interest, comparisons are made to highlight trends in treatment services, clients, and outcomes.

In 2010, ADAD funded 19 agencies that offered services to adults at 45 sites and 9 agencies that provided services to adolescents at 85 sites. From 2006 to 2010, the number of sites increased 13% for adults and 31% for adolescents. The overall trends show growth in the number of admissions for treatment services across three reporting years, i.e., 2006, 2008, and 2010. In contrast, the number of clients receiving services and the amount of public funds expended on services increased from 2006 to 2008, but declined from 2008 to 2010.

Growth in the number of statewide admissions for treatment services was observed in 2010; the number of admissions was 5,548 in 2010, a 25% increase from 2006 and a 3% increase from 2008. When compared to 2006, increases in admissions were observed across all age groups. In contrast, compared to 2008, adolescents were the only group that showed increases in admissions in 2010. Adults (ages 18 to 49) accounted for almost half of all admissions (49%) in 2010, followed by adolescents (age 17 and younger) who accounted for 44% of admissions. Older adults (age 50 and older) accounted for 7% of admissions. The City & County of Honolulu received the highest percentage of admissions from 2006 to 2010. In all three reporting years, the most common source of referral was self-referral.

The percentage of clients utilizing each type of treatment modality varied by age group in 2010. All adolescents were admitted to outpatient programs (i.e., Outpatient Treatment and Intensive Outpatient programs), whereas more than half of adults (60% of adults and 53% of older adults) received outpatient treatment from various outpatient services (i.e., Intensive Outpatient, Outpatient Treatment, and Methadone Maintenance programs). The remaining (40% of adults and 47% of older adults) were admitted to residential services (i.e., Residential, Therapeutic Living, and Residential Social Detoxification programs).

More than 16 million dollars in state and federal funds were spent on substance treatment services during 2010, a 6% increase from funding in 2006. Two service modalities, Intensive Outpatient Treatment and Outpatient Treatment, experienced an increase in funding in 2010 compared to 2006. However, funding decreased substantially for all other service modalities during this time period. Compared to 2008, there was a 15% decrease in public funds in 2010. Of the total funds, almost half (48%) were expended on Native Hawaiians and around 13% were used on services for pregnant and parenting women with children. More than three fourths (76%) of the total funds were allocated to two treatment programs, Residential and Outpatient Treatment.

In 2010, there was an 11% increase in the number of clients receiving ADAD-funded treatment services compared to that in 2006, with a total of 3,622 clients. This was a 9% decrease compared to the number of clients in 2008. More than half of the clients (54%) receiving services in 2010 were adolescents, the same trend found in 2006 and 2008. Although the actual number of clients fluctuated from one reporting year to another, the overall pattern of client distribution by county was similar in 2006, 2008, and 2010. The majority of clients (58 to 62%) came from the City and County of Honolulu, followed by Hawai'i (16 to 20%), Maui (14 to 15%), and Kaua'i (7 to 8%) Counties. There were more male than female clients statewide, and about half of those receiving services identified themselves as Native Hawaiians in 2006, 2008, and 2010.

A total of 4,911 cases were either discharged from treatment services (3,668 cases) or transferred to a different program (1,243 cases). These cases included a duplicated count of clients who were admitted prior to or during 2010. Among all 3,668 discharged cases, 43% completed treatment with no drug use, 16% completed treatment with some drug use, 25% left the facility before completing treatment, and the remainder were discharged for other reasons.

The rate of completing treatment with no drug use varied greatly across treatment modalities. In 2010, the vast majority of clients from the Residential Social Detoxification modality (82%) completed treatment with no drug use. The second highest percentage of this group was from Therapeutic Living in which 58% of clients completed treatment with no drug use, followed by Outpatient Treatment (35%). Compared to other modalities, these three treatment modalities also had lower percentages of clients transferring to other programs (9%, 14%, and 14% for Residential Social Detoxification, Therapeutic Living, and Outpatient Treatment, respectively).

Compared to 2006, the number of individuals completing follow-up six months after discharge increased by 7% among adults and 50% among adolescents in 2010. At follow-up in 2010, almost all adolescents (98%) were attending school and 65% of adults were employed. More than half of adolescents (54%) and about 70% of adults reported not using any substances in the past 30 days. This number was an increase for both adolescents and adults compared to 2006. The vast majority of adolescents and adults continued to have no arrests, no hospitalizations, and no emergency room visits since discharge, across all reporting years.



In 2010, ADAD funded 19 agencies that offered services to adults at 45 sites and 9 agencies that provided services to adolescents at 85 sites.

REPORT

OVERVIEW

This is the third report on substance abuse treatment services, clients who receive treatment, and outcomes of treatment in Hawai'i, developed by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health (DOH) and the University of Hawai'i's Center on the Family. The report focuses on data collected from agencies receiving state and federal funds from ADAD in the 2010 state fiscal year. It does not include data relating to treatment services provided by non-ADAD funded agencies. Comparisons between 2006, 2008, and 2010 are made to highlight trends in treatment services, clients, and outcomes. Comprehensive data for 2000 and 2003 are available from the first report¹. The aim of the current report is to increase the knowledge and understanding of substance abuse treatment in our state, which is an important step in improving services for those who require assistance in overcoming their addiction to alcohol and drugs.

TREATMENT SERVICES IN HAWAI'I

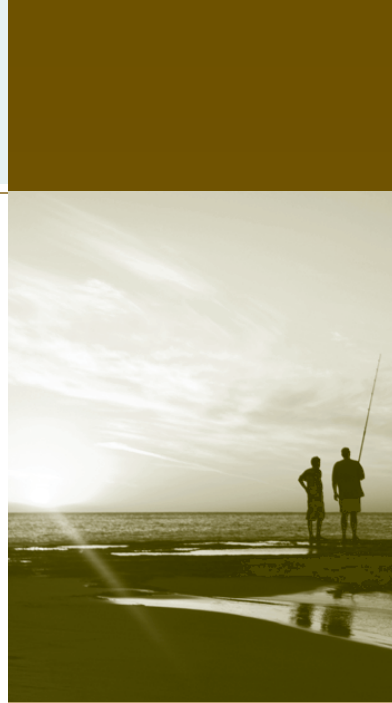
Substance abuse treatment and prevention services are authorized by Hawai'i Revised Statutes (HRS) §321-193 and HRS §334 which delineate a comprehensive system of care, including certification of substance abuse counselors and administrators, accreditation of programs, and coordination of treatment and prevention activities. ADAD is the primary source of public funds for substance abuse treatment and prevention services in Hawai'i. Some treatment services are publicly funded through the Hawai'i Medicaid 1115 waiver program called QUEST, which is administered by the Department of Human Services. Each QUEST managed care plan decides which substance abuse treatment providers with which it will contract. Treatment services are provided to QUEST clients within the limits of the benefits in the plan. Private health insurance companies and health maintenance organizations provide certain minimum substance abuse benefits as required by HRS §431M.

The ADAD treatment funds consist of both the Substance Abuse Prevention and Treatment (SAPT) Block Grant and State general funds. The State fiscal year (SFY) 2010 is from July 1, 2009 to June 30, 2010. This year represented the first year of a 4-year contract with service providers. ADAD funded treatment services are the following:

- ▶ **Adult substance abuse treatment services** including motivational enhancement services, residential, outpatient, intensive outpatient, non-medical residential detoxification, case management services, Native Hawaiian cultural practices, therapeutic living programs, clean and sober housing, continuing care services, and cultural activity expenditures.
- ▶ **Adolescent substance abuse treatment services** including both school-based and community-based outpatient treatment services. School-based treatment occurred at the middle or high school campus and included outpatient services as well as cultural and recreational service activities. The community-based services for the adolescent population consisted of intensive outpatient, outpatient, and cultural activities.

¹ The first report is available from <http://uhfamily.hawaii.edu/publications/brochures/ADTreatmentServices2008.pdf>.

- ▶ **Dual diagnosis substance abuse treatment services** including motivational enhancement services, residential, outpatient, intensive outpatient, therapeutic living programs, clean and sober housing, and continuing care services.
- ▶ **Services for injection drug users (IDUs)** including methadone intensive outpatient and outpatient treatment, medication administration and health status monitoring, and interim and outreach services.
- ▶ **Specialized programs for pregnant substance abusing women and women with dependent children** including residential, intensive outpatient, outpatient (which allows for child care cost), therapeutic living programs, clean and sober housing, the availability of interim services, and cultural activity reimbursement. ADAD also contracted with the Family Drug Court to implement a family drug court for pregnant and parenting women. Services included intensive family case management services and motivational enhancement services, as well as the typical services provided for pregnant and parenting substance abusing women.
- ▶ **Substance abuse treatment services for offenders** including integrated case management and adult substance abuse treatment services for adults who are under the supervision of the Department of Public Safety's Intake Service Center, the Judiciary's Adult Client Services Branch, the Department of Public Safety's Corrections Division, or the Hawai'i Paroling Authority.
- ▶ **Services for Group Recovery Homes** including the management of a network of recovery group homes and the administration of the revolving loan fund.
- ▶ **Early Intervention Services for Human Immunodeficiency Virus (HIV)** including medical, nursing, counseling, and supportive services provided on-site at ADAD-funded substance abuse treatment programs. This included pre-test and post-test counseling done in accordance with the Department of Health's HIV Counseling and Testing guidelines.



The aim of the report is to increase the knowledge and understanding of substance abuse treatment in our state.

SERVICE MODALITY

ADAD's treatment efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the treatment and recovery needs of individuals and families. ADAD's target population includes adults or adolescents who meet the DSM IV criteria² for substance abuse or dependence. The income of clients eligible for treatment cannot exceed 300% of the poverty level for Hawai'i as defined by Federal Poverty Level Standards, and clients must have no other form of insurance coverage for substance abuse treatment. Priority admissions are given to pregnant and parenting women with children (PPWC) and injection drug users (IDUs).

The treatment services fall along a continuum of care that includes the following:

- ▶ **Residential Programs:** 24-hour, non-medical, non-acute care in a licensed residential treatment facility that provides support, typically for more than 30 days, for persons with substance abuse problems. These programs consist of 25 hours per week of face-to-face activities, including individual and group counseling, education, skill building, recreational therapy, and family services.
- ▶ **Intensive Outpatient Programs:** outpatient alcohol and/or other drug treatment services provided for at least three or more hours per day for three or more days per week, including individual and group counseling, education, skill building, and family services.
- ▶ **Outpatient Treatment Programs:** non-residential, comprehensive services for individuals, groups, and families, provided from one to eight hours per week for adults and adolescents with substance abuse problems.
- ▶ **Therapeutic Living Programs:** structured, licensed, therapeutic living programs for individuals who desire clean and sober housing and are currently enrolled in, are transitioning to, or during the past six months have been clinically discharged from a substance abuse treatment program.

In addition, ADAD provides the following special services:

- ▶ **Residential Social Detoxification Programs:** short-term, licensed, residential, non-medical detoxification treatment services for individuals with substance use disorders.
- ▶ **Methadone Maintenance Outpatient Programs:** ongoing administration of methadone, an oral substitute for opiates, in conjunction with social and medical services.

² American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. Washington, D.C.: American Psychiatric Association.

AGENCIES AND TREATMENT SITES

ADAD-funded treatment services are available in all of the state's four counties (see Table 1). In 2010, ADAD provided funds to 19 agencies that offered services to adults at 45 sites and to 9 agencies that provided services to adolescents at 85 sites (see back cover for the list of agencies). These latter sites were primarily located on middle and high school campuses. The number of agencies serving adults and adolescents in the state was mostly unchanged across three reporting years, i.e., 2006, 2008, and 2010³. Compared to 2006, in 2010, the number of sites for adolescents increased 30.8% and those for adults increased 12.5%. From 2006 to 2008, there was a 29.2% increase in adolescent-serving sites and a 7.5% increase in adult-serving sites. From 2008 to 2010, the number of sites for adolescents increased 1.2% and those for adults increased 4.7%.

TABLE 1.
Number and Location of ADAD-Funded Treatment Sites, 2006, 2008, and 2010

	No. of Treatment Sites for Adolescents ^a			No. of Treatment Sites for Adults ^b		
	2006	2008	2010	2006	2008	2010
COUNTY						
C&C of Honolulu	27	43	42	24	27	21
Hawai'i County	20	21	24	9	9	11
Maui County	(12)	(14)	(13)	(5)	(5)	(11)
<i>Maui</i>	10	11	10	3	3	7
<i>Lāna'i</i>	1	1	1	1	1	2
<i>Moloka'i</i>	1	2	2	1	1	2
Kaua'i County	6	6	6	2	2	2
TOTAL	65	84	85	40	43	45

^a The treatment sites include school-based and facility-based sites. In 2010, in addition to school-based sites, there were five facility-based treatment sites for adolescents: three in the City & County of Honolulu, one in Hawai'i County, and one in Maui County.

^b All of these are facility-based treatment sites.

³ The total numbers of ADAD-funded agencies providing services to adults were 18, 18, and 19 for 2006, 2008, and 2010 state fiscal years, respectively. The same numbers for services to adolescents were 9, 11, and 9, respectively.



Priority admissions are given to pregnant and parenting women with children (PPWC) and injection drug users (IDUs).

THE DATA AND THEIR LIMITATIONS

The alcohol and drug treatment services data in this report are presented in the following three sections:

- ▶ **Section A** – Services offered and funds expended
- ▶ **Section B** – Client characteristics
- ▶ **Section C** – Treatment service outcomes and follow-up

Unless otherwise indicated, data are presented for the state fiscal year, which runs from July 1 of the preceding calendar year to June 30 of the calendar year, e.g., July 1, 2009, to June 30, 2010, for fiscal year 2010.

Note that for *admission data*, every admission is considered as a separate count, and there is no differentiation between clients admitted once or more during a specified period. For this reason, the total number of admissions is a duplicated count of individuals served. However, *client data* represent individuals, and the total number of clients is an unduplicated count of individuals served in a given year.

The number and client mix of ADAD-funded treatment service admissions do not represent the total demand for substance abuse treatment or the prevalence of substance abuse in the general population. The levels and characteristics of treatment service admissions depend to some extent on the availability of state and federal funds. As funding levels rise, the percentage of the substance-abusing population admitted to treatment services generally increases. Moreover, funding criteria, which may change over time, affect the service modality (e.g., residential, outpatient, or other type of treatment services) utilized and client eligibility for services.

Data on the primary substance used at the time of admission represent the substances that led to the treatment episodes but are not necessarily a complete depiction of all substances used at the time of admission.

Treatment service discharges by modality of service are not strictly comparable because the modality of service offered upon admission varies depending on individual client needs.

Starting in 2010, Day Treatment services were no longer funded by the ADAD. In the beginning of 2010, there were 10 Day Treatment admissions recorded because the contracted providers' staff might have been unaware of the changes upon execution of the 2010 contract. Discharge information was also presented in this report, as those who were admitted in previous years could have been discharged in 2010. There were nine discharge cases in 2010. However, due to the discontinuation of the Day Treatment modality, numbers were not interpreted.

The methods of ethnicity data collection in 2010 were different from those in 2006 and 2008. Previously, there was only one ethnicity field, and Hispanic was one of the ethnic groups from which a client needed to choose his/her ethnicity. In 2010, there were two fields to collect ethnicity information. One was to identify if a client was Hispanic or not; the other was to provide the list of ethnic groups (excluding Hispanic) from which a client needed to identify his/her ethnicity. Therefore, a comparison between previous years and 2010 should not be made.

Percentages are rounded up to the first decimal in this report, and therefore, resulted in total percentages ranging from 99.9 to 100.1 percent.

Finally, caution should be used in interpreting statistics for which large amounts of data are missing (e.g., clients' psychiatric status and follow-up at six months after discharge).



The levels and characteristics of treatment service admissions depend to some extent on the availability of state and federal funds.

SECTION A

SERVICES OFFERED AND FUNDS EXPENDED

This section presents the latest data and trends on the total number of treatment admissions.⁴ It also presents information on the admissions relating to age, county of residence, month of admittance, referral source, service modality, and primary substance used when admitted. In addition, there is summary information on the funds expended by different modalities of services and for special client groups.

TABLE A-1.
Number of Admissions by Age Group and County of Residence, 2006, 2008, and 2010

	2006		2008		2010	
	No.	%	No.	%	No.	%
AGE GROUP						
Adolescents, 17 years and younger	1,743	39.3	2,107	39.2	2,453	44.2
Adults, 18 to 49 years	2,430	54.8	2,851	53.1	2,699	48.6
Older adults, 50 years and older	264	5.9	416	7.7	396	7.1
Total	4,437	100.0	5,374	100.0	5,548	99.9
COUNTY OF RESIDENCE						
C&C of Honolulu	2,544	57.3	3,270	60.8	3,344	60.4
Hawai'i County	935	21.1	953	17.7	1,036	18.7
Maui County	665	15.0	800	14.9	829	15.0
Kaua'i County	293	6.6	351	6.5	327	5.9
TOTAL	4,437	100.0	5,374	99.9	5,536^a	100.0

^a Twelve admissions of individuals from out-of-state were excluded.

- ▶ In 2010, there were 5,548 admissions statewide for treatment services. The number of admissions increased by 21.1% from 2006 to 2008 and 3.0% from 2008 to 2010.
- ▶ Adults 18 to 49 years of age received the largest share of services (48.6%), followed by adolescents (44.2%), then older adults (7.1%).

⁴ In this section, every admission is counted separately and no distinction is drawn between clients served once or more than once during a specified period. For this reason, the total number of admissions (duplicated count) should be equal to or greater than the total number of clients (unduplicated count) served during a particular year.

- ▶ The number of admissions increased from 2006 to 2008, then slightly declined from 2008 to 2010, for both groups of adults (i.e., adults ages 18 to 49 and older adults age 50 and older). In contrast, the number of admissions of adolescents had been increasing steadily, i.e., 20.9% from 2006 to 2008 and 16.4% from 2008 to 2010.
- ▶ Compared to 2006, in 2010, the largest growth in admissions was observed among older adults (50.0%), followed by adolescents (40.7%), then adults (11.1%).
- ▶ In 2010, the largest percentage of admissions was observed in the City & County of Honolulu (60.4%), with the highest proportion of the state's residents, followed by Hawai'i (18.7%), Maui (15.0%), and Kaua'i (5.9%) Counties. These are the same trends observed in 2006 and 2008.
- ▶ The number of admissions increased for all four counties across the three reporting years with one exception: a decline (6.8%) was reported in Kaua'i County from 2008 to 2010. In general, the greater growth in number of admissions occurred from 2006 to 2008.

FIGURE A-1.
Number of Admissions by Month, 2006, 2008, and 2010



- ▶ Adolescent admissions to treatment services varied by month, but were always the highest at the beginning of a new school year, i.e., August and September, with the lowest in July in 2006, 2008, and 2010. The highest number of admissions during these three reporting years was recorded in August 2010 with more than 700 admissions.

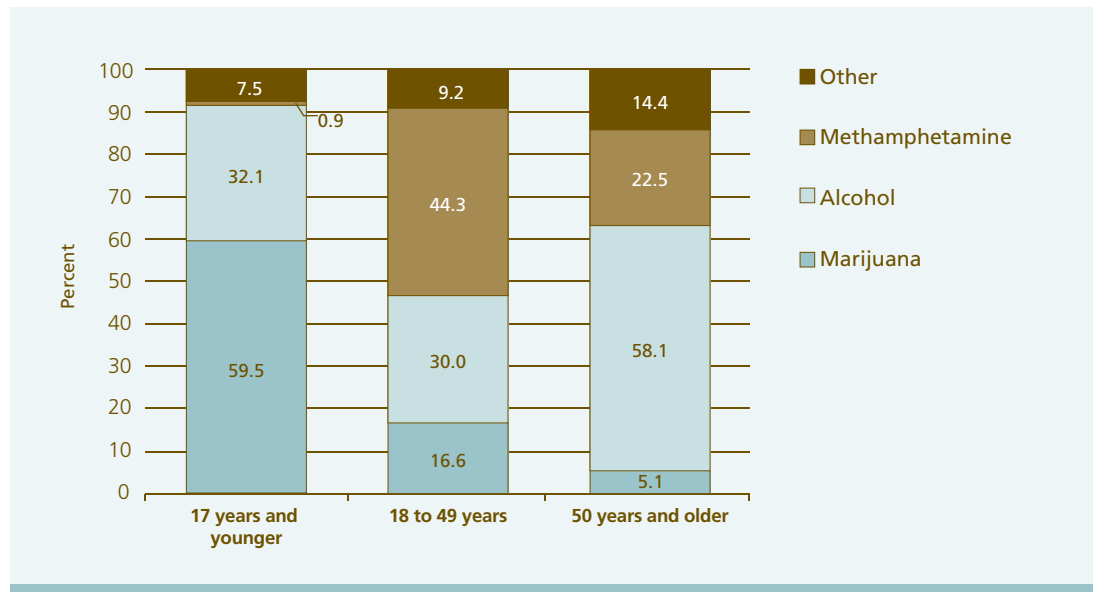
- ▶ During 2010, adults ages 18 to 49 were admitted to treatment the most frequently in July, followed by a relatively steady decline (with fluctuation) in admissions through year end. Unlike 2010, during 2006 and 2008, the numbers of admissions to treatment services observed for adults in each month were relatively stable.
- ▶ In 2006, 2008, and 2010, the number of older adult admissions was fairly consistent throughout the year.

FIGURE A-2.
Admissions by Sources of Referral, 2006, 2008, and 2010



- ▶ The most common source of referral for all admissions in 2010 was self-referral (48.6%). About one fourth (24.9%) of admissions were referred by the criminal justice system and child protective services. This pattern was observed in 2006 and 2008 as well. The remaining quarter of referrals were completed by schools (13.3%), health care providers (5.6%), and “other” (7.6%). The “other” category includes referrals from the Intake Service Center of the Department of Public Safety, employers, parents/family, friends/peers, other community referrals, and referrals from unknown sources.

FIGURE A-3.
Primary Substance Used at Admission by Age Group, 2010^a

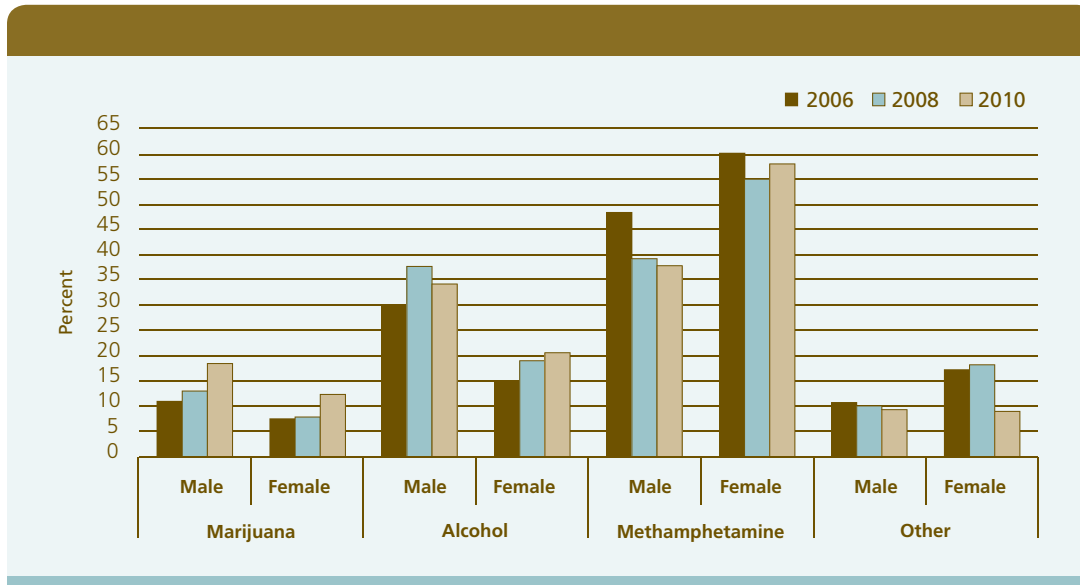


^a The sum of percentages may exceed 100% due to round-up to the first decimal in each category.

- ▶ The primary substance used at the time of admission varied by age group. Marijuana was the primary substance for the majority of adolescents (59.5%), followed by alcohol (32.1%). Adults 18 to 49 years old were admitted largely because of methamphetamine, also known as “ice” (44.3%), and alcohol (30.0%). For those 50 years and older, alcohol was the most frequently used primary substance (58.1%), followed by methamphetamine (22.5%).

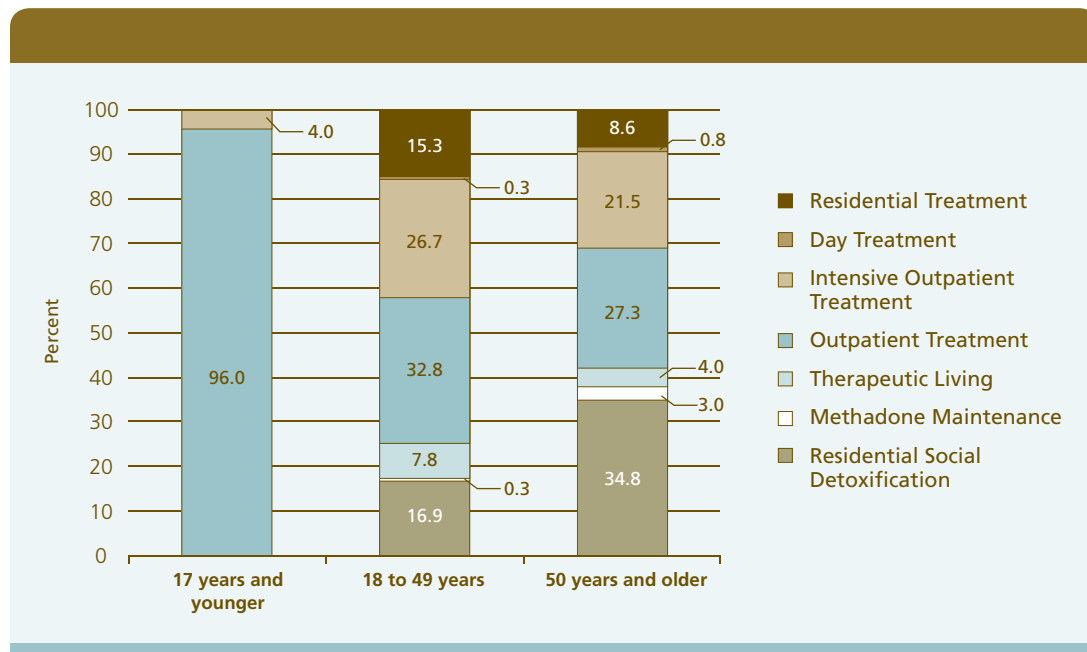
FIGURE A-4.

Primary Substance Used at Admission for Individuals 18 to 49 years by Gender, 2006, 2008, and 2010



- ▶ The overall trend in primary substance use at admission for adults 18 to 49 years generally held the same in 2006, 2008, and 2010, although the actual percentages fluctuated from one reporting year to another: (1) Marijuana and alcohol were always more likely to be the primary substance among males compared to females. In contrast, methamphetamine and other substances were more likely to be the primary substance among females compared to males; (2) Methamphetamine was the most frequently used primary substance for both males and females, followed by alcohol.
- ▶ There were some changes in the primary substance used over the three reporting years. There were steady increases in marijuana use among both males and females, and alcohol use among females from 2006 to 2010. Further, methamphetamine use and other substance use among males declined during the same period of time. Alcohol use increased among males from 2006 to 2008, then decreased from 2008 to 2010. Methamphetamine use among females decreased from 2006 to 2008, then increased from 2008 to 2010.

FIGURE A-5.
Admissions by Modality of Services, 2010^a



^a The sum of percentages may exceed 100% due to round-up to the first decimal in each category.

- ▶ The relative share of different modalities of service differed by age group. Among adult admissions, more than half (60.1% of adults and 52.6% of older adults) received outpatient treatment from various outpatient modalities (i.e., Day Treatment, Intensive Outpatient, Outpatient Treatment, and Methadone Maintenance programs). The remaining clients (40.0% of adults and 47.4% of older adults) were admitted to residential services (i.e., Residential, Therapeutic Living, and Residential Social Detoxification programs).
- ▶ In contrast, all adolescents were admitted to two types of outpatient programs (i.e., Outpatient Treatment and Intensive Outpatient programs).

TABLE A-2.

Funds Expended by Service Modality and Special Groups, 2006, 2008, and 2010^a

	2006		2008		2010	
	Funds (\$)	%	Funds (\$)	%	Funds (\$)	%
SERVICE MODALITY						
Residential	6,267,340	41.1	6,078,190	31.8	5,283,879	32.6
Day Treatment ^b	127,261	0.8	93,841	0.5	0	0.0
Intensive Outpatient	1,010,659	6.6	1,737,878	9.1	1,617,649	10.0
Outpatient Treatment	4,721,454	30.9	7,620,475	39.9	7,089,460	43.7
Therapeutic Living	2,100,300	13.7	2,483,250	13.0	1,410,840	8.7
Methadone Maintenance	497,595	3.3	576,870	3.0	436,329	2.7
Residential Social Detoxification	554,235	3.6	502,095	2.6	392,084	2.4
TOTAL	15,278,844	100.0	19,092,599	100.0	16,230,241	100.1
SPECIAL GROUPS^c						
Native Hawaiians	5,320,250	34.8	8,802,170	46.1	7,812,076	48.1
Residential PPWC	1,352,210	8.9	1,263,890	6.6	1,325,420	8.2
Therapeutic Living PPWC	753,300	4.9	865,325	4.5	697,283	4.3

^a Funds in this table represent the state and federal funds that ADAD allocated for treatment services.

^b Day Treatment was no longer supported by ADAD in 2010.

^c The groups of Native Hawaiians and pregnant and parenting women with children (PPWC) are not mutually exclusive.

- ▶ More than 16 million dollars in state and federal funds were spent on treatment services in 2010. There was a great increase (25.0%) occurring from 2006 to 2008, followed by a decrease of 15.0% from 2008 to 2010. Consistent with the 2008 data, about half of the total funds (48.1%) were spent on Native Hawaiians in 2010, an increase of 46.8% since 2006. The funds used for services to pregnant and parenting women with children (PPWC) were relatively stable across the three reporting years (ranging from \$2,022,703 to \$2,129,215).
- ▶ In 2010, the highest percentage of funds was expended on Outpatient Treatment (43.7%) followed by Residential Treatment (32.6%), the same trend observed in 2008. However, this trend was reversed in 2006: 41.1% was spent on Residential Treatment, whereas 30.9% was spent on Outpatient Treatment. Unlike 2006 and 2008, during which the third highest percentage of funds was spent on Therapeutic Living (13.7% and 13.0%, respectively), in 2010, the third highest percentage of funds (10.0%) was spent on Intensive Outpatient treatment. A smaller percentage of funds (8.7%) was expended on Therapeutic Living in 2010.
- ▶ Only two modalities of service experienced growth in the funds expended in 2010 compared to 2006: Intensive Outpatient Treatment (increase of 60.1%) and Outpatient Treatment (increase of 50.2%). During the same period, funds expended on all other modalities decreased; the greatest loss was observed with Therapeutic Living (decrease of 32.8%). Compared to 2008, in 2010, not only the total amounts allocated to treatment services but also funds expended on programs declined for every modality.

SECTION B

CLIENT CHARACTERISTICS

This section presents the latest data and trends in the total number of clients that ADAD-funded treatment agencies served.⁵ The section also includes the characteristics of clients such as age, county of residence, gender, ethnicity, employment status, and special conditions when admitted to services.

TABLE B-1.
Number of Clients by Age Group and County of Residence, 2006, 2008, and 2010

	2006		2008		2010	
	No.	%	No.	%	No.	%
AGE GROUP						
Adolescents, 17 years and younger	1,688	51.7	2,063	51.8	1,968	54.3
Adults, 18 to 49 years	1,414	43.3	1,674	42.0	1,446	39.9
Older adults, 50 years and older	160	4.9	246	6.2	208	5.7
Total	3,262	99.9	3,983	100.0	3,622	99.9
COUNTY OF RESIDENCE						
C&C of Honolulu	1,875	57.6	2,470	62.0	2,223	61.5
Hawai'i County	652	20.0	639	16.0	638	17.6
Maui County	493	15.1	564	14.2	509	14.1
Kaua'i County	242	7.4	310	7.8	245	6.8
Total	3,262	100.1	3,983	100.0	3,615^a	100.0

^a Seven individuals from out-of-state were excluded.

- ▶ In 2010, there was a total of 3,622 clients served: compared to 2006, there was only a small amount of growth (11.0%) in the total number of clients served by treatment agencies. From 2006 to 2008, there was a 22.1% increase in the number of clients served. In contrast, from 2008 to 2010, a 9.1% decrease was observed.
- ▶ The largest group of clients receiving services was adolescents, followed by adults ages 18 to 49. The same trend was observed in 2006 and 2008.

⁵ Unlike the number of admissions that represents a duplicated count of services received, these data are based on clients and represent an unduplicated count of clients receiving services in a given year.

- ▶ From 2006 to 2008, across all age groups, there was an increase in the number of clients served, with the greatest increase among older adults (22.2% for adolescents, 18.4% for adults, and 53.8% for older adults). From 2008 to 2010, the number of clients served was relatively stable for adolescents (a 4.6% decrease). In contrast, there was a 13.6% decrease for adults and a 15.4% decrease for older adults.
- ▶ In 2010, the majority of clients came from the City & County of Honolulu (61.5%), followed by Hawai'i (17.6%), Maui (14.1%), and Kaua'i (6.8%) Counties. The same trend was observed in 2006 and 2008.
- ▶ From 2006 to 2008, for the City & County of Honolulu, Maui County, and Kaua'i County, there was an increase in the number of clients served, with the greatest increase among clients in the City & County of Honolulu (31.7%), followed by Kaua'i and Maui Counties (28.1% and 14.4%, respectively). In contrast, from 2008 to 2010, there was a 10.0% decrease for Honolulu, a 9.8% decrease for Maui, and a 21.0% decrease for Kaua'i Counties. Both from 2006 to 2008 and from 2008 to 2010, the number of clients served was relatively stable for Hawai'i County (a 2% decrease from 2006 to 2008 and a 0% decrease (with one less client) from 2008 to 2010).

TABLE B-2.

Socio-Demographic Characteristics of Clients at Admission to Services, 2006, 2008, and 2010

Socio-Demographic Characteristics	2006		2008		2010	
	No.	%	No.	%	No.	%
GENDER						
Male	1,896	58.1	2,308	57.9	2,167	59.8
Female	1,366	41.9	1,675	42.1	1,455	40.2
TOTAL	3,262	100.0	3,983	100.0	3,622	100.0
ETHNICITY						
Hawaiian	1,653	50.7	1,829	45.9	1,623	44.8
Caucasian	610	18.7	765	19.2	688	19.0
Filipino	238	7.3	362	9.1	379	10.5
Japanese ^a	95	2.9	125	3.1	135 ^a	3.7
Samoaan	79	2.4	106	2.7	115	3.2
Black	69	2.1	104	2.6	87	2.4
Mixed, not Hawaiian	238	7.3	188	4.7	75	2.1
Portuguese	44	1.3	47	1.2	27	0.7
Other	136	4.2	290	7.3	493	13.6
Hispanic ^b	100	3.1	167	4.2	(467 ^b)	(12.9)
TOTAL^c	3,262	100.0	3,983	100.0	3,622^c	100.0^c
EMPLOYMENT STATUS						
Employed	298	9.1	365	9.2	238	6.6
Unemployed/looking for work in past 30 days/laid off	401	12.3	646	16.2	701	19.4
Student	1,645	50.4	2,034	51.1	2,084	57.5
Other ^d	903	27.7	856	21.5	583	16.1
Unknown	15	0.5	82	2.1	16	0.4
TOTAL	3,262	100.0	3,983	100.1	3,622	100.0

^a Japanese includes Okinawan.

^b In 2006 and 2008, clients who chose Hispanic as their ethnicity category could not choose any other ethnicity. However, in 2010, there was a change in the way ethnicity information was collected: Ethnicity information was collected in two ways. Clients first identified if they were Hispanic or not. The majority (80.6%) of clients were non-Hispanic and about 6.5% were unknown. Each client also chose an ethnic group from a list of ethnicities that did not include Hispanic. As a result, the number of Hispanic clients was a duplicated count of ethnicity, and not further interpreted.

^c Because of the duplicated count of Hispanic, the count was excluded from the sum.

^d Other includes homemakers, retirees, disabled individuals, inmates in institutions, and others not in the labor force.

- ▶ In 2010, there was a higher percentage of males among clients receiving treatment services (59.8% versus 40.2% female), the same trend found in 2006 and 2008. The number of male and female clients increased slightly over 20% from 2006 to 2008 and decreased around 6 to 13% from 2008 to 2010.
- ▶ The largest group of clients who received treatment services was Hawaiians (44.8%), followed by Caucasians (19.0%), together making up 63.8% of all clients. Filipinos were the third largest group that received services (10.5%).
- ▶ Among those who received services in 2010, approximately one fourth (26.0%) were in the labor force: employed (6.6%) and unemployed/looking for work (19.4%). The majority of clients (73.6%) were not in the labor force: students (57.5%) and other (16.1%). There were continuous increases in clients in the unemployed category from the year 2006 to 2008 to 2010 (12.3% to 16.2% to 19.4%). In contrast, there were reductions in both the number and percentage of employed clients in 2010 compared to years 2006 and 2008.

TABLE B-3.
Clients with Special Conditions at Admission to Services, 2006, 2008, and 2010

	2006		2008		2010	
	No.	%	No.	%	No.	%
SPECIAL CONDITION^a						
Homeless ^b	421	12.9	497	12.5	366	10.1
Pregnant	57	1.7	57	1.4	41	1.1
Methadone cases	43	1.3	43	1.1	12	0.3
Clients with five or more prior treatment episodes	97	3.0	124	3.1	24	0.7
Psychiatric problem in addition to alcohol/drug problem ^c	345	10.6	372	9.3	287	7.9

^a A client can be admitted with one or more of the special conditions.

^b Homeless includes individuals who are single and those with partners.

^c Information is unknown for 1,119 (34.3%), 1,492 (37.5%), and 1,151 clients (31.8%) in 2006, 2008, and 2010, respectively.

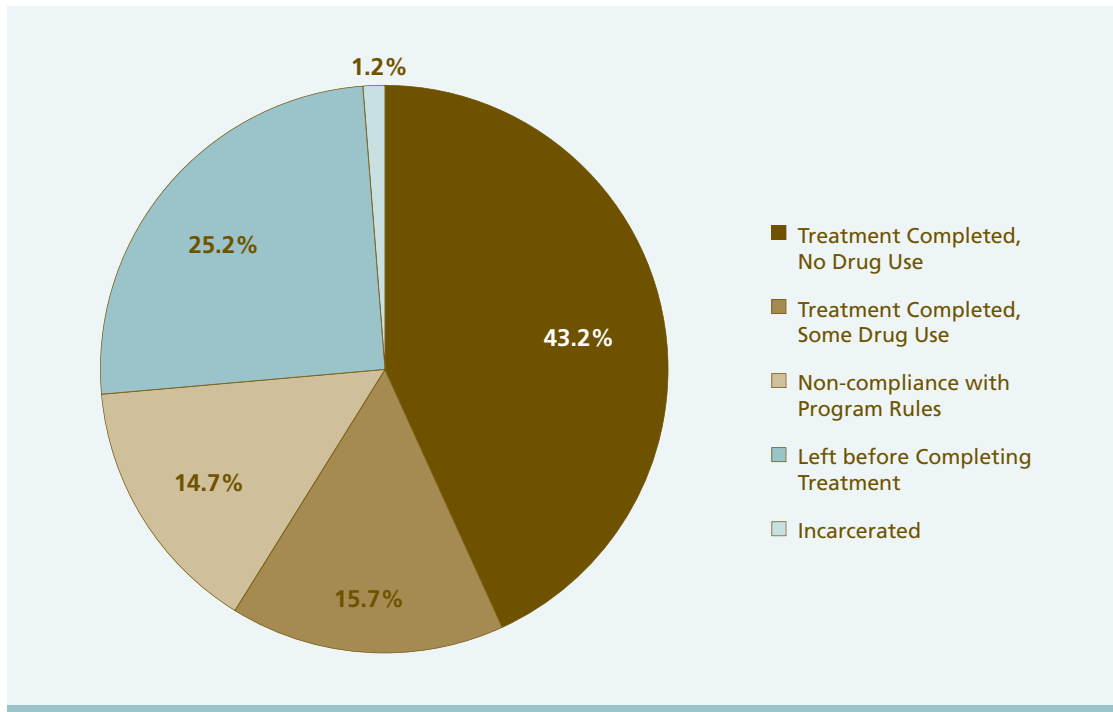
- ▶ In 2010, the most prevalent special condition, other than employment status (stated in Table B-2), among clients who received treatment services was homelessness (10.1%). A smaller percentage of clients (7.9%) were diagnosed with both a psychiatric condition and an alcohol or drug abuse problem. When combined, other special conditions, such as pregnant, methadone use, or admitted with five or more prior treatment episodes, comprised 2.1% of the total number of clients.
- ▶ The numbers of clients with each special condition were stable or increased from 2006 to 2008, but significantly declined from 2008 to 2010. The most drastic decreases were observed among those with five or more prior treatment episodes (80.6% decline) and methadone cases (72.1% decline). Clients who were pregnant, homeless, or had a psychiatric problem in addition to an alcohol/drug problem demonstrated smaller decreases (28.1%, 26.4%, and 22.8%, respectively).

SECTION C

TREATMENT SERVICE OUTCOMES AND FOLLOW-UP

This section presents information on the types of discharges following treatment services and on the status of clients six months after discharge.⁶

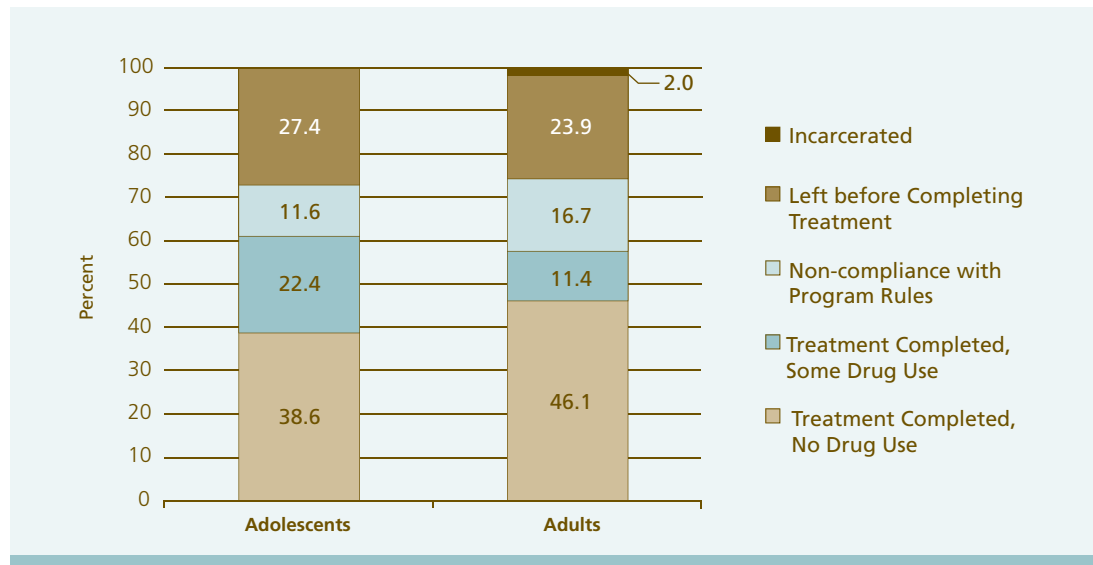
FIGURE C-1.
Types of Treatment Service Discharge, 2010



- ▶ In 2010, a total of 4,911 cases were either discharged from treatment services (3,668 cases) or transferred to a different level of care for continued treatment in the same or another agency (1,243 cases; see Table C-1).
- ▶ Among the 3,668 total discharged cases, the majority (58.9%) completed treatment with no drug use (43.2%) or with some drug use (15.7%). About one fourth (25.2%) of clients left treatment before completion and 14.7% of clients were discharged due to non-compliance with program rules. A very small percentage (1.2%) were incarcerated while receiving treatment (see Figure C-1).

⁶ Note that the number of admissions reported earlier in this report does not match the number of discharges for the specified year. This is because clients admitted in a particular year may be discharged in the same or the following year. While the number of discharges represents a duplicated count, the status of the client after discharge refers to the latest discharge and thus is an unduplicated count.

FIGURE C-2.
Types of Treatment Service Discharge by Age Group, 2010^{ab}



^a The sum of percentages may exceed 100% due to round-up to the first decimal in each category.

^b "Adults" includes both adults 18 to 49 years and older adults 50 years and older.

- ▶ Some differences between adolescents (1,435 clients) and adults (2,233 clients) were observed in the patterns of discharge. Adults were more likely than adolescents to complete treatment with no drug use (46.1% of adults vs. 38.6% of adolescents) and be discharged due to non-compliance with program rules (16.7% of adults vs. 11.6% of adolescents). In contrast, compared to adults, adolescents were more likely to complete treatment with some drug use (22.4% of adolescents vs. 11.4% of adults) and leave programs without completing treatment (27.4% of adolescents vs. 23.9% of adults).

TABLE C-1.
Types of Treatment Service Discharge or Transfer by Service Modality, 2010

SERVICE MODALITY	TYPES OF TREATMENT SERVICE DISCHARGE OR TRANSFER													
	Treatment Completed, No Drug Use		Treatment Completed, Some Drug Use		Transferred Within/Outside Facility ^a		Non-Compliance with Program Rules		Left Before Completing Treatment		Incarcerated		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Residential	27	6.6	1	0.2	259	63.0	44	10.7	77	18.7	3	0.7	411	99.9
Day Treatment ^b	1	11.1	0	0.0	7	77.8	0	0.0	0	0.0	1	11.1	9	100.0
Intensive Outpatient	49	5.8	20	2.4	501	59.0	141	16.6	117	13.8	21	2.5	849	100.1
Outpatient Treatment	1,055	34.9	547	18.1	409	13.5	335	11.1	665	22.0	15	0.5	3,026	100.1
Therapeutic Living	96	57.5	3	1.8	24	14.4	18	10.8	22	13.2	4	2.4	167	100.1
Methadone Maintenance	1	5.3	1	5.3	6	31.6	0	0.0	11	57.9	0	0.0	19	100.1
Residential Social Detoxification	354	82.3	4	0.9	37	8.6	1	0.2	34	7.9	0	0.0	430	99.9
TOTAL	1,583	32.2	576	11.7	1,243	25.3	539	11.0	926	18.9	44.0	0.9	4,911	100.0

^a Includes clients transferred to other programs of the same agency and cases referred to outside agencies for continued treatment.

^b Day Treatment is no longer supported by ADAD.

- ▶ Among the total discharged and transferred cases, the number of clients who completed treatment with no drug use was highest among the Residential Social Detoxification programs (82.3%), followed by the Therapeutic Living programs (57.5%), and the Outpatient Treatment programs (34.9%). These three service modalities also had the lowest rates of clients who transferred within/outside facility (8.6% for Residential Social Detoxification, 13.5% for Outpatient Treatment, and 14.4% for Therapeutic Living).
- ▶ Less than 10% of clients in the Residential, Intensive Outpatient, and Methadone Maintenance programs completed treatment with no drug use. The primary discharge type for clients in the Residential and Intensive Outpatient programs was being transferred (63.0% and 59.0%, respectively). The majority of clients in the Methadone Maintenance programs (57.9%) left the treatment services without completion.

TABLE C-2.
Client Status Six Months after Discharge by Age Group, 2006, 2008, and 2010

STATUS AT FOLLOW-UP ^a	Adolescents, 17 Years and younger						All Adults, 18 Years and Older					
	2006		2008		2010		2006		2008		2010	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Attending school	824	95.8	1,162	98.5	1,259	97.9	NA	NA	NA	NA	NA	NA
Employed part-time/ full-time	NA	NA	NA	NA	NA	NA	325	46.4	374	62.4	484	64.7
No arrests since discharge	732	85.1	1,086	92.1	1,191	92.5	540	77.1	554	92.5	694	92.7
No substance use in 30 days prior to follow-up	362	42.1	568	48.2	696	54.1	389	55.6	438	73.1	522	69.7
No new substance abuse treatment	740	86.0	1,045	88.6	1,092	84.8	469	67.0	436	72.8	598	79.8
No hospitalization	803	93.4	1,143	96.9	1,245	96.7	570	81.4	552	92.2	712	95.1
No emergency room visits	777	90.3	1,103	93.6	1,216	94.5	565	80.7	542	90.5	693	92.5
No psychological distress since discharge	584	67.9	893	75.7	1,002	77.9	482	68.9	516	86.1	635	84.8
Stable living arrangements	846	98.3	1,166	98.9	1,261	98.0	597	85.3	497	82.9	669	89.3
Total^b	860	-	1,179	-	1,287	-	700	-	599	-	749	-

^a Information is presented only for clients with completed follow-up data. Therefore, the discharge data reported herein may not represent all of the clients who were discharged from treatment services.

^b Total number of clients from whom complete follow-up data are available. Within each year, this is the denominator for calculating the percentage values for each follow-up status. NA = not applicable. The identified status was not applicable to clients of the specified age group.

- ▶ Compared to 2006, in 2010, the number of clients who completed follow-up after discharge increased 49.7% for adolescents and 7.0% for adults. From 2006 to 2008, the number of adolescents with completed follow-up increased 37.1%, whereas that of adults declined 14.4%. From 2008 to 2010, there was a 9.2% increase for adolescents and a 25.0% increase for adults.
- ▶ In 2010, among the discharged adolescents with follow-up data, nearly all were in stable living arrangements (98.0%), attended school (97.9%), and had not been hospitalized (96.7%). At the time of follow-up, most had had no emergency room visits (94.5%), had not been arrested (92.5%), and had not received new substance treatment (84.8%) since discharge. More than three fourths of discharged adolescents (77.9%) had not suffered psychological distress. In addition, more than one half (54.1%) of adolescents had not used any substances in the 30 days prior to follow-up.
- ▶ Among the adults who were successfully followed up in 2010, almost all (92.7%) had no history of arrests since discharge. A great majority also had not been hospitalized, had not visited the emergency room, and had not experienced psychological distress since discharge (95.1%, 92.5%, and 84.8%, respectively). The majority of adults were in stable living arrangements (89.3%), had not used any substances in the last 30 days (69.7%), and were employed (64.7%). Also, almost 80% of discharged adults had not received new substance abuse treatment at the time of follow-up.

ADAD-FUNDED TREATMENT AGENCIES, 2010

Agencies Offering Services to Adults

Alcoholic Rehabilitation Services of Hawai'i, Inc. (ARSH)
dba Hina Mauka
Aloha House, Inc.
Big Island Substance Abuse Council (BISAC)
Bridge House, Inc.
Care Hawai'i, Inc.
Child and Family Service
Family Court – First Circuit
Ho'o mau Ke Ola
Ka Hale Pomaika'i
Ku Aloha Ola Mau (Formerly DASH)
Kline-Welsh Behavioral Health Foundation
dba Sand Island Treatment Center
Malama Na Makua A Keiki
Ohana Makamae
Oxford House, Inc.
Po'ailani, Inc.
Salvation Army, a California Corporation –
Addiction Treatment Services (ATS)
Salvation Army, a California Corporation –
Family Treatment Services (FTS)
The Queen's Medical Center
Waikiki Health Center

Agencies Offering Services to Adolescents

Alcoholic Rehabilitation Services of Hawai'i, Inc. (ARSH)
dba Hina Mauka
Aloha House, Inc.
Big Island Substance Abuse Council (BISAC)
Care Hawai'i, Inc.
Hale Ho'okupa'a
Maui Youth & Family Services, Inc.
Ohana Makamae, Inc.
The Institute for Family Enrichment
Young Men's Christian Association (YMCA)

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