



ALCOHOL AND DRUG Treatment Services

Hawai'i, 5-Year Trends (2010 – 2014)



EXECUTIVE SUMMARY

This is a five-year trend report presenting information from Hawai'i agencies that provided alcohol and drug treatment services during state fiscal years 2010 to 2014, with a focus on the latest reporting year, 2014, as the year of primary interest. Some comparisons across the reporting years are made to highlight trends in treatment services, clients, and outcomes. 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. This report is limited to data from agencies that are funded by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health.

In 2014, ADAD funded 24 agencies that offered services to adults at 52 sites and 10 agencies that provided services to adolescents at 107 sites. From 2010 to 2014, the number of sites increased 26% for adolescents and 16% for adults. The overall trends show that the numbers of admissions for treatment services were relatively stable across the five reporting years with a slight decline in 2011. Similarly, the numbers of clients receiving services and the amount of funds expended on services were relatively stable during the same time period with a slight increase from 2011 to 2012.

In all five reporting years (2010 to 2014), the most common source of referral was self-referral, followed by the criminal justice system. Marijuana was the primary substance for the majority of adolescents during the same reporting period (60% - 62%), followed by alcohol (28% - 32%). For adults 18 to 49 years, methamphetamine was the most frequently reported primary substance at the time of admission (42% - 50%), followed by alcohol (21% - 31%). Compared to previous years, in 2014, the highest percentage of adults reported the use of methamphetamine as primary substance (50%). In contrast, the lowest percentage reported the use of alcohol as primary substance (21%). Across the five reporting years, adults 50 years and older reported alcohol the most frequently (44% - 58%), followed by methamphetamine (23% - 41%). In particular, the percentage of adults 50 years and older that reported methamphetamine as the primary substance had increased each year without a decline in any given year (23% in 2010, to 28% in 2012, to 41% in 2014).

The percentage of clients utilizing each type of treatment modality varied by age group in 2014. All adolescents were admitted to outpatient programs (i.e., Outpatient Treatment and Intensive Outpatient Treatment programs), whereas more than half of adults (63% of adults and 56% of older adults) received outpatient treatment from various outpatient services (i.e., Intensive Outpatient Treatment, Outpatient Treatment, and Methadone Maintenance programs). The remaining clients (37% of adults and 44% of older adults) were admitted to residential services (i.e., Residential Treatment, Therapeutic Living, and Residential Social Detoxification programs).

More than 17 million dollars in state and federal funds were spent on substance treatment services during 2014, a 7% increase from funding in 2010. Of the total funds, a bit less than half (45%) were expended on Native Hawaiians and around 10% were used on services for pregnant and parenting women with children. More than three-fourths (78%) of the total funds were allocated to two treatment programs, Outpatient Treatment and Residential Treatment.

In 2014, a total of 3,929 clients were served. More than half of the clients (53%) receiving treatment services were adolescents. The largest group of clients came from the City and County of Honolulu (67%), followed by Hawai'i (15%), Maui (13%), and Kaua'i (5%) Counties. There were more male than female clients statewide (60% male vs. 40% female), and about two-fifths of those receiving services identified themselves as Native Hawaiians including mixed Hawaiians (42%). A similar trend was observed across all five reporting years.

A total of 5,109 cases were either discharged from treatment services (3,754 cases) or transferred to a different program (1,355 cases) in 2014. Among all 3,754 discharged cases, 43% completed treatment with no drug use, 18% 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 2014, the vast majority of clients from the Residential Social Detoxification modality (88%) completed treatment with no drug use. The second highest percentage of this group was from Therapeutic Living, in which 37% of clients completed treatment with no drug use, followed by Outpatient Treatment (32%).

At six-month follow-up in 2014, almost all adolescents (99%) were attending school and 69% of adults were employed. The majority of adolescents (61%) and adults (72%) reported not using any substances in the past 30 days prior to follow-up. 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.



This is a five-year trend report presenting information from Hawai'i agencies that provided alcohol and drug treatment services during state fiscal years 2010 to 2014, with a focus on the latest reporting year, 2014, as the year of primary interest.

REPORT OVERVIEW

This is the fifth 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 Family¹. The report focuses on data collected from agencies receiving state and federal funds from ADAD in the state fiscal year 2014. It does not include data relating to treatment services that are not funded by ADAD. Comparisons across five reporting years, i.e., fiscal years 2010, 2011, 2012, 2013, and 2014, are made to highlight trends in treatment services, clients, and outcomes. 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 with which substance abuse treatment providers 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 2014 is from July 1, 2013, to June 30, 2014.

¹ Earlier reports are available from <http://uhfamily.hawaii.edu/publications/list.aspx>.

ADAD funded treatment services included the following:

<p>Adult substance abuse treatment services</p>	<p>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.</p>
<p>Adolescent substance abuse treatment services</p>	<p>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.</p>
<p>Dual diagnosis substance abuse treatment services</p>	<p>Motivational enhancement services, residential, outpatient, intensive outpatient, therapeutic living programs, clean and sober housing, and continuing care services.</p>
<p>Services for injection drug users (IDUs)</p>	<p>Methadone intensive outpatient and outpatient treatment, medication administration and health status monitoring, and interim and outreach services.</p>
<p>Specialized programs for pregnant substance abusing women and women with dependent children</p>	<p>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.</p>
<p>Substance abuse treatment services for offenders</p>	<p>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.</p>
<p>Services for Group Recovery Homes</p>	<p>The management of a network of recovery group homes and the administration of the revolving loan fund.</p>
<p>Early Intervention Services for Human Immunodeficiency Virus (HIV)</p>	<p>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.</p>

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 Treatment 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 Treatment 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.
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 2014, ADAD provided funds to 24 agencies that offered services to adults at 52 sites and to 10 agencies that provided services to adolescents at 107 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 in the state increased from 19 in 2010 to 24 in 2014. The number of agencies serving adolescents was relatively stable with a slight increase from nine in 2010 to 10 in 2014. Compared to earlier reporting years, the number of sites for adolescents and adults increased in more recent years, with one exception: The number of sites for adults in Maui County decreased by one (from 11 to 10) from 2012 to 2013. Compared to 2010, in 2014, the number of sites increased 25.9% for adolescents and 15.6% for adults. The most significant increase in the number of sites for adolescents was observed in Hawai'i County with a 37.5% increase from 2013 to 2014, followed by City & County of Honolulu with a 15.6% increase from 2012 to 2013. The numbers of sites for adults were relatively stable with the most significant increase observed from 2013 to 2014 in the City & County of Honolulu (27.3% increase).

TABLE 1.
Number and Location of ADAD-Funded Treatment Sites, 2010-2014

	No. of Treatment Sites for Adolescents					No. of Treatment Sites for Adults				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
COUNTY										
C&C of Honolulu	42	44	45	52	53	21	21	22	22	28
Hawai'i County	24	24	24	24	33	11	11	11	11	11
Maui County	13	13	13	13	15	11	11	11	10	10
Maui	(10)	(10)	(10)	(10)	(12)	(7)	(7)	(7)	(6)	(6)
Lana'i	(1)	(1)	(1)	(1)	(1)	(2)	(2)	(2)	(2)	(2)
Moloka'i	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
Kaua'i County	6	6	6	6	6	2	2	2	2	3
TOTAL	85	87	88	95	107	45	45	46	45	52

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, 2013, to June 30, 2014, for fiscal year 2014.

Data were drawn from the Web-based Infrastructure for Treatment Services (WITS) system input by each treatment service provider. With all data systems, there is a possibility of data entry and/or data collection errors. To reduce the occurrence of such errors, ADAD and University of Hawai'i Center on the Family provide training to service providers each year. Note that data can vary depending on when data are drawn from the WITS system, as data entry may not occur in a timely manner. In addition, an individual being admitted to a treatment service program does not always mean that the person receives an actual service. The person may be transferred to another program or leave the program due to various reasons before receiving services.

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.

The classification of each category may not be the same as previous reports. See footnotes for each definition when comparing with previous reports.

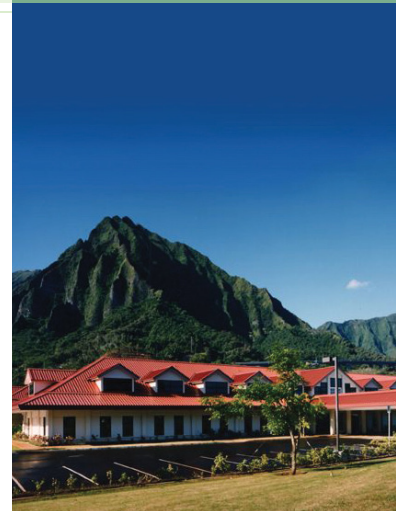
Data on the primary substance used at the time of admission represent the substances that led to the treatment episodes, but are not necessarily a complete depiction of all substances used at the time of admission.

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 programs were no longer funded by ADAD. Thus, there should be no admission or discharge records related to Day Treatment during the current reporting years. However, a small number of admissions and discharges have been reported in the WITS system. In this report, the admission data (Section A) for fiscal years 2013 and 2014 omitted these admissions in Day Treatment. For fiscal years 2010, 2011, and 2012, admissions in Day Treatment were included. This was done to avoid any confusion related to the numbers found in previous reports that include data from 2010, 2011, and 2012, where the issue was handled differently. Discharge data (Section C) focused on year 2014 only and discharge cases from Day Treatment were omitted from tables and figures. The 2010 treatment report presented those cases as they were (i.e., as Day Treatment) with a caution indicating a possible error. In the 10-year trend report, those were reclassified as Intensive Outpatient Treatment (IOT), as services provided by IOT were the closest to those by Day Treatment. Starting with data from fiscal year 2013, the decision was made to exclude Day Treatment cases from the report since the report is intended to focus only on services funded by ADAD and ADAD does not fund Day Treatment under any circumstances.

Percentages are rounded up to the first decimal in this report, resulting 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 lack information (e.g., clients' psychiatric status and follow-up at six months after discharge).



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.

SECTION A

SERVICES OFFERED AND FUNDS EXPENDED

This section presents the latest data and trends on the total number of treatment admissions³. It also presents information on the admissions relating to age, county of residence, referral source, primary substance used at the time of admission, and service modality. In addition, there is summary information on the funds expended by different modalities of services and for special client groups.

TABLE A-1.
Number (and Percentage) of Admissions by Age Group and County of Residence, 2010-2014

	2010	2011	2012	2013	2014
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
AGE GROUP					
Adolescents, 17 years and younger	2,453 (44.2)	2,222 (45.4)	2,214 (39.9)	2,297 (41.7)	2,547 (45.0)
Adults, 18 to 49 years	2,699 (48.6)	2,281 (46.6)	2,865 (51.6)	2,812 (51.0)	2,634 (46.6)
Older adults, 50 years and older	396 (7.1)	387 (7.9)	473 (8.5)	403 (7.3)	474 (8.4)
TOTAL	5,548	4,890	5,552	5,512	5,655
COUNTY OF RESIDENCE					
C&C of Honolulu	3,344 (60.4)	2,906 (59.9)	3,557 (64.6)	3,367 (62.0)	3,665 (65.4)
Hawai'i County	1,036 (18.7)	1,068 (22.0)	981 (17.8)	1,086 (20.0)	960 (17.1)
Maui County	829 (15.0)	641 (13.2)	749 (13.6)	727 (13.4)	735 (13.1)
Kaua'i County	327 (5.9)	234 (4.8)	222 (4.0)	249 (4.6)	241 (4.3)
TOTAL^a	5,536	4,849	5,509	5,429	5,601

^a Admissions of individuals from out-of-state were excluded from the County of Residence calculations: 12 non-residents in 2010, 41 in 2011, 43 in 2012, 83 in 2013, and 54 in 2014.

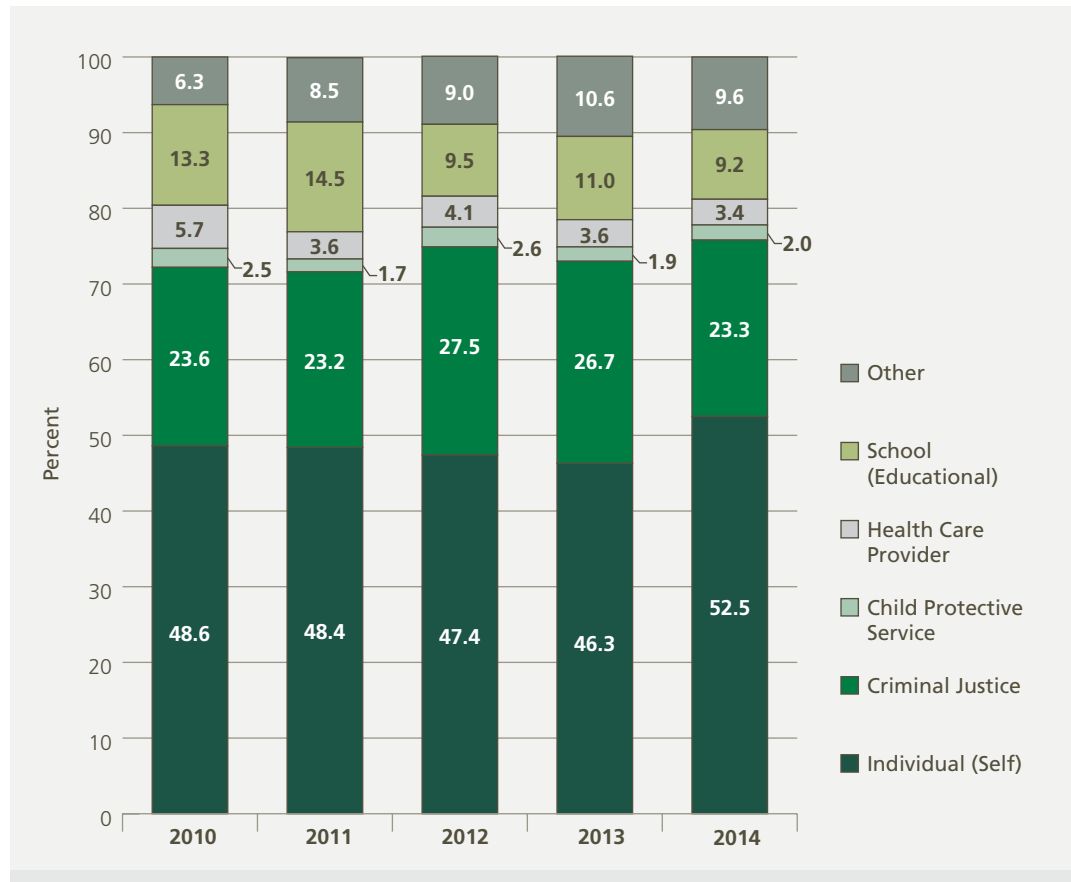
³ In this section, every admission is counted separately and no distinction is drawn between clients served once or more than once during a specified period. For this reason, the total number of admissions (duplicated count) should be equal to or greater than the total number of clients (unduplicated count) served during a particular year.

- ▶ In 2014, there were 5,655 admissions statewide for treatment services. The numbers of admissions were relatively stable over the reporting years, with the exception of a decline in 2011.
- ▶ Across all reporting years, adults ages 18 to 49 received the largest share of services, followed by adolescents, then by older adults age 50 and older.
- ▶ In 2014, the largest percentage of admissions was observed in the City & County of Honolulu (65.4%), with the highest proportion of the state's residents, followed by Hawai'i (17.1%), Maui (13.1%), and Kaua'i (4.3%) Counties. This same trend was observed across all reporting years.

Jamie was facing a series of challenges including untreated chronic illness, lost relationships with family due to drug use, legal problems, and unemployment.

With support from a treatment service provider, she was able to obtain her clinical discharge from treatment. Her illness was treated and managed. She started rebuilding relationships with her family members and parenting sober to her child. She is employed and participating in a group meeting every week.

FIGURE A-1.
Admissions by Sources of Referral, 2010-2014^{a,b,c}



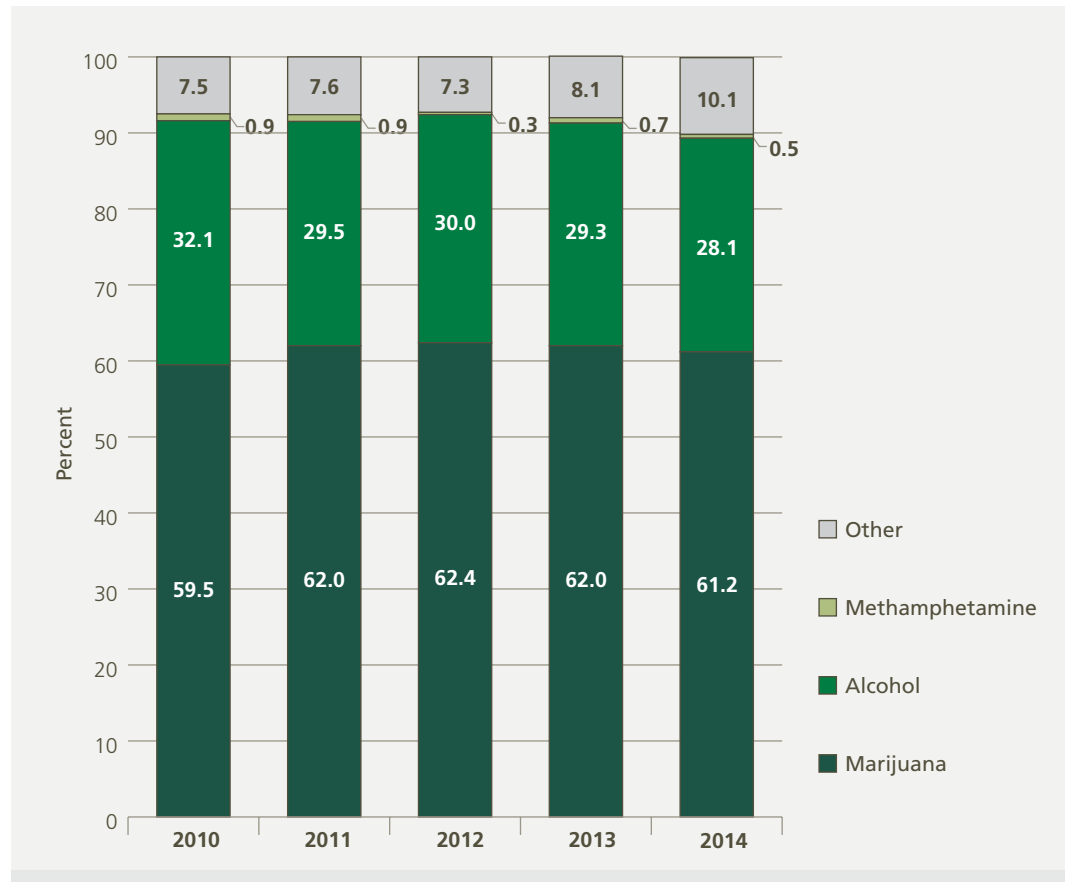
^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

^b "Criminal Justice" includes the Intake Service Center of the Department of Public Safety.

^c The "Other" category includes referrals from employers, parents/family, friends/peers, other community referrals, and referrals from unknown sources.

- ▶ The most common source of referral across all reporting years was self-referral, ranging from 46.3% to 52.5% of admissions.
- ▶ Consistent with previous years, in 2014, close to one-fourth (23.3%) of admissions were referred by the criminal justice system. In 2014, the remaining quarter of referrals were completed by schools (9.2%), health care providers (3.4%), child protective services (2.0%), and "Other" (9.6%).

FIGURE A-2.
Primary Substance Used at Admission for Adolescents 17 Years and Younger, 2010-2014^{a,b}



^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

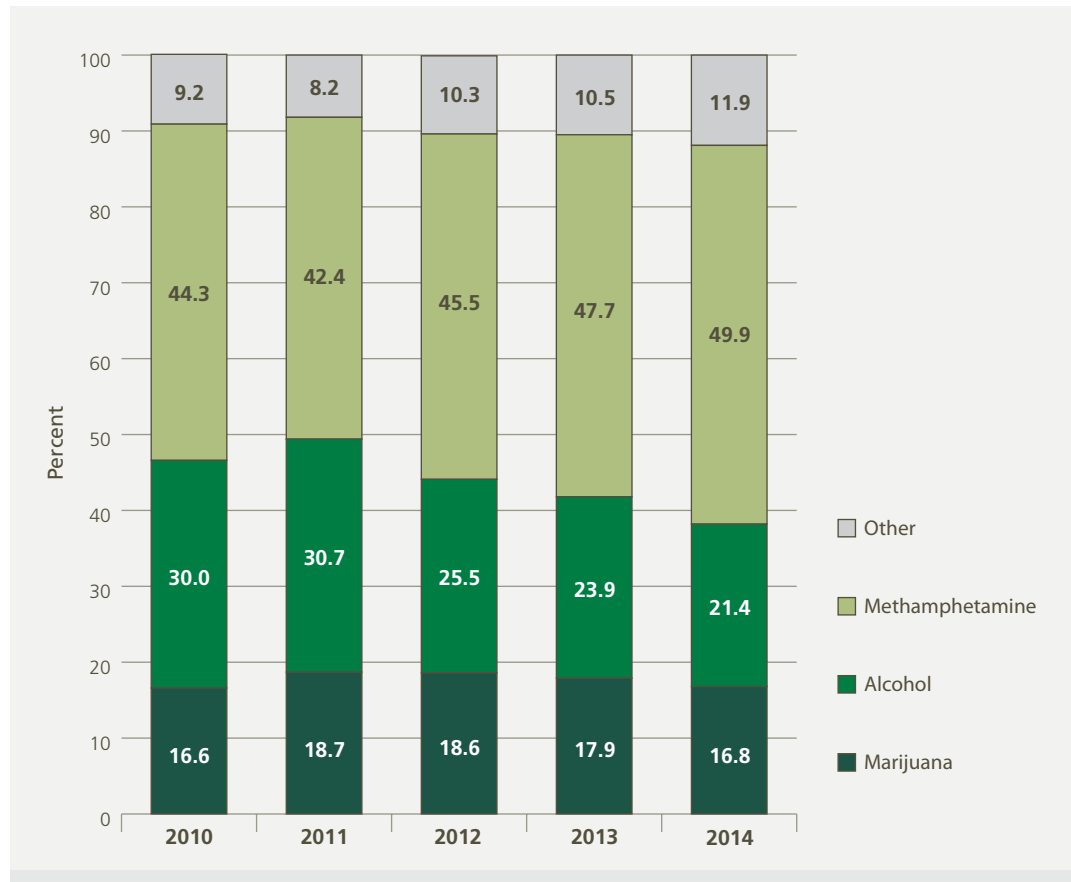
^b The "Other" category includes cocaine/crack, heroin, and other drugs.

- ▶ In 2014, marijuana was the primary substance for the majority of adolescents (61.2%), followed by alcohol (28.1%). Across all reporting years, the same trend was observed (59.5% - 62.4% and 28.1% - 32.1% for marijuana and alcohol, respectively).

Lana was kicked out of her school due to her drug use.

After reaching out to a counselor at an adolescent treatment program for support, she volunteered to attend both individual and group sessions weekly. The agency, along with another non-profit organization, helped her to complete the required community services. She has successfully been clean and sober for three months.

FIGURE A-3.
Primary Substance Used at Admission for Adults 18 to 49 Years, 2010-2014^{a,b}

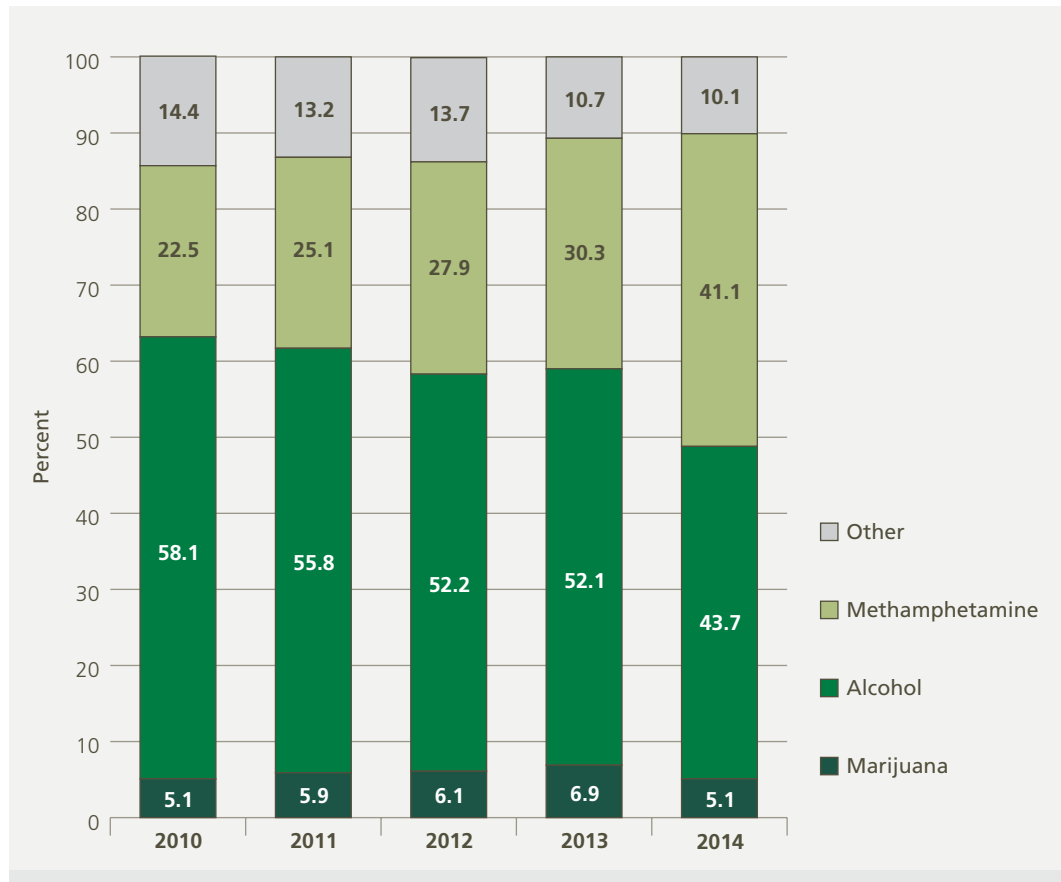


^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

^b The "Other" category includes cocaine/crack, heroin, and other drugs.

- ▶ In 2014, methamphetamine, also known as "ice," was the most frequently reported primary substance at the time of admission (49.9%), followed by alcohol (21.4%). The same trend was held for the 5-year period (42.4% - 49.9% and 21.4% - 30.7%).
- ▶ The percentage of adults 18 to 49 years reporting methamphetamine as the primary substance increased from 44.3% in 2010 to 49.9% in 2014. In contrast, the percentage of adults reporting alcohol as primary substance declined from 30.0% in 2010 to 21.4% in 2014.

FIGURE A-4.
Primary Substance Used at Admission for Adults 50 Years and Older, 2010-2014^{a,b}

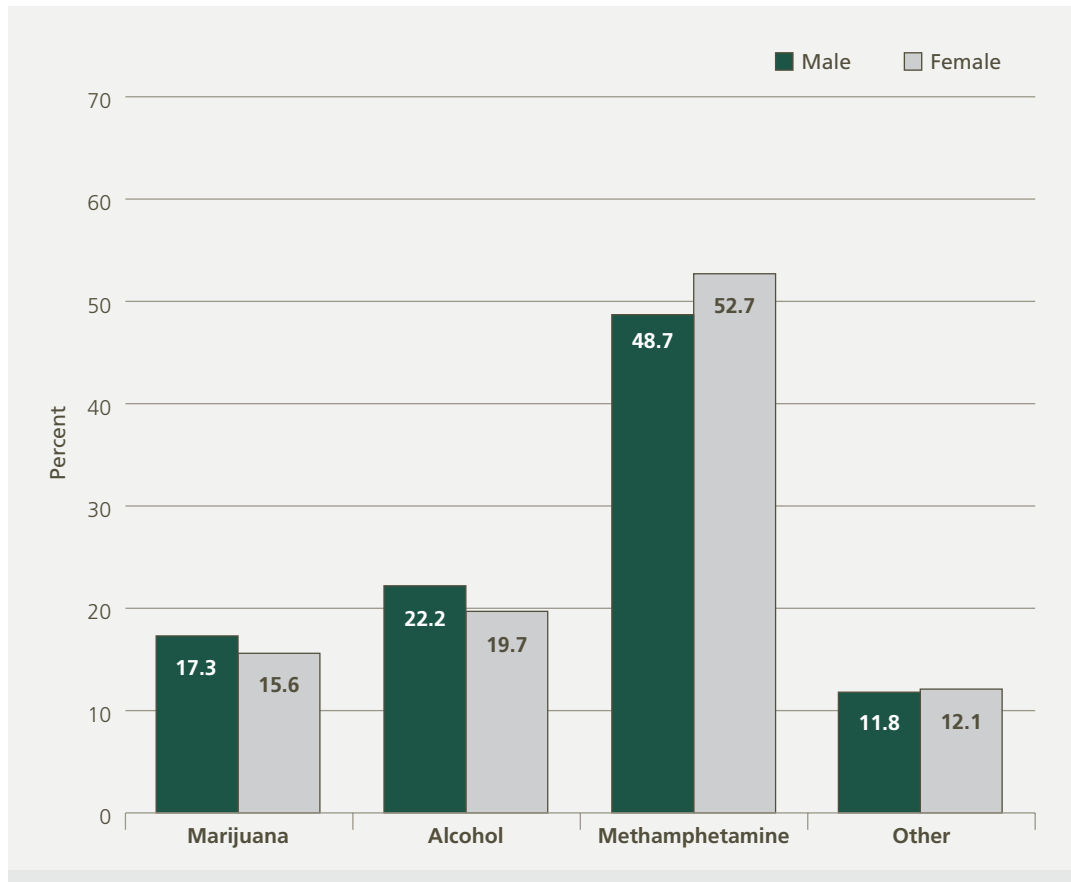


^a The sum of percentages ranges from 99.9% to 100.1% round up to the first decimal in each category.

^b The "Other" category includes cocaine/crack, heroin, and other drugs.

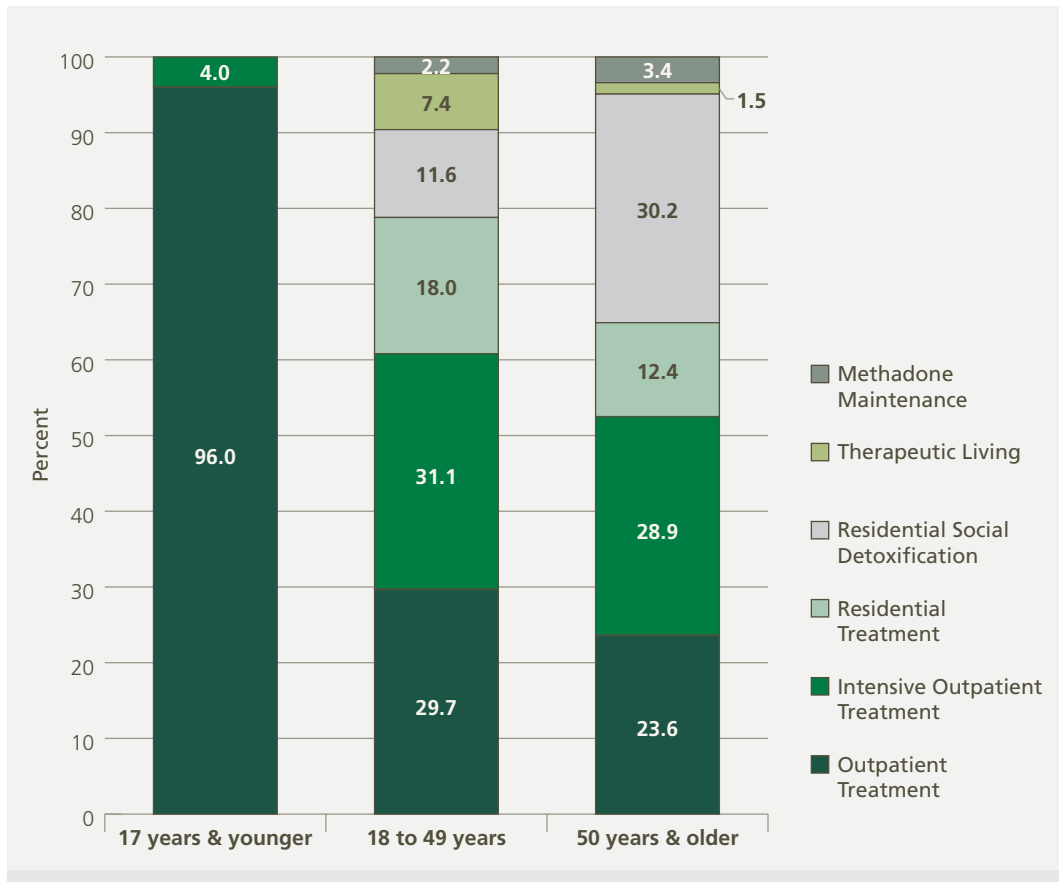
- ▶ For adults 50 years and older, alcohol was the most frequently used primary substance at the time of admission (43.7% - 58.1%), followed by methamphetamine (22.5% - 41.4%) across the five reporting years.
- ▶ Although this trend held across all reporting years, unlike previous years, in 2014, the differences between percentages of adults using methamphetamine and alcohol was minimal (43.7% reporting alcohol vs. 41.1% reporting methamphetamine). The percentage of older adults using methamphetamine as the primary substance has significantly increased from 22.5% in 2010 to 41.1% in 2014. In contrast, those using alcohol as the primary substance declined from 58.1% in 2010 to 43.7% in 2014.

FIGURE A-5.
Primary Substance Used at Admission for Individuals 18 to 49 Years by Gender, 2014



- ▶ The most frequently used substance at admission was methamphetamine for both males and females (48.7% and 52.7% of males and females, respectively), followed by alcohol (22.2% and 19.7% of males and females, respectively).
- ▶ Higher percentages of males reported alcohol and marijuana as the primary substance used at the time of admission compared to those of females (22.2% and 17.3% of males vs. 19.7% and 15.6% of females for alcohol and marijuana, respectively). In contrast, a higher percentage of females reported methamphetamine as the primary substance compared to that of males (52.7% of females vs. 48.7% of males).

FIGURE A-6.
Admissions by Modality of Services, 2014



- ▶ The relative share of different modalities of service differed by age group. Among adult admissions, more than half (63.0% and 55.9% of adults and older adults, respectively) received outpatient treatment from various outpatient modalities (i.e., Intensive Outpatient Treatment, Outpatient Treatment, and Methadone Maintenance programs). The remaining clients (37.0% and 44.1% of adults and older adults, respectively) were admitted to residential services (i.e., Residential Treatment, 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 Treatment programs).

TABLE A-2.
Funds Expended by Service Modality and Special Groups, 2010-2014^a

	2010	2011	2012	2013	2014
	\$ (%)	\$ (%)	\$ (%)	\$ (%)	\$ (%)
SERVICE MODALITY					
Residential Treatment	5,283,879 (32.6)	5,410,972 (31.9)	5,886,718 (32.7)	6,089,330 (34.3)	5,737,672 (33.0)
Intensive Outpatient Treatment	1,617,649 (10.0)	1,461,147 (8.6)	1,763,274 (9.8)	1,703,282 (9.6)	1,585,656 (9.1)
Outpatient Treatment	7,089,460 (43.7)	7,515,789 (44.3)	7,871,307 (43.8)	7,591,967 (42.7)	7,803,838 (44.9)
Therapeutic Living	1,410,840 (8.7)	1,656,304 (9.8)	1,571,215 (8.7)	1,492,921 (8.4)	1,317,357 (7.6)
Methadone Maintenance	436,329 (2.7)	498,189 (2.9)	459,668 (2.6)	463,335 (2.6)	529,122 (3.0)
Residential Social Detoxification	392,084 (2.4)	423,878 (2.5)	435,344 (2.4)	420,602 (2.4)	401,674 (2.3)
TOTAL	16,230,241	16,966,279	17,987,526	17,761,437	17,375,319
SPECIAL GROUPS^b					
Native Hawaiians	7,812,076 (48.1)	7,561,293 (44.6)	8,308,541 (46.2)	7,757,781 (43.7)	7,853,227 (45.2)
Residential PPWC	1,325,420 (8.2)	1,267,310 (7.5)	1,358,537 (7.6)	1,417,027 (8.0)	1,011,036 (5.8)
Therapeutic Living PPWC	697,283 (4.3)	877,891 (5.2)	825,045 (4.6)	751,150 (4.2)	768,279 (4.4)

^a Numbers were rounded to the nearest whole dollar.

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

- ▶ More than 17 million dollars in state and federal funds were expended for treatment services in 2014. Funds expended were relatively stable over five years, with the largest amount recorded in 2012. The funds increased from \$16,230,241 in 2010 to \$17,987,526 in 2012 and then slightly declined to \$17,375,319 in 2014.
- ▶ Across all five reporting years, the highest percentage of funds was expended on Outpatient Treatment (42.7% - 44.9%), followed by Residential Treatment (31.9% - 34.3%).
- ▶ Consistent across five years, about half of the total funds were spent on services for Native Hawaiians (43.7% - 48.1%). The amount of funds used for services to pregnant and parenting women with children (PPWC) were relatively stable from 2010 to 2013 (\$2,022,703 - \$2,183,582). In 2014, a lesser amount (\$1,779,315) was expended for services to PPWC.



In 2014, ADAD provided funds to 24 agencies that offered services to adults at 52 sites and to 10 agencies that provided services to adolescents at 107 sites. More than 17 million dollars in state and federal funds were expended for treatment services in 2014. A total of 3,929 clients were served in 2014.

Maila returned to thank the treatment service provider staff for their help and support. She was homeless and also on probation while in treatment, and experienced multiple diagnoses including substance abuse and depression.

Now she is working in customer service and living independently. She has sustained sobriety for several years and is off probation.

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Participating in treatment sessions provided Kai with an opportunity to talk about the issues that would challenge his sobriety.

He felt he was not able to discuss those issues with other people, especially his parents, but that treatment was a safe environment.

SECTION B

CLIENT CHARACTERISTICS

This section presents five-year trends for the total number of clients that ADAD-funded treatment agencies served⁴. 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 (and Percentage) of Clients by Age Group and County of Residence, 2010-2014

	2010	2011	2012	2013	2014
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
AGE GROUP					
Adolescents, 17 years and younger	1,968 (54.3)	2,014 (54.5)	1,950 (48.9)	2,051 (51.5)	2,065 (52.6)
Adults, 18 to 49 years	1,446 (39.9)	1,444 (39.1)	1,744 (43.7)	1,677 (42.1)	1,568 (39.9)
Older adults, 50 years and older	208 (5.7)	236 (6.4)	294 (7.4)	254 (6.4)	296 (7.5)
TOTAL	3,622	3,694	3,988	3,982	3,929
COUNTY OF RESIDENCE^a					
C&C of Honolulu	2,223 (61.5)	2,236 (60.9)	2,553 (64.5)	2,452 (62.2)	2,596 (66.5)
Hawai'i County	638 (17.6)	728 (19.8)	650 (16.4)	730 (18.5)	577 (14.8)
Maui County	509 (14.1)	516 (14.1)	562 (14.2)	539 (13.7)	519 (13.3)
Kaua'i County	245 (6.8)	190 (5.2)	196 (4.9)	220 (5.6)	210 (5.4)
TOTAL	3,615	3,670	3,961	3,941	3,902

^a Individuals from out-of-state were excluded: 7 in 2010, 24 in 2011, 27 in 2012, 41 in 2013 and 27 in 2014.

- ▶ A total of 3,929 clients were served in 2014. The number of total clients served was relatively stable from year to year, with a slight increase (8.0%) in number from 2011 to 2012.
- ▶ In 2014, the largest group of clients receiving services was adolescents (52.6%), followed by adults ages 18 to 49 (39.9%). The same trend was observed across all five reporting years.
- ▶ In 2014, the majority of clients came from the City & County of Honolulu (66.5%), followed by Hawai'i (14.8%), Maui (13.3%), and Kaua'i (5.4%) Counties. The same trend was observed across all reporting years.

⁴ 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.

TABLE B-2.
Socio-Demographic Characteristics of Clients at Admission to Services, 2010-2014

	2010	2011	2012	2013	2014
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
GENDER					
Male	2,167 (59.8)	2,251 (60.9)	2,459 (61.7)	2,482 (62.3)	2,372 (60.4)
Female	1,455 (40.2)	1,443 (39.1)	1,529 (38.3)	1,500 (37.7)	1,557 (39.6)
TOTAL	3,622	3,694	3,988	3,982	3,929
ETHNICITY^a					
Hispanic ^b	467 (12.9)	520 (14.1)	520 (13.1)	529 (13.3)	511 (13.0)
Hawaiian	1,623 (44.8)	1,575 (42.7)	1,719 (43.1)	1,645 (41.3)	1,636 (41.7)
Caucasian	688 (19.0)	693 (18.8)	759 (19.0)	686 (17.2)	642 (16.3)
Filipino	379 (10.5)	369 (10.0)	405 (10.2)	408 (10.2)	408 (10.4)
Japanese ^c	135 (3.7)	140 (3.8)	156 (3.9)	154 (3.9)	147 (3.7)
Samoan	115 (3.2)	143 (3.9)	138 (3.5)	138 (3.5)	156 (4.0)
Black	87 (2.4)	94 (2.5)	113 (2.8)	121 (3.0)	101 (2.6)
Portuguese	27 (0.7)	44 (1.2)	27 (0.7)	35 (0.9)	44 (1.1)
Mixed, Not Hawaiian	75 (2.1)	83 (2.3)	104 (2.6)	107 (2.7)	89 (2.3)
Other Pacific Islander	214 (5.9)	260 (7.1)	286 (7.2)	348 (8.7)	378 (9.6)
Other ^d	279 (7.7)	286 (7.8)	280 (7.0)	340 (8.5)	326 (8.3)
TOTAL^e	3,622	3,687^f	3,987^f	3,982	3,927^f

Table B-2. (continued)

	2010	2011	2012	2013	2014
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
EMPLOYMENT STATUS					
Employed	238 (6.6)	223 (6.0)	234 (5.9)	272 (6.8)	228 (5.8)
Unemployed/looking for work in the past 30 days/laid off	701 (19.4)	721 (19.5)	851 (21.3)	815 (20.5)	714 (18.2)
Student	2,084 (57.5)	2,180 (59.0)	2,157 (54.1)	2,220 (55.8)	2,233 (56.8)
Other ^g	583 (16.1)	559 (15.1)	730 (18.3)	650 (16.3)	719 (18.3)
Unknown	16 (0.4)	11 (0.3)	16 (0.4)	25 (0.6)	35 (0.9)
TOTAL	3,622	3,694	3,988	3,982	3,929

^a Ethnicity information was collected in two separate ways: first by asking clients to identify if they were Hispanic or not, and then clients were asked to select 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.

^b There were missing cases in the Hispanic category for 6, 3, 7, 4, and 13 individuals in 2010, 2011, 2012, 2013, and 2014, respectively. As a result, the total numbers in the Hispanic category are different from the total numbers presented in this table. The total numbers for the Hispanic category are 3,616; 3,691; 3,981; 3,978; and 3,916 in 2010, 2011, 2012, 2013, and 2014, respectively. The percentages of Hispanic were calculated based on the Hispanic-specific total numbers presented in this footnote.

^c Japanese includes Okinawan.

^d There were 56, 50, 52, 69, and 39 cases classified as unknown in 2010, 2011, 2012, 2013, and 2014, respectively. These cases were included in the "Other" ethnicity category. "Other" includes American Indian, Aleutian/Eskimo, Asian (other than Filipino and Japanese), other, and unknown.

^e Because of the duplicated count of Hispanic, the count was excluded from the total.

^f There were missing cases in the Ethnicity category for 7, 1, and 2 individuals in 2011, 2012, and 2014, respectively.

^g The "Other" category includes homemakers, retirees, disabled individuals, inmates in institutions, and others not in the labor force.

- ▶ In 2014, there was a higher percentage of males among clients receiving treatment services (60.4% male vs. 39.6% female). The same trend was observed in 2010 to 2013.
- ▶ From 2010 to 2014, the largest group of clients who received treatment services each year was Hawaiians (41.3% - 44.8%), followed by Caucasians (16.3% - 19.0%), together making up around three-fifths of all clients (58.0% - 63.8%). Filipinos were the third largest group that received services (10.0% - 10.5%).
- ▶ Among those who received services in 2014, approximately one-fourth (24.0%) were in the labor force: employed (5.8%) and unemployed/looking for work (18.2%). This was a slightly lower percentage than in previous years (25.6% - 27.3%). The majority of clients (75.1%) were not in the labor force: students (56.8%) and other (18.3%).

TABLE B-3.
Clients with Special Conditions at Admission to Services, 2010-2014

	2010	2011	2012	2013	2014
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
SPECIAL CONDITION^a					
Homeless ^b	366 (10.1)	394 (10.7)	441 (11.1)	411 (10.3)	380 (9.7)
Pregnant	41 (1.1)	39 (1.1)	29 (0.7)	28 (0.7)	42 (1.1)
Methadone cases	12 (0.3)	8 (0.2)	19 (0.5)	9 (0.2)	44 (1.1)
Clients with five or more prior treatment episodes	24 (0.7)	34 (0.9)	35 (0.9)	34 (0.9)	41 (1.0)
Psychiatric problem in addition to alcohol/drug problem ^c	287 (7.9)	318 (8.6)	439 (11.0)	417 (10.5)	444 (11.3)

^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 or parents.

^c Information is unknown for 26.4% to 31.8% of clients across the five reporting years.

- ▶ In 2014, the two most prevalent special conditions among clients who received treatment services were 1) psychiatric problem in addition to alcohol/drug problem (11.3%), and/or 2) homelessness (9.7%). These were the two most prevalent special conditions across all five reporting years.
- ▶ About 1% or less of the clients were pregnant (0.7% - 1.1%), methadone cases (0.2% - 1.1%) and/or had five or more prior treatment episodes (0.7% - 1.0%) across the five reporting years.

Ben is an addict who was suffering from multiple issues including substance abuse, depression, and other mental disorders.

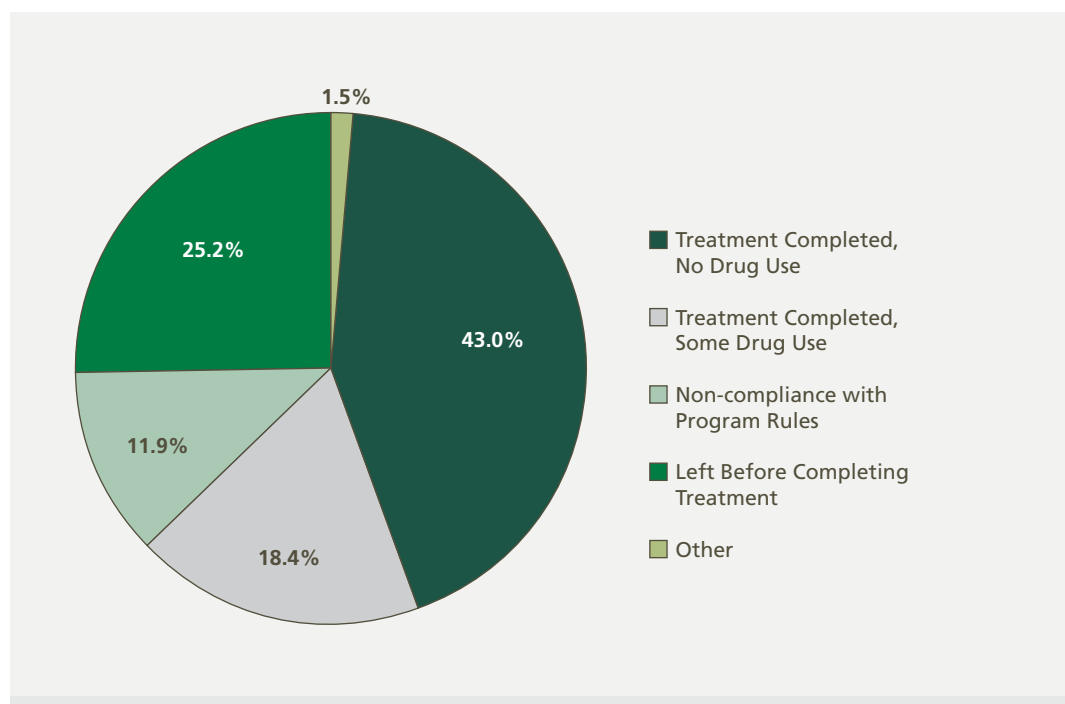
After following through with therapy and medication management, he has sustained over five years sobriety and regularly attended 12 step meetings. He is working and plans to live with his child.

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^{5,6}.

FIGURE C-1.
Types of Treatment Service Discharge, 2014

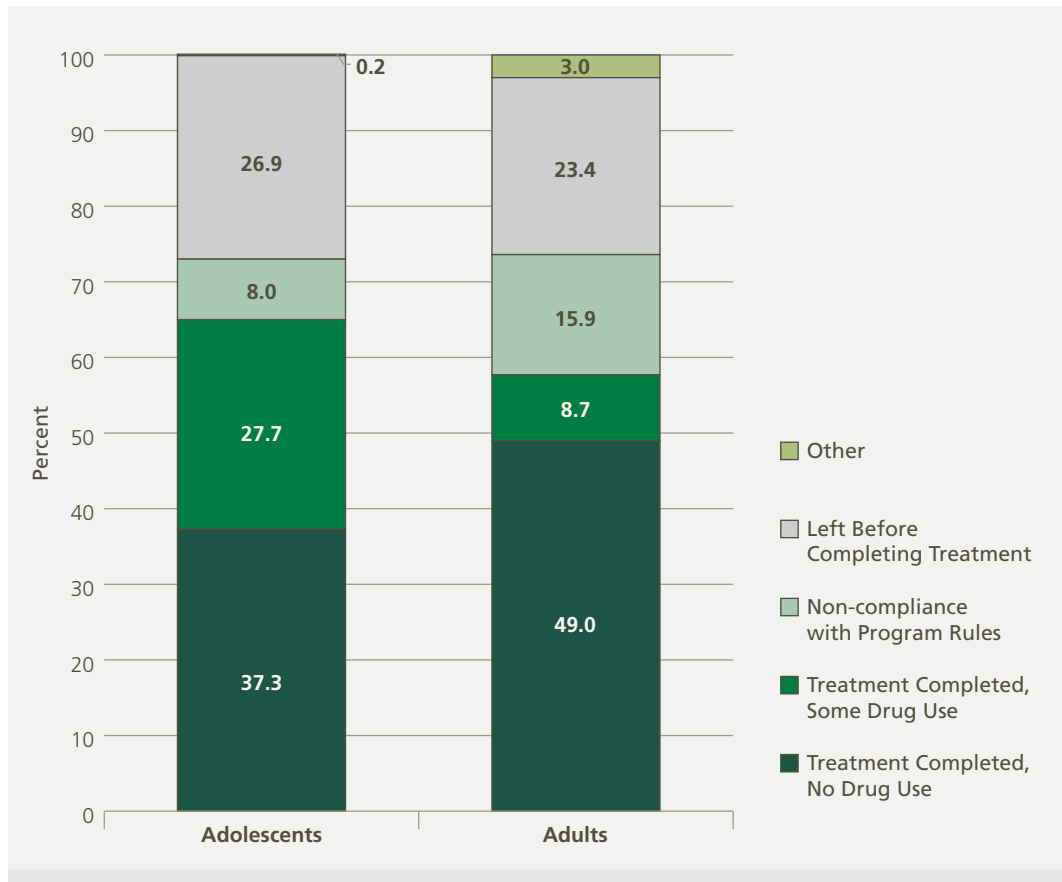


- ▶ In 2014, a total of 5,109 cases were either discharged from treatment services (3,754 cases) or transferred to a different level of care for continued treatment in the same or another agency (1,355 cases).
- ▶ Among the 3,754 total discharged cases, about three-fifths of discharged clients (61.4%) completed treatment with no drug use (43.0%) or with some drug use (18.4%). About one-fourth (25.2%) left treatment before completion and 11.9% of clients were discharged due to non-compliance with program rules. A very small percentage of clients (1.5%) were in the “Other” category; they were incarcerated, died while receiving treatment, or were discharged for medical reasons.

⁵ 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.

⁶ There were 58 discharge cases reported under Day Treatment. Because Day Treatment programs were no longer funded by ADAD, they were excluded from this report. About 85% of those Day Treatment cases were classified as being transferred within/outside the treatment facility, and the remainder were classified as being discharged.

FIGURE C-2.
Types of Treatment Service Discharge by Age Group, 2014^{a,b,c}



^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.

^c "Other" includes incarceration, death, and discharge due to medical reasons.

- ▶ Some differences between adolescents (1,921 clients) and adults (1,833 clients) were observed in the patterns of discharge. Adults were more likely than adolescents to complete treatment with no drug use (49.0% of adults vs. 37.3% of adolescents) and be discharged due to non-compliance with program rules (15.9% of adults vs. 8.0% of adolescents). In contrast, compared to adults, adolescents were more likely to complete treatment with some drug use (27.7% of adolescents vs. 8.7% of adults).

TABLE C-1.
Types of Treatment Service Discharge or Transfer by Service Modality, 2014

Types of Treatment Service Discharge or Transfer														
SERVICE MODALITY	Treatment Completed, No Drug Use		Treatment Completed, Some Drug Use		Transferred Within/Outside Facility ^a		Non-compliance with Program Rules		Left Before Completing Treatment		Other ^b		Total ^c	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Residential Treatment	90	17.1	0	0.0	326	62.1	37	7.0	66	12.6	6	1.1	525	100.0
Intensive Outpatient Treatment	97	10.5	13	1.4	466	50.4	155	16.8	167	18.1	26	2.8	924	100.0
Outpatient Treatment	950	31.9	673	22.6	484	16.2	218	7.3	631	21.2	23	0.8	2,979	100.0
Therapeutic Living	74	36.5	3	1.5	66	32.5	27	13.3	33	16.3	0	0.0	203	100.0
Methadone Maintenance	1	5.6	1	5.6	8	44.4	1	5.6	4	22.2	3	16.7	18	100.0
Residential Social Detoxification	403	87.6	1	0.2	5	1.1	7	1.5	44	9.6	0	0.0	460	100.0
TOTAL	1,615	31.6	691	13.5	1,355	26.5	445	8.7	945	18.5	58	1.1	5,109	100.0

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

^b "Other" includes those clients that were incarcerated, died, or discharged due to medical reasons.

^c Percentages may not add to 100 due to round up to the first decimal in each category.

- ▶ Among the total discharged and transferred cases in 2014, the percentage of clients who completed treatment with no drug use was highest among the Residential Social Detoxification programs (87.6%), followed by the Therapeutic Living programs (36.5%), and the Outpatient Treatment programs (31.9%). Further, the Outpatient Treatment programs had the highest percentage of clients who completed treatment with some drug use (22.6%).
- ▶ More than half of clients in Residential Treatment and Intensive Outpatient Treatment programs were transferred (62.1% and 50.4%, respectively).
- ▶ Among the modalities of treatment, the Intensive Outpatient Treatment programs had the highest percentage of clients who were discharged due to non-compliance with program rules (16.8%), followed by Therapeutic Living programs (13.3%).

TABLE C-2.
Client Status Six Months after Discharge by Age Group, 2010-2014

STATUS AT FOLLOW UP ^a	Adolescents, 17 Years and Younger					Adults, 18 Years and Older				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Attending school	1,259 (97.8)	1,241 (98.6)	1,174 (98.4)	1,151 (97.7)	1,051 (98.6)	NA	NA	NA	NA	NA
Employed part time/full time	NA	NA	NA	NA	NA	484 (64.6)	377 (66.8)	368 (66.5)	394 (65.1)	327 (68.7)
No arrests since discharge	1,191 (92.5)	1,146 (91.1)	1,081 (90.6)	1,076 (91.3)	989 (92.8)	694 (92.7)	516 (91.5)	464 (83.9)	515 (85.1)	422 (88.7)
No substance use in 30 days prior to follow-up	696 (54.1)	707 (56.2)	656 (55.0)	678 (57.6)	647 (60.7)	522 (69.7)	373 (66.1)	393 (71.1)	401 (66.3)	341 (71.6)
No new substance abuse treatment	1,092 (84.8)	1,037 (82.4)	994 (83.3)	1,015 (86.2)	899 (84.3)	598 (79.8)	412 (73.0)	431 (77.9)	469 (77.5)	390 (81.9)
No hospitalization	1,245 (96.7)	1,204 (95.7)	1,138 (95.4)	1,138 (96.6)	1,029 (96.5)	712 (95.1)	523 (92.7)	518 (93.7)	547 (90.4)	448 (94.1)
No emergency room visits	1,216 (94.5)	1,181 (93.9)	1,110 (93.0)	1,099 (93.3)	1,006 (94.4)	693 (92.5)	513 (91.0)	507 (91.7)	530 (87.6)	430 (90.3)
No psychological distress since discharge	1,002 (77.9)	1,026 (81.6)	1,021 (85.6)	985 (83.6)	912 (85.6)	635 (84.8)	455 (80.7)	438 (79.2)	477 (78.8)	397 (83.4)
Stable living arrangements	1,261 (98.0)	1,237 (98.3)	1,170 (98.1)	1,153 (97.9)	1,050 (98.5)	669 (89.3)	481 (85.3)	463 (83.7)	519 (85.8)	412 (86.6)
TOTAL^b	1,287	1,258	1,193	1,178	1,066	749	564	553	605	476

^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.

- ▶ In 2014, among the discharged adolescents with follow-up data, nearly all were in stable living arrangements (98.5%), attended school (98.6%), and had not been hospitalized (96.5%). At the time of follow-up, most had had no emergency room visits (94.4%), had not been arrested (92.8%), and had not received new substance treatment (84.3%) since discharge. The large majority of discharged adolescents (85.6%) had not suffered psychological distress. In addition, about three-fifths (60.7%) of adolescents had not used any substances in the 30 days prior to follow-up.
- ▶ Among the adults who were successfully followed up in 2014, almost all (94.1%) had no hospitalizations since discharge. A great majority had also had stable living arrangements, and had no emergency room visits and no arrests since discharge (86.6%, 90.3%, and 88.7%, respectively). Additionally, the large majority reported no psychological distress (83.4%) and had not received new substance abuse treatment (81.9%) at the time of follow-up. More than two-thirds of adult clients had not used any substances in the last 30 days (71.6%) and were employed (68.7%).

ADAD-FUNDED TREATMENT AGENCIES, 2014

Agencies Offering Services to Adults

Action with Aloha
Alcoholic Rehabilitation Services of Hawai'i, Inc. (ARSH) dba Hina Mauka
Aloha House, Inc.
Big Island Substance Abuse Council (BISAC)
Bridge House, Inc.
Care Hawaii, Inc.
Child and Family Service
Family Court – First Circuit
Ho'omau Ke Ola
Ka Hale Pomaika'i
Kline-Welsh Behavioral Health Foundation dba Sand Island Treatment Center
Ku Aloha Ola Mau (formerly DASH)
Malama Na Makua A Keiki
Mental Health Kokua
Ohana Makamae, Inc.
Oxford House, Inc.
Po'ailani, Inc.
The Institute for Human Services
The Queen's Medical Center
The Salvation Army dba The Salvation Army – Addiction Treatment Services (ATS)

The Salvation Army dba The Salvation Army – Family Treatment Services (FTS)
Waianae Coast Community Mental Health Center
Waikiki Health Center
Women in Need

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 Hawaii, Inc.
Coalition for a Drug Free Hawaii
Hale Ho'okupa'a
Maui Youth and Family Services, Inc
Ohana Makamae, Inc.
The Institute for Family Enrichment
Young Men's Christian Association (YMCA)

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