



State of Washington
Legislative Budget Committee

Drug and Alcohol Abuse Programs

Report 95-15

December 14, 1995

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for persons with disabilities.*

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DRUG AND ALCOHOL ABUSE PROGRAMS

Summary

This study was conducted in response to legislative concerns over the effectiveness and impacts of substance abuse programs, which received appropriations of \$230 million for the 1995-97 Biennium.

It reviewed the state's drug and alcohol abuse goal setting, strategy development, and resource allocation processes; assessed if state programs are affecting the overall incidence and impact of substance abuse; and also reviewed the performance measures and outcomes for four major programs administered by the state Division of Alcohol and Substance Abuse (DASA).

Some state goals for reducing substance abuse do exist. However, neither these goals nor the several recommended strategies to reduce substance abuse are ranked by priority or linked to expected outcomes. This makes it more difficult for policy makers to decide which programs to fund.

Research on the effects of programs on overall substance abuse rates is very limited and inconclusive. Such research does not exist at the state level and would involve significant cost to conduct. Some national studies suggest that the general decline in drug and alcohol abuse in the 1980s was due to changes in public attitudes affected by prevention and treatment efforts and new policies towards drug abuse. Others contend that demographic factors also were primary influences.

Performance data and evaluations for selected programs within DASA show some success in the treatment of clients. Studies of treatment groups (as applicable) show improvement in employment

Overview

Policy makers need better information

Recommendations: action by Governor's Council on Substance Abuse

and earnings, reductions in crime, improved birth outcomes and improved school performance. However, performance standards are needed to ensure meaningful assessment of effectiveness.

More effective state planning and better information about intended outcomes are needed to assist lawmakers in making funding and policy decisions. The report recommends that the legislature direct the Governor's Council on Substance Abuse to: (1) develop a common set of substance abuse reduction goals for the state, (2) identify policy and funding priorities for strategies and programs, and (3) submit a prioritized list of research requests to the legislature. DASA is asked to develop performance standards for its programs.

BACKGROUND

Legislative Concerns

This study of the state's drug and alcohol abuse programs was in response to legislative concerns about the overall effectiveness of state programs in reducing substance abuse. Legislators told us they were interested in knowing whether individual programs funded with public moneys are effective in producing relevant outcomes for their target populations.

Significant Health Problem with High Economic Cost

Substance abuse is recognized as a significant health problem in this country and in Washington State. According to a recent study, the economic costs of drug and alcohol abuse in this state was estimated to be at least \$1.8 billion for 1990.

Quarter of Billion Dollars Appropriated for 1995-97

The legislature has appropriated \$230 million (both state and federal funds) for drug and alcohol abuse programs for the 1995-97 biennium. Of this, the Violence Reduction and Drug Enforcement Account-State currently provides \$88 million. The federal government contributes over 40 percent of the funding, amounting to almost \$100 million for the biennium. Approximately 70 percent

of the total dollars are appropriated to DASA for treatment and prevention programs.

INCIDENCE AND TRENDS

National Data

At the national level, the percentage of illicit drug users among the population has not changed since 1992. This follows more than a decade of decline since the peak year for illicit drug use, which was 1979. However, between 1992 and 1994, the rate of marijuana use among youths 12-17 years old nearly doubled. Adolescent use had declined from 1979 to 1992. Alcohol abuse is still, by far, the major substance abuse problem.

Marijuana
use among
teens
doubled
since 1992

State Data

We currently do not have longitudinal state data, similar to the federal data, on the overall rates of drug and alcohol abuse. Information is available, however, on the people who obtained publicly-funded treatment from 1991 to 1994. During this timeframe, the following changes in the reported primary drug of use were noted:

- Among adults, treatment for alcohol declined (from 83 to 65 percent), while treatment for heroin and cocaine increased (from 5 to 12 percent for heroin; from 7 to 12 percent for cocaine).
- Among youths, treatment for alcohol has declined (from 63 to 48 percent), but treatment for marijuana use has increased (from 24 to 40 percent).

GOALS, STRATEGIES, AND RESOURCE ALLOCATION

Gaps in Planning and Resource Allocation Process

As part of this study, we examined the extent to which state goals and strategies are developed and, in fact, address the issues of substance abuse incidence and trends. We found gaps between state planning efforts and the actual funding of programs.

State Health Policy Agencies

State law set out processes for establishing overall state health policy and goals, including those relating to substance abuse. The principal entities involved are the Department of Health (DOH) and the state Board of Health (BOH). Additionally, the governor reestablished, through a 1994 executive order, the Governor's Council on Substance Abuse. The mission of the council is to develop recommendations for a state and local strategy on substance abuse and also to review and develop recommendations regarding state, local and federal funding of substance abuse programs.

Goals Adopted but Need Means for Accomplishment

The state has two, apparently parallel, health policy documents which include numerous strategies for substance abuse reduction: the DOH's Public Health Improvement Plan (PHIP) (for local health jurisdictions) and the BOH's State Public Health Report (for state agencies).

The state adopted specific goals relating to reducing substance abuse for the first time as part of approving the PHIP in 1995. Also, various state agencies have developed recommended strategies to reduce substance abuse. However, the state does not have a means to prioritize those strategies and programs for funding and identify which strategies are most suited to meet statewide goals.

Planning models suggested by the Washington Performance Partnership (WPP) and government accountability laws progress sequentially from goals and mission statements to the articulation of strategies, performance measures, operational outcomes, and performance standards. This report found that these kinds of linkages are not present among existing plans for the treatment and reduction of substance abuse.

Legislative Direction Could Assist

The report recommends that the legislature consider directing the Governor's Council on Substance Abuse to work with state and local agencies to develop a common set of substance abuse reduction goals and to identify policy and funding priorities for strategies and

Linkages
needed

for programs. This effort would reaffirm the state's goals for reducing substance abuse. Further, by assigning priorities to the strategies recommended by the state health policy agencies, the council could assist the legislature in deciding which programs to fund.

PERFORMANCE MEASURES AND OUTCOMES

A primary concern legislators expressed to us was whether substance abuse programs were having an effect. This interest involves two key questions: (1) Have programs had any overall impact on reducing the incidence of substance abuse in this state? and (2) What are the programs' results or outcomes?

Research on Impacts Relative to Incidence and Prevalence is Limited

We sought to determine whether substance abuse programs were having an effect on reducing the incidence of abuse and achieving positive results or outcomes. What we found was that research on the effects of programs on substance abuse rates is very limited and inconclusive.

We could find no research linking state substance abuse programs to reductions in the overall incidence and impact of drug and alcohol abuse. Some national studies suggest that the general decline in drug and alcohol use in the 1980s was due to changes in public attitudes affected by prevention and treatment efforts and new policies towards drug abuse. Others contend that demographic factors, such as the aging of the baby boomer population, also were primary influences.

DASA's Performance Measures

DASA has developed performance measures, but not performance standards or targets, for its major programs. DASA's performance measures track both incidence of substance abuse (reduction of use) and impacts (improvement in health, increased employment, and reduced crime). Also, the measures appear to be more comprehensive than others used elsewhere in the country.

Programs show some success, but more data and research needed

Because DASA has only one year's data on program measures, no comparative analysis of performance is yet possible. The data can only be considered baseline for future analyses. Furthermore, it cannot be compared to planned performance because no targets for the measures were established.

Program Evaluations Indicate Some Success

DASA has conducted evaluations on the outcomes for four of its major programs which show that they are successful in providing treatment to clients and gaining some positive outcomes for the individuals served. For the most part, outcome evaluations of individual programs do not occur at other state agencies.

Additional Data and Performance Standards

Still, much more could be known about substance abuse programs. DASA has begun to collect baseline data on its performance measures, but more data is needed before an analysis can occur. This report encourages DASA to continue its data collection efforts and recommends that it establish performance standards for all of its programs. In doing so, DASA will establish tools by which it (and others) can better assess program effectiveness.

Research Needs

Research needs in the area of substance abuse are ongoing. More information about the outcomes achieved by programs and strategies is necessary to assist lawmakers in making funding and policy decisions. With sufficient data and performance measurement, the legislature will be able to assess more fully which programs achieve performance goals such as reducing substance abuse, improving health, fostering employment, and lowering crime.

At present, no single agency establishes a statewide research agenda or research priorities regarding substance abuse. We believe that with the funding of programs, there are certain expectations by lawmakers for information about program accomplishments and cost effectiveness. However, there is no mechanism for articulating these kinds of information needs.

Council Should Develop Research Priorities

Because the Governor's Council on Substance Abuse can act as a forum for coordinating the achievement of state goals and strategies, we recommend that the legislature direct the council to submit a prioritized request for research studies on substance abuse as part of the budget process. This would highlight for the legislature the research activities it may wish to consider for funding. The legislature should consider giving this charge to the council, either as a legal mandate or as a budget proviso.

AGENCY RESPONSE

We received responses from the Office of Financial Management and the Division of Alcohol and Substance Abuse, Department of Social and Health Services. They concur with the recommendations. The text of their responses is included in Appendix 2 of this report.

Agencies
concur

ACKNOWLEDGMENTS

We wish to acknowledge the valuable cooperation and assistance of the personnel in the Division of Alcohol and Substance Abuse, Department of Social and Health Services; Office of the Superintendent of Public Instruction, Department of Health; Board of Health; Office of the Governor; Department of Community, Trade and Economic Development and researchers at the University of Washington.

This study was conducted by Gerry McLaughlin, Principal Management Auditor, under the supervision of Ron Perry, Staff Coordinator.

Cheryle A. Broom
Legislative Auditor

On December 14, 1995, this report was approved by the Legislative Budget Committee and its distribution authorized.

*Senator Al Bauer
Chair*

RECOMMENDATIONS

Summary

Recommendation 1

The legislature should consider directing the Governor's Council on Substance Abuse to work with state and local agencies involved in substance abuse prevention and treatment to develop a common set of substance abuse reduction goals.

Legislation Required:	Yes
Fiscal Impact:	None
Completion Date:	1996 Legislative Session

Recommendation 2

In order to meet state goals for reducing substance abuse, the legislature should consider directing the Governor's Council on Substance Abuse to identify policy and funding priorities for strategies and for programs. The council should communicate those priorities to the legislature through the governor's biennial budget request.

Legislation Required:	Yes
Fiscal Impact:	None
Completion Date:	1996 Legislative Session

Recommendation 3

The Division of Alcohol and Substance Abuse should develop performance standards for its programs as appropriate.

Legislation Required:	No
Fiscal Impact:	None
Completion Date:	July 1, 1997

Recommendation 4

The legislature should consider directing the Governor's Council on Substance Abuse to submit a prioritized list of substance abuse research requests to the legislature through the governor's biennial budget request. The council should work with state and local agencies and research professionals in developing those research priorities.

Legislation Required:	Yes
Fiscal Impact:	None
Completion Date:	1996 Legislative Session

BACKGROUND

Chapter One

Substance abuse is recognized as a significant health problem in this country and in Washington State. According to a study for the year 1990, the economic costs/impacts for drug and alcohol abuse in this state was estimated to be at least \$1.8 billion for that year.

This study of Washington State's drug and alcohol abuse programs was initiated by legislative concerns about the overall effectiveness of state programs in reducing the incidence and impact of substance abuse on the citizens of this state. The primary focus of the study was to review the state's substance abuse goal setting, strategy development, and resource allocation processes; to determine if state programs are affecting the overall incidence and impact of substance abuse; and to review the performance measures and outcomes for four major programs of the Division of Alcohol and Substance Abuse in the Department of Social and Health Services (DSHS).

Overview

INTRODUCTION—STATEMENT OF PROBLEM

Number One Health Problem

Substance abuse is recognized as a significant health problem in this country and in Washington State. According to a study by the Institute for Health Policy at Brandeis University, it is the number one health problem:

There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health

condition. Of the two million U.S. deaths each year, more than one in four is attributable to alcohol, illicit drug or tobacco use.¹

In this state, an estimated \$1.8 billion in economic costs were incurred in 1990 as a result of substance abuse, according to a 1993 report prepared by University of Washington researchers for the Division of Alcohol and Substance Abuse (DASA), DSHS. That report indicates that alcohol abuse accounted for about 60 percent of those costs.

STATE RESPONSE

Over the last several years, the state has used both state and federal funding to support various types of programs aimed at treatment and prevention of substance abuse.

Key Enactments

Legislature responds with Omnibus Drug Act

In 1989, the legislature significantly expanded this state's drug and alcohol programs (both enforcement and prevention/intervention-treatment activities) with the enactment of the Omnibus Alcohol and Controlled Substances Act, more commonly known as the Omnibus Drug Act (ODA). The act also created a dedicated funding stream (the drug enforcement and education account) for these programs based on increased taxes on cigarettes, wine, and beer, plus a new tax on carbonated beverages. In November 1994, the electorate, in approving Referendum 43, voted to continue tobacco and beverage taxes to fund these programs.

Drug and Alcohol Abuse Programs

State agencies operate a full spectrum of substance abuse programs. DASA has primary responsibility for treatment and prevention programs. Additional programs range from Prevention and Early Intervention and Security in Schools programs administered by the Office of Superintendent of Public Instruction (OSPI), to treatment for inmates at the state's correctional facilities. The Department of Community, Trade and Economic Development

¹Institute for Health Policy, Brandeis University, *Substance Abuse: The Nations Number One Health Problem—Key Indicators for Policy*, 1993.

(DCTED) has responsibility for administering and passing through the federal Byrne Grant funds which involve such programs as Youth Violence Prevention and Drug Prosecution Assistance. Additionally, DCTED administers the Community Mobilization Program.

Funding for Programs

The legislature has appropriated \$230 million (both state and federal) for drug and alcohol abuse programs for the 1995-97 Biennium. State funding, which includes \$88 million in revenue from the Violence Reduction and Drug Enforcement Account-State, constitutes almost 60 percent of the funding for these substance abuse programs this biennium.

The balance, almost \$100 million in federal revenue, constitutes over 40 percent of total available funding. These funds are for programs which federal officials deem priorities such as drug free schools, treatment, and various justice assistance grants for investigation and apprehension of drug traffickers.

Appendix 3 is a table showing state agency substance abuse program funding for the 1995-97 Biennium, by fund source. It is important to note that DASA receives about three-quarters of the biennial appropriations for substance abuse programs. Also, this table includes only appropriated funds and does not include local dollars.

LEGISLATIVE CONCERNS AND ISSUES

Members of the legislature have expressed concerns about the overall effects of state programs in reducing the incidence and impact of substance abuse on the citizens of this state. In addition, they are interested in whether individual programs funded with public moneys are effective in producing positive outcomes for their target populations.

In recent years, the Legislative Budget Committee (LBC) conducted limited evaluations of some of the programs expanded or created (and funded) in the ODA. Also, it has monitored the implementation of other ODA-funded programs.

Quarter
billion
dollars
appropriated
for 1995-97

Legislators
concerned
about
effectiveness
of state
programs

This report is a follow-up review of some of the earlier work done by LBC. The committee's primary concerns were whether these programs were having any impact on the overall incidence and impact of substance abuse, and whether available performance data could demonstrate program effectiveness.

STUDY APPROACH

This study looked at recent research on the subject of substance abuse trends and programs, at both national and state levels. It also examined existing information on the efficacy of some of the key programs funded through DASA, because DASA administers nearly three-quarters of all federal and state money appropriated for substance abuse programs.

We also examined the goal-setting and planning processes by which the state develops strategies for dealing with abuse problems and funding programs. This involved review of relevant reports, meeting minutes, and other documentation, as well as extensive interviews with key staff.

We conducted a literature search of relevant research on substance abuse issues, performance measures, and outcome data. We also consulted experts in this field and surveyed selected states. Further, we examined reports and research studies conducted on behalf of DASA regarding program effectiveness.

It was not our intent in this review to conduct a comprehensive performance audit of DASA. As such, the review did not look in detail at administration or contracting processes, nor did it attempt to assess the effectiveness of individual programs or treatment models.

Review was based on existing documentation and data

SUBSTANCE ABUSE INCIDENCE AND TRENDS

Chapter Two

This chapter presents information regarding the rate of substance abuse (incidence) and available trend data. It shows that although the overall rate of substance abuse is about the same as in recent years, the abuse of marijuana among youths and of alcohol by adults is increasing. Adult treatment for heroin and cocaine abuse is also rising.

Overview

NATIONAL INCIDENCE

The federal government's Public Health Service prepares an annual report on substance abuse trends.¹ The report for the year 1994 shows that 5.8 percent of the household population (age 12 and older) use illicit drugs. While this figure has changed little since 1992, it is quite a bit lower than the 13.7 percent reported in 1979.

Other highlights of the survey are worth noting here:

- Illicit drug use by youths 12-17 years old increased from 6.6 to 9.5 percent between 1993 and 1994.
- The use of marijuana by that age group has almost doubled in the last two years, reversing a previous downward trend.
- Alcohol use is rising among adults and has stabilized among youths, after declining since 1979.

Recent trends

¹ U.S. Department of Health and Human Services, Public Health Service, *Preliminary Estimates from the 1994 National Household Survey on Drug Abuse*, 1995. Household population does not include persons in prisons and institutions.

STATE INFORMATION

State information is limited

We currently do not have longitudinal state data, similar to the federal data, on the overall rates of drug and alcohol abuse.

DASA publishes an annual report on selected substance abuse trends² in Washington. The data sets used in the report are currently being updated and, for the most part, are not available. Two updated data sets which are available, for those obtaining publicly funded treatment from 1991 to 1994, indicate the following changes in the reported primary drug of use:

- Among **adults**, treatment for alcohol declined (from 83 to 65 percent), while treatment for heroin and cocaine increased (from five to 12 percent for heroin; from 7 to 12 percent for cocaine).
- Among **youths**, treatment for alcohol has declined (from 63 to 48 percent), but treatment for marijuana use has increased (from 24 to 40 percent).

Still pending are the results of two other in-state surveys: A "household survey" on overall substance abuse rates and a survey of school-age youths.

² The report "Tobacco, Alcohol & Other Drug Trends in Washington State" contains selected national and state trends, e.g., Alcohol Related Motor Vehicle Accidents, Rate of Deaths related to Cirrhosis of Liver, Drug Related Death Rate.

GOALS, STRATEGIES, AND RESOURCE ALLOCATION

Chapter Three

As part of this study, we examined the extent to which state goals and strategies are developed and address the issues of abuse incidence and trends. During the initial phase of this study, we became aware of potential gaps between planning efforts by the state and the actual funding of programs.

As part of approving the Public Health Improvement Plan (PHIP) in 1995, the state adopted specific goals relating to reducing substance abuse for the first time. Also, various state agencies have developed recommended strategies to reduce substance abuse. The state, however, does not have a means to prioritize those strategies and programs for funding or to identify which strategies are most suited to meet statewide goals.

Planning models, such as those suggested by the Washington Performance Partnership and government accountability laws, progress sequentially from goals and mission statements to the articulation of strategies (including programs and funding allocations), performance measures, operational outcomes, and performance standards. This report found that these kinds of linkages are not present among existing plans for the treatment and reduction of substance abuse.

POLICY AND STRATEGY DEVELOPMENT BY STATE AGENCIES

The principal entities involved in articulating state goals and strategies regarding substance abuse are the Department of Health (DOH) and the state Board of Health (BOH). State law sets out

Overview

Two primary planning efforts

processes for establishing overall state health policy and goals, including those relating to substance abuse.

In addition to DOH and BOH, the Governor reestablished, through a 1994 executive order, the Governor's Council on Substance Abuse. The mission of the council is to develop recommendations for a state and local strategy on substance abuse, and also to review and develop recommendations regarding state, local, and federal funding of substance abuse programs.¹

Department of Health (DOH)

The DOH, in collaboration with BOH, local health jurisdictions, and other public and private groups, was mandated by the Health Services Act of 1993 to develop a (PHIP). The plan establishes specific capacity standards for the improvement of public health activities, with a focus on the official public health system which includes DOH, BOH, and the 33 local health jurisdictions. The legislature approved implementation of the plan through a 1995 enactment.

Until the plan, there were no specific statewide goals (targets) for reductions in substance abuse. The PHIP includes several substance abuse goals for the year 2000, such as reductions in liver cirrhosis deaths, alcohol-related motor vehicle deaths, drug-related deaths, violent crime offenses, and chemical misuse among teenagers. The plan also describes a series of steps or strategies which may be taken to achieve these goals; however, the strategies are not given a priority ranking.

Statewide goals adopted in 1995

Each biennium, DOH is to assess the capacity of local public health jurisdictions to achieve these targets and report on their accomplishments. The first report by DOH on accomplishments will be published in late 1996, in the second biennial PHIP report.

Board of Health (BOH)

The BOH is mandated to provide a forum for developing public health policy in the state. Statutes also require the BOH to prepare

¹ Executive Order 95-01, February 22, 1995. Prior orders were: Governor's Alliance Against Drugs—EO 87-02 and EO 88-05; Governor's Council on Substance Abuse—EO 89-02, EO 91-03 and EO 94-09.

a State Public Health Report (SPHR) which outlines health priorities for an ensuing biennium.²

The Board's 1994 report contains recommendations for substance abuse reduction strategies, but these may have limited utility. They do not include quantified reduction targets. Nor are the strategies prioritized or linked to specific agency programs, performance measures, or the funding of those programs.

Nevertheless, state law requires that after approval by the Governor, the BOH recommendations be used by the state health care agencies in preparing agency budgets and executive request legislation. Staff of the Office of Financial Management (OFM) told us that, if this is occurring, it is being done only on an informal basis.

Governor's Council on Substance Abuse

The council's main function, as previously noted, is to develop recommendations for a state and local strategy on substance abuse, including funding and policy setting. In addition, the council fulfills a federal funding requirement that each state establish a drug and violent crime policy board to serve as a forum for communication and to provide a structure for coordination of planning.

To date, the council has developed recommendations. Yet, the recommendations do not identify state goals or relate to an outcome-based planning and implementation process discussed later in this report.

COORDINATION OF PLANS AND POLICIES

The state has two, apparently parallel, health policy documents which include numerous strategies for substance abuse reduction: the PHIP (for local health jurisdictions), and the SPHR (for state agencies).

Work of
Governor's
Council still
in progress

State has
numerous
substance
abuse
strategies

²The report is similar to the Healthy People 2000 federal project, which compiles national health goals for the year 2000.

The table below highlights the differences between the two approaches.

	<i>Public Health Improvement Plan (Dept. of Health)</i>	<i>State Public Health Report (Bd. of Health)</i>
State goals for substance abuse	Yes (applies to local jurisdictions)	No*
Targets for substance abuse reduction	Yes (applies to local jurisdictions)	No
Strategies for substance abuse reduction	Yes (applies to local jurisdictions)	Yes (applies to state agencies)
Prioritization of goals, targets, or strategies	No	No

*Note: The report contains two general goals: "Reduce the misuse of alcohol and other drugs," and "Reduce tobacco use and exposure to secondhand smoke."

Relationships among substance abuse strategies are not clear

It is not clear how the goals/targets and strategies in the DOH/PHIP relate to the strategies included in the BOH/SPHR report for implementation by state agencies, especially for those state agencies which fund services at the local level, such as DASA. Moreover, because the PHIP goals relate primarily to local health jurisdictions, some might claim that the goals do not apply to state agencies. It should be noted that the PHIP under the heading, The Next Public Health Improvement Plan states that *The Department of Health and the State Board of Health should determined the need for a single biennial public health document . . .*

Other Coordination Activities

There are a few mechanisms for the coordination of substance abuse programs.

The Washington Interagency Network (WIN) is an informal, ad hoc consortium of state agencies which fund substance abuse reduction activities. According to participants, WIN provides a forum for discussion and for development of joint activities among these agencies, e.g., research efforts.

Local coordination efforts include the Community Mobilization Program, which is funded through DCTED and intended to serve as a catalyst for local cooperation and operation for joint substance abuse programs, and the Driving Under the Influence (DUI) Task Forces, which are sponsored by the Traffic Safety Commission. Additionally, under state law, each county has an advisory board responsible for assisting their alcoholism and drug addiction coordinators in conducting needs assessments and developing a prevention and treatment plan.

Most recently as part of the Violence Prevention Act in 1994, the legislature created community networks, with oversight by the Family Policy Council, to coordinate and provide local programs to reduce violence and abuse among youths. Networks are underway but their relationship to specific substance abuse reduction programs is unclear at this time.

NEED TO SET POLICY AND FUNDING PRIORITIES

One Set of Goals for State

In order to eliminate possible confusion about and to promote common focus on what the state substance abuse reduction goals are, or should be, it would appear advisable for the state to recognize a single set of specific goals. We believe that the activities of DOH and BOH regarding their respective constituencies would benefit from using the same set of goals. It is our understanding that BOH is not currently planning to adopt quantified targets for substance abuse reduction. The BOH, however, is planning to assign specific strategies to particular state agencies in its next public health report .

Legislative Policy Clarification

To ensure some sort of uniformity of direction among state and local health planning efforts to reduce substance abuse, legislative clarification would seem desirable. A first step would be the recognition of what this state's substance abuse reduction goals are. Then, if the legislature sees a need for specific, quantified

Need to eliminate possible confusion among state's substance abuse goals

reduction targets, it can direct their development and implementation. We suggest that the legislature give direction to the Governor's Council on Substance Abuse to work with other agencies in the development of a common set of state goals. The council appears to be the most appropriate executive entity with the authority/responsibility for doing this.

Funding Priorities

Both the PHIP and SPHR contain lengthy listings of substance abuse reduction strategies which carry no priority ranking. Given limited resources at both state and local levels, policy makers at any level would benefit from information on the expected outcomes of specific strategies, and the identification of those that might be most cost-effective.

This information would appear to be even more crucial in light of anticipated decreases in federal funding for substance abuse programs now pending in Congress. The Governor's Council on Substance Abuse could provide a needed service in this regard.

Opportunities for the Governor's Council

The Governor's Council on Substance Abuse has responsibility to develop recommendations for funding and policy on substance abuse. We believe it could fulfill that role by building on the work of DOH's PHIP and BOH's SPHR. On one level, it could reaffirm the state's goals for reducing substance abuse. Further, it could assign priorities to the strategies already recommended by these agencies. Those priorities could assist the legislature in deciding which programs to fund. It would also serve to highlight additional research needs.

Planning and performance models developed by the Washington Performance Partnership (WPP) and government accountability laws would be useful if applied to this process. These models progress sequentially from goals and mission statements to the articulation of strategies (including programs and funding allocations), performance measures, operational outcomes and performance standards. The partnership can provide examples of successful planning approaches and how to link them to program operations.

**Governor's
Council
could
propose
funding
priorities**

Recommendation 1

The legislature should consider directing the Governor's Council on Substance Abuse to work with state and local agencies involved in substance abuse prevention and treatment to develop a common set of substance abuse reduction goals.

Recommendation 2

In order to meet state goals for reducing substance abuse, the legislature should consider directing the Governor's Council on Substance Abuse to identify policy and funding priorities for strategies and for programs. The council should communicate those priorities to the legislature through the governor's biennial budget request.

PERFORMANCE MEASURES AND OUTCOMES

Chapter Four

As part of this study, we sought to determine whether substance abuse programs were having an effect on reducing the incidence of abuse and achieving positive results or outcomes. What we found was that research on the effectiveness of programs on overall substance abuse rates is very limited and inconclusive.

Evaluations of individual programs seldom occur except for those funded through the Division of Alcohol and Substance Abuse (DASA). Studies of four major programs in DASA show that they are successful in providing treatment to clients and gaining some positive outcomes for the individuals involved.

Still, much more could be known about substance abuse programs. DASA has begun to collect baseline data on its performance measures, but more data is needed before an analysis of impacts can occur. This report encourages DASA to continue its data collection efforts, and to establish performance standards and outcomes for all of its programs.

Research needs in the area of substance abuse are ongoing. More information about the achievement of program outcomes and strategies is necessary to assist lawmakers in making funding and policy decisions. Because the Governor's Council on Substance Abuse can act as a forum for coordinating the achievement of state goals and strategies, we recommend that the legislature direct the council to submit a prioritized request for research studies on substance abuse as part of the budget process. This would highlight for the legislature the research activities it may wish to consider for funding.

With sufficient data and performance measurement, the legislature will be able to assess more fully which programs achieve performance

Overview

More
research
needed

goals such as reducing substance abuse, improving health, fostering employment, and lowering crime.

INTRODUCTION

Legislators
want to
know
whether
programs
are working

A primary concern legislators expressed to us was whether substance abuse programs were having an effect. This interest involves two key questions: (1) Have programs had any overall impact on reducing the incidence of substance abuse in this state? and (2) What are the programs' results or outcomes? To answer these questions, we looked at the available research and other relevant data.

EFFECTS OF PROGRAMS ON OVERALL RATES OF SUBSTANCE ABUSE

We could find no research linking state substance abuse programs to reductions in the overall incidence and impact of drug and alcohol abuse. However, we have been told that this type of research at the state level would involve significant cost. Some national studies suggest that the general decline in drug and alcohol use in the 1980s was due to changes in public attitudes affected by prevention and treatment efforts, and new policies towards drug abuse. Others contend that demographic factors, such as the aging of the baby boomer population, also were primary influences.

Minimal
research
available on
overall
impacts

OVERVIEW OF DASA AND ITS AUTHORITY

The Division of Alcohol and Drug Abuse (DASA) is a division of the Department of Social and Health Services (DSHS). It was created in 1972 to conduct, coordinate, and contract for substance abuse programs across the state. DASA's enabling legislation provides broad direction and authority for the division to establish a comprehensive program for the treatment of alcoholics and other drug addicts. DASA also has major involvement in the coordination of other statewide substance abuse programs such as those administered by OSPI, DCTED and, starting July 1, 1995 took over administration of the Juvenile Structured Residential Program.

DASA's funding for the 1995-97 Biennium is \$166 million. This funding includes almost \$10 million for OSPI's Prevention and Intervention Program which is included in DASA's budget to maximize federal matching funds.

DASA has developed performance measures for its programs, and it has contracted for evaluations of many of them as discussed below.

DASA has developed performance measures

PERFORMANCE MEASURES/ STANDARDS AND PROGRAM EVALUATIONS

To better understand the relationship between resources and results, it is helpful to distinguish the difference between performance measures and performance standards. According to the federal General Accounting Office (GAO), performance measures are

... a composite of key indicators of a program's or activity's inputs, outputs, outcomes, productivity, timeliness, and/or quality. They are means of evaluating policies and programs by measuring results against agreed upon program goals or standards.¹

Performance standards express an accepted or optimal level of performance by which to judge actual performance.

DASA's Performance Measures

The Division of Alcohol and Substance Abuse has developed performance measures, but not performance standards, for its major programs. We reviewed the performance measures for the following programs which have received much legislative attention:

ADATSA: (Alcoholism and Drug Addiction Treatment and Support Act). (Current funding \$40 million). This program was created in 1987 to provide both treatment and shelter to unemployable chronic indigent alcoholics and drug addicts. Prior to ADATSA's creation people who were disabled due to alcoholism and or drug addiction could qualify for direct cash grants from the General Assistance Unemployable (GAU) program.

¹ GAO, *Program Performance Measures*, GGS-92-65, 1992.

DETOX: (Current funding \$10.7 million). Detox is a process wherein the client is medically or otherwise “detoxified” prior to any ongoing treatment. Before the establishment of the detox program in 1975, chronic street inebriates ended up in emergency rooms or city jail drunk tanks. Legislative concerns regarding this programs involved the high cost for “revolving door clients”.

Youth Assessment and Treatment: (Current funding \$16.6 million). This treatment program targeted at youth was established statewide as a result of enactment of the Omnibus Drug Act (ODA) in 1989. It made youth and children a priority population to receive services.

Substance Abusing Pregnant and Parenting Women: (Current funding \$14.5 million). The ODA also designated substance abusing pregnant and parenting women as a priority population for receiving treatment.

Below is a listing of the major performance measures for each of these four programs:

<u>Program</u>	<u>Performance Measures</u>
ADATSA	Reduction in Alcohol and Other Drug Use Improvement in Health Reduced Crime Improved Employment and self-sufficiency
DETOX	Increased Accessibility to Treatment Reduced Rate of Incarceration
YOUTH ASSESSMENT AND TREATMENT	Reduction in Alcohol and Other Drug Use Improvement in Health Reduced Crime Improved Social Supports Improved School Performance
SUBSTANCE ABUSING PREGNANT AND PARENTING WOMEN	Reduction in Alcohol and Other Drug Use Improvement in Maternal Health Improvement in Infant Health Reduced Crime Improved Employment and self-sufficiency

In order to assess the adequacy of the performance measures, we consulted the Alcohol and Drug Abuse Institute at the University of Washington. The director of the institute reviewed DASA's performance measures at our request, and concluded that they represent "a relatively comprehensive and multidimensional approach to outcome assessment."

DASA's performance measures track both incidence of substance abuse (reduction of use), and impacts (improvement in health, increased employment, and reduced crime). However, only one year's data is currently available. Therefore, that data can only be considered baseline for future analyses. They cannot be compared to planned performance because no targets for the measures were established.

DASA Program Evaluations

DASA has conducted or contracted for evaluations of a number of its programs over the last few years. These evaluations generally do not relate program objectives to state goals and strategies, but rather assess specific outcomes for individual clients based on the purposes of the specific programs. Of interest to the study team were the studies which reviewed the four programs discussed here.

The first study reviewed the outcomes for indigent persons served by Washington State's Alcoholism and Drug Addiction Treatment and Support Act (ADATSA). According to DASA, the study results suggest that the program is cost-effective in that "for most patients, the cost of treatment appeared to pay for itself in reduced medical assistance, income assistance, and inpatient treatment re-entry costs within two to three years."

The second study was a review of the King County DETOX program. This study, which was conducted by the Alcohol and Drug Abuse Institute at the University of Washington, led to recommendations to develop a new county plan to use more economical alternatives to medical detox.

The third study was an evaluation entitled, "Substance Abuse, Treatment and Birth Outcomes for Pregnant and Postpartum Women in Washington State," conducted by the Office of Research

One year's data can only be considered baseline

DASA evaluations show some program success

and Data Analysis/DSHS for DASA. This report suggests that prenatal substance abuse treatment improves infant health and reduces subsequent medical costs, and also documents the negative impacts of substance abuse on mothers, and subsequently, their children.

A fourth study, "Outcome Study of Youth Treatment in Washington State," is still in progress. DASA believes the preliminary data shows that treatment outcomes are very promising at this time.

Comparisons to Other States

The study team conducted a literature search and also contacted staff members from the University of Washington's Institute of Drug and Alcohol Abuse in attempting to identify recognized "National Benchmarks" for the conduct of substance abuse programs. We also contacted the National Institute for Drug Abuse (NIDA) Public Health Service. Although the NIDA has sponsored research and collected outcome data from time to time, they have not adopted or recommended any outcome standards for drug and alcohol programs. Both entities suggested that we look to other states, both for outcome measures and data related to those measures.

In looking for other states' performance measures and data, we surveyed 11 states which supposedly conduct ongoing performance data collection activities based on published information.² Six states which responded reported having performance measures similar to, but less detailed than, those used in Washington.

Unlike many states, Washington collects performance data on an ongoing basis. Unfortunately, comparable cost and outcome data were not available from other states except, to some extent, in Oregon.

The information provided by Oregon shows that Washington is performing similarly to or better than Oregon on select outcome measures. Also, the costs for services provided by Washington appear equal to or somewhat lower than the cost of similar services in Oregon.

² Those states were California, Iowa, Maine, Massachusetts, Minnesota, New Jersey, Nevada, Ohio, Oregon, Rhode Island, and Texas.

Comparable
data not
readily
available
from other
states

Conclusions

Overall, Washington appears to be ahead of other states in the number of performance measures it uses, as well as in the ongoing manner in which it collects data for the reviewed programs. However, since DASA currently has only one year's worth of data from an acknowledged limited sample, no comparative analysis of performance is yet possible.

DASA has conducted outcome evaluations on selected programs noted above. In general, they show that these programs are successful in providing treatment to and gaining some positive outcomes for the individuals involved.

The apparent lack of comparable outcome and cost data or performance/outcome standards currently precludes DASA from assessing its performance relative to similar programs in other states. The Center for Substance Abuse Treatment/Public Health Service, along with DASA and its peer agencies in other states, is working toward a protocol to enable states to collect and share treatment program outcome data on a comparable basis.

We continue to encourage DASA to develop performance standards for its programs. In doing so, DASA will establish a tool by which it (and others) can better assess program effectiveness. Standards provide a point of reference by which to compare and evaluate the actual performance (effectiveness and efficiency) of programs from year to year. We believe DASA should continue to collect outcome data. That data will not only provide information about the effects of programs, but will also facilitate the development of performance standards.

Recommendation 3

The Division of Alcohol and Substance Abuse should develop performance standards for its programs as appropriate.

RESEARCH NEEDS

As noted above, there is inadequate information by which policy makers can assess whether legislative appropriations for substance

Washington
is ahead of
other states

Need for
performance
standards
for DASA's
programs

abuse programs are achieving state goals or reducing the incidence of abuse overall.

Little research on overall impacts

Little research exists on the impact of programs in this state on reducing substance abuse overall. In addition, only a limited number of program evaluations are available. As a result, one can obtain some information on the effect of individual programs on clients, but one cannot determine what program impacts there are beyond that. Other than the program evaluations conducted by DASA, we encountered only some limited program implementation reviews conducted by OSPI and DCTED and a 1987 "cost-effectiveness evaluation" of the Treatment Alternatives to Street Crime (TASC) conducted for the Administrator for the Courts.

Research resources do exist. For example, University of Washington's Alcohol and Drug Abuse Institute, funded in part through taxes on liquor, conducts research on substance abuse. Also, at the University, researchers in the Social Development Research Group in the School of Social Work are developing a model for substance abuse prevention.

Need to develop research priorities

At present, there is no agency which establishes or coordinates a research agenda or research priorities regarding substance abuse. DASA does have an internal subcommittee of its Citizens' Advisory Council on Alcoholism and Drug Addiction which provides advice and guidance on its research efforts. This group includes nationally recognized researchers from the federal Veterans Administration, University of Washington, Washington State University, and other universities.

The legislature has expressed interest in knowing what programs work and their impacts. However, there is no mechanism for articulating these kinds of information needs.

Earlier in this report, we suggested that the Governor's Council on Substance Abuse coordinate goal setting and strategic planning efforts. We suggest that it is similarly appropriate for the council to serve as a forum by which policy research needs can be developed, prioritized, and communicated to the legislature. The legislature should consider giving this charge to the council, either as a legal mandate or as a budget proviso.

As part of the Governor's request budget, this process would provide the legislature with more information in making funding decisions about substance abuse research.

Recommendation 4

The legislature should consider directing the Governor's Council on Substance Abuse to submit a prioritized list of substance abuse research requests to the legislature through the governor's biennial budget request. The council should work with state and local agencies and research professionals in developing those research priorities.

SCOPE AND OBJECTIVES

Appendix 1

SCOPE

This study reviewed state administered drug and alcohol abuse programs supported by appropriated funds, with a focus on those programs administered by the Division of Alcohol and Substance Abuse (DASA) within the Department of Social and Health Services. DASA administers approximately 70 percent of state and federal funding for such programs.

OBJECTIVES

1. To develop a comprehensive inventory of state drug and alcohol abuse programs and their funding sources.
2. To analyze existing data and research to determine whether they show any effect of the state's drug and alcohol abuse programs on the incidence and impact of substance abuse within the state of Washington.
3. To assess the adequacy of current performance measures for state drug and alcohol abuse programs, especially those within DASA.
4. To determine the extent to which DASA can demonstrate the effectiveness of its drug and alcohol abuse programs.
5. Using a review of the literature and a survey of other states, compare the performance and effectiveness of DASA's drug and alcohol programs to other states' performance measures and data for effectiveness and cost for substance abuse programs.

AGENCY RESPONSE

Appendix 2

- **Office of Financial Management**
- **Division of Alcohol and Substance Abuse,
Department of Social and Health Services**



STATE OF WASHINGTON
OFFICE OF FINANCIAL MANAGEMENT

Insurance Building, PO Box 43113 • Olympia, Washington 98504-3113 • (360) 753-5459

November 28, 1995

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LEGISLATIVE
BUDGET COMM

Cheryle A. Broom
Legislative Auditor
Legislative Budget Committee
506 East 16th Street
PO Box 40910
Olympia, Washington 98504-0910

Dear Ms. Broom:

Thank you for the opportunity to respond to the LBC's preliminary report on Drug and Alcohol programs. The Office of Financial Management (OFM) has also reviewed the preliminary report with the Office of the Governor.

Both the Governor's Office and OFM concur with each of the recommendations made in the report. The Governor's Council on Substance Abuse will be most effective by working with state and local agencies on the development of goals and research priorities. The policy and funding priorities of the Council should also be considered through the Governor's biennial budget request.

Each of the report recommendations and the OFM position are listed on the enclosed chart.

Sincerely,

Ruta Fanning
Director

Enclosure



**Summary of OFM Response to LBC Preliminary Report:
Drug and Alcohol Abuse Programs**

Recommendation	OFM Position
1. The Legislature should consider directing the Governor's Council on Substance Abuse to work with state and local agencies involved in substance abuse prevention and treatment to develop a common set of substance abuse reduction goals.	Concur
2. In order to meet state goals for reducing substance abuse, the legislature should consider directing the Governor's Council on Substance Abuse to identify policy and funding priorities for strategies and for programs. The council should communicate those priorities to the legislature through the Governor's biennial budget request.	Concur
3. The Division of Alcohol and Substance Abuse should develop performance standards for its programs as appropriate.	Concur
4. The legislature should consider directing the Governor's Council on Substance Abuse to submit a prioritized list of substance abuse research requests to the legislature through the Governor's biennial budget request. The council should work with state and local agencies and research professionals in developing those research priorities.	Concur



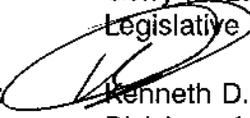
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NOV 16 1995
LEGISLATIVE
BUDGET COMM

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia WA 98504-5000

November 15, 1995

TO: Gerry McLaughlin
Legislative Budget Committee

FROM:  Kenneth D. Stark, Director
Division of Alcohol and Substance Abuse

SUBJECT: **PRELIMINARY REPORT RESPONSE**

This memorandum is the official response of the Division of Alcohol and Substance Abuse to "Recommendation Number 3" contained in the Legislative Budget Committee report entitled "Drug and Alcohol Abuse Programs: Preliminary Report" dated November 8, 1995.

Recommendation Number 3 states:

The Division of Alcohol and Substance Abuse should develop performance standards for its programs as appropriate.

Response:

The Division of Alcohol and Substance Abuse (DASA) concurs with the recommendation to develop performance standards. DASA will work closely with our Research Advisory Committee, federal funding agencies, the Governor's Council on Substance Abuse, and other stakeholder groups to establish appropriate performance standards by July 1, 1997. This will allow adequate time to develop additional baseline and trend data to facilitate setting reasonable standards since there are no national performance standards we can draw from.

DASA would also like to express our appreciation to LBC staff Gerry McLaughlin and Ron Perry for their recognition that DASA "appears to be ahead of other states in the number of performance measures it uses, as well as in the ongoing manner in which it collects data". DASA staff have worked hard with appropriate stakeholder groups to develop and implement low cost outcome evaluations. And, we're proud of the significant number of positive outcomes achieved given the severity of problems presented by consumers receiving services from public funded alcohol/drug treatment programs.

KDS:lw

cc: Lyle Quasim, Assistant Secretary
Sherry McNamara, Legislative Relations

Appendix 3

1995-97 Biennium Appropriations for Drug and Alcohol Abuse Programs, by Agency and Fund Source

AGENCY	<i>DASA</i>	<i>Child and Family Services</i>	<i>Juvenile Rehabilitation</i>	<i>Dept of Health</i>	<i>SPI</i>	<i>Admin for the Courts</i>
FUND SOURCE						
General Fund-State	\$16,935,000		\$4,200,000			
General Fund-Federal	\$76,400,000		\$100,000	\$2,999,772	\$5,786,704	
Violence and Drugs	\$71,900,000	\$5,719,000	\$2,834,000	\$125,000	\$3,122,000	
Other Funds-State	\$969,000			\$1,412,000		\$6,510,000
Other Funds-Federal						
BIENNIAL TOTAL	\$166,204,000	\$5,719,000	\$7,134,000	\$4,536,772	\$8,908,704	\$6,510,000

AGENCY	<i>CTED</i>	<i>Dept. of Corrections</i>	<i>State Patrol</i>	<i>CJTC</i>	<i>Traffic Safety Commission</i>	<i>Liquor Control Board</i>	<i>TOTAL</i>
FUND SOURCE							
General Fund-State		\$4,191,121	\$4,055,000			\$423,311	\$29,804,432
General Fund-Federal	\$11,808,352		\$1,295,000				\$98,389,828
Violence and Drugs	\$3,907,000	\$800,000		\$344,000			\$88,751,000
Other Funds-State			\$879,000		\$1,100,000		\$10,870,000
Other Funds-Federal					\$1,545,710		\$1,545,710
BIENNIAL TOTAL	\$15,715,352	\$4,991,121	\$6,229,000	\$344,000	\$2,645,710	\$423,311	\$229,360,970

Does not include local funds.