

Alcohol and Drug Treatment Services

2000|2003|2006

Provided by the Alcohol and Drug Abuse Division (ADAD)
Hawai'i Department of Health



Executive Summary

This report on alcohol and drug treatment services, clients, and outcomes presents information from Hawai'i agencies providing alcohol and drug treatment services that are funded by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health. It encompasses data from state fiscal years 2000, 2003, and 2006 and is the first treatment services report developed for the public.

Over the six-year period 2000 to 2006, there were increases in the availability of treatment services, public funds expended on services, and clients who received services. The number of juveniles 17 years or younger who received services increased considerably. There was also an upward trend in methamphetamine, or "ice," as the primary substance used at the time of admission to treatment services among adults 19 to 49 years old.

In 2006, ADAD provided funds to 18 agencies that offered treatment services to adults at 40 sites in the state's four counties. ADAD also funded eight agencies that offered treatment for juveniles at 65 sites, which were primarily located on school campuses. Since 2000, adult treatment sites increased by more than 20%, while juvenile sites increased by more than 80%.

There were over 4,400 treatment admissions in 2006, an increase of more than 20% from admissions in 2000. Adults comprised about 60% of all admissions, and individuals who resided in the City and County of Honolulu made up a similar percentage. Almost half of the total state admissions came from self-referrals, and more than a quarter came from the criminal justice system and drug court. Residential services—Residential, Therapeutic Living, and Residential Social Detoxification Programs—had a slightly larger share of adult admissions than the outpatient services—Day Treatment, Intensive Outpatient, Outpatient Treatment, and Methadone Maintenance Programs. In contrast, almost all juvenile admissions were from the Outpatient Treatment Programs. The primary substance used at admission varied by age group: marijuana was used by the majority of juveniles, "ice" by adults 18 to 49 years old, and alcohol by adults 50 years of age or older. From 2000 to 2006, increasingly more adults 18 to 49 years primarily used "ice" versus other substances at admission: the rate doubled for men and increased by about 50% for women.

Fifteen million dollars in state and federal funds allocated to ADAD were expended for treatment services in 2006, more than 1.5 times the amount for 2000. Of the total funds, about 35% was spent on Native Hawaiians and about 15% was used for services to pregnant and parenting women with children. Among the modalities of service, the greatest proportion of funds was expended for Residential Programs, followed by Outpatient Treatment Programs.

During the six-year period covered by this report, the number of unduplicated clients who received treatment services increased by more than 20%, to more than 3,000 individuals in 2006. Clients 17 years or younger experienced the greatest increase and comprised the majority group among treatment clients in 2006. In the same year, there were more male than female clients, and a majority of all clients were Native Hawaiians. Over 10% of the clients were experiencing one or more of the following special conditions at admission: homelessness, unemployment, or psychiatric problem.

More than 4,000 client cases were discharged in 2006. These cases include a duplicated count of clients who were admitted prior to or during 2006. Among these discharged cases, about 30% completed treatment with no drug use, with the highest rate in the Residential Social Detoxification Programs, followed by the Therapeutic Living Programs. Other major reasons for discharge included leaving the program before completing treatment or transferring within or outside the facility, each of which accounted for around 20% of all discharged cases.

Data on the status of clients six months after discharge were successfully collected in 2006 for 860 juveniles and 700 adults. For both juveniles and adults, about 80% had no arrests. Similar percentages reported no emergency room visits and stable living arrangements. About half of the total discharged clients did not use any substance in the month prior to follow-up. Almost all of the discharged juveniles were attending school, but only about half of the adults were employed.

Overview

Although treatment for substance abuse has been provided in Hawai'i for many years, information regarding these services has not been systematically collected and presented. This report addresses that deficit by presenting an overview of the treatment services available, the clients who receive treatment, and outcomes of treatment in our state. The report was developed by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health (DOH) in collaboration with the University of Hawai'i's Center on the Family. The data in the report focus on treatment services provided during state fiscal years 2000, 2003, and 2006 and were obtained from agencies which received state and federal funds from ADAD. The report does not include data relating to treatment services provided by non-ADAD-funded agencies. We hope the information in the report increases the knowledge and understanding of an important subject and leads to improved services for those afflicted by substance abuse.

Treatment Services Provided

ADAD is the primary and often the sole source of public funds for substance abuse prevention and treatment services in Hawai'i, and 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 criteria¹ 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 current Federal Poverty Level Standards, and clients must have no other form of insurance coverage for substance abuse treatment. Priority admissions are given to pregnant and parenting women with children (PPWC) and injection drug users (IDUs).

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

- **Residential Programs:** 24-hour, non-medical, non-acute care in a licensed residential treatment facility that provides support, typically for more than 30 days, for persons with substance abuse problems. These programs consist of 25 hours per week of face-to-face activities including individual and group counseling, education, skill building, recreational therapy, and family services.
- **Day Treatment Programs:** treatment services provided in half- or full-day increments, regularly scheduled for 20 to 25 hours of face-to-face activities per week including individual and group counseling, education, skill building, and family services. Clients participate in a structured therapeutic program while remaining in the community.
- **Intensive Outpatient Programs:** outpatient alcohol and/or other drug treatment services provided for at least three or more hours per day for three or more days per week including individual and group counseling, education, skill building, and family services.

¹ As defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, of the American Psychiatric Association (1994).

- **Outpatient Treatment Programs:** non-residential, comprehensive services for individuals, groups, and families, provided from one to eight hours per week for adults and adolescents with substance abuse problems.
- **Therapeutic Living Programs:** structured, licensed, therapeutic living programs for individuals who desire clean and sober housing and are currently enrolled in, are transitioning to, or during the past six months have been clinically discharged from a substance abuse treatment program.

In addition, ADAD provides the following special services:

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

Agencies and Treatment Sites

ADAD-funded treatment services are available in all of the state's four counties (see Table 1). In 2006, ADAD provided funds to 18 agencies that offered services to adults at 40 sites and to 8 agencies that provided services to juveniles at 65 sites (see backcover for the list of agencies). These latter sites were primarily located on middle- and high-school campuses. Even though the number of agencies serving adults and juveniles in the state was mostly unchanged between 2000 and 2006², the number of sites increased during the same period: 21.2% for adults and 80.6% for juveniles.

² The total number of ADAD-funded agencies providing services to adults is 17, 17, and 18 for state fiscal years 2000, 2003, and 2006, respectively. The same number for services to juveniles is 8, 9, and 8 for 2000, 2003, and 2006, respectively.

Table 1. Number and Location of ADAD-Funded Treatment Sites, 2000, 2003, and 2006

County	No. of Treatment Sites for Juveniles ^a			No. of Treatment Sites for Adults ^b		
	2000	2003	2006	2000	2003	2006
C&C of Honolulu	20	21	27	22	22	24
Hawai'i County	4	4	20	5	9	9
Maui County	9	9	12	4	5	5
<i>Maui</i>	<i>8</i>	<i>8</i>	<i>10</i>	<i>2</i>	<i>3</i>	<i>3</i>
<i>Lāna'i</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
<i>Moloka'i</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>
Kaua'i County	3	3	6	2	2	2
Total	36	37	65	33	38	40

^a The treatment sites include school-based and facility-based sites. In 2006, the City & County of Honolulu and Maui County each had one facility-based treatment site for juveniles.

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

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, 1999 to June 30, 2000 for fiscal year 2000. Due to a lack of data comparability, treatment services data before 2000 are not included in this report.

Note that for *admission data*, every admission is considered as a separate count, and there is no differentiation between clients admitted once or more than once 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.

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.

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

SECTION A Services Offered and Funds Expended

This section presents information on the total number of treatment admissions³ during state fiscal years 2000, 2003, and 2006. It also presents information on the admissions relating to age, county of residence, month of admittance, referral source, service modality, and primary substance used when admitted. In addition, there is summary information on the funds expended by different modalities of services and for special client groups.

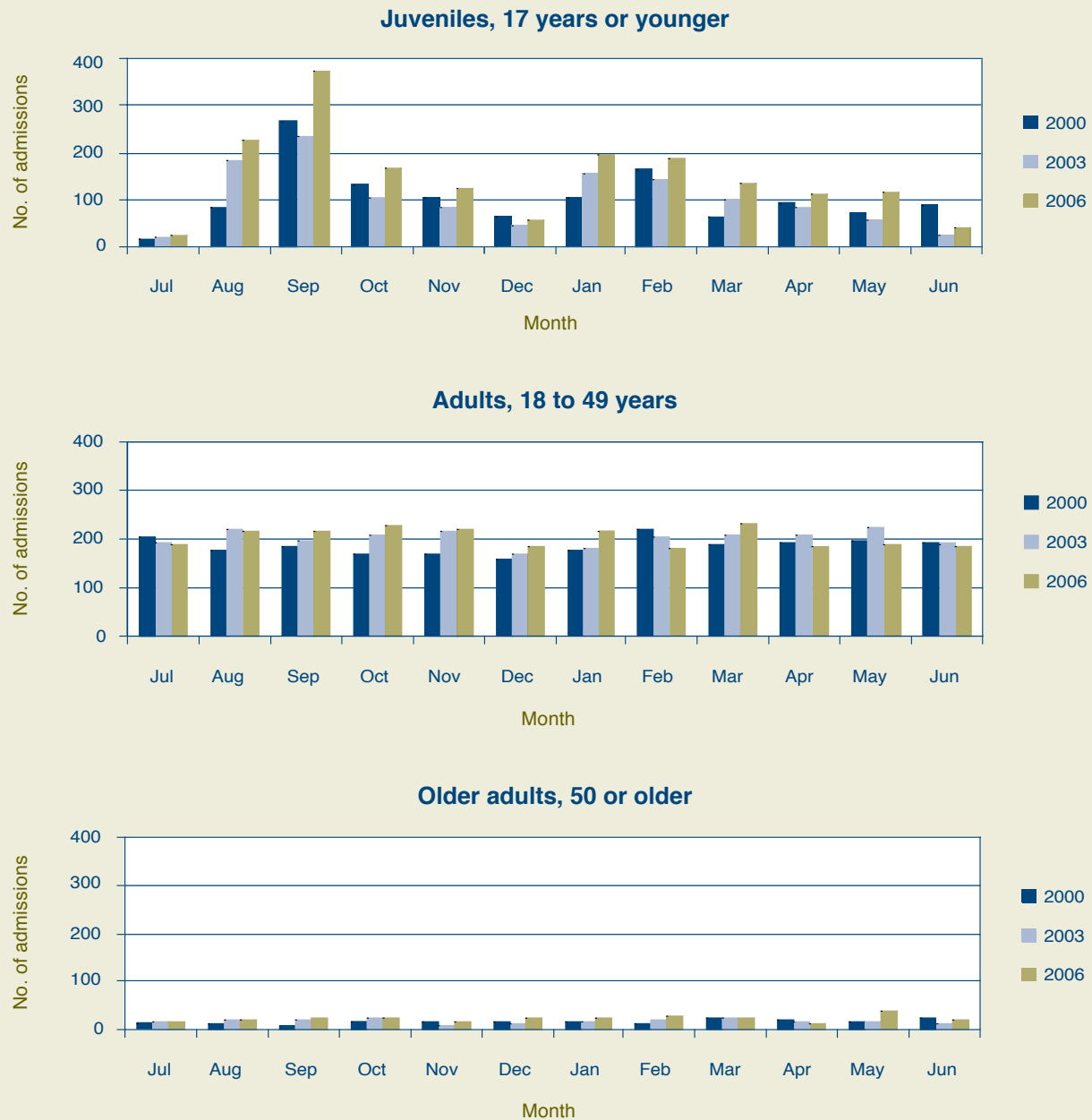
Table A-1. Number of Admissions by Age Group and County of Residence, 2000, 2003, and 2006

	2000		2003		2006	
	No.	%	No.	%	No.	%
Age Group						
Juveniles, 17 years or younger	1,240	34.0	1,229	32.1	1,743	39.3
Adults, 18 to 49 years	2,228	61.0	2,405	62.8	2,430	54.8
Older adults, 50 years or older	183	5.0	195	5.1	264	5.9
Total	3,651	100.0	3,829	100.0	4,437	100.0
County of Residence						
C&C of Honolulu	2,230	61.1	2,214	57.8	2,544	57.3
Hawai'i County	757	20.7	863	22.5	935	21.1
Maui County	392	10.7	457	11.9	665	15.0
Kaua'i County	272	7.5	295	7.7	293	6.6
Total	3,651	100.0	3,829	100.0	4,437	100.0

- The total number of admissions for treatment services increased by 21.5% from 2000 to 2006, with the greatest rise (44.3%) among older adults aged 50 years or older. The largest share of services was received by adults age 18 to 49, followed by juveniles 17 years or younger, then older adults 50 years or older.
- The City & County of Honolulu, with the highest proportion of the state's residents, had the largest percentage of admissions, followed by Hawai'i, Maui, and Kaua'i Counties.

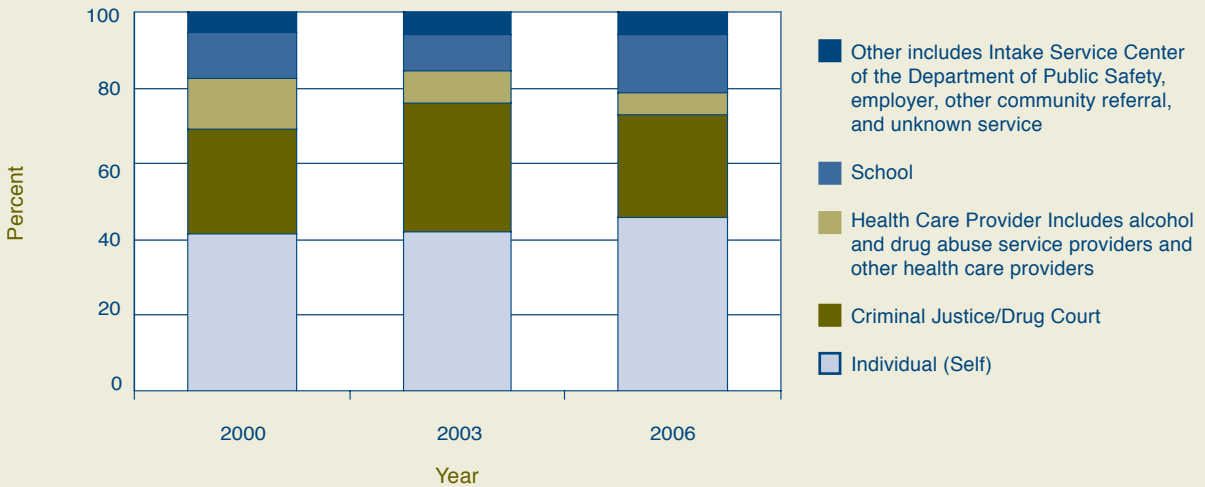
³ In this section, every admission is counted separately and no distinction is drawn between clients served once or more than once during a specified period. For this reason, the total number of admissions (duplicated count) should be equal to or greater than the total number of clients (unduplicated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

Figure A-1. Number of Admissions by Month for 2000, 2003, and 2006



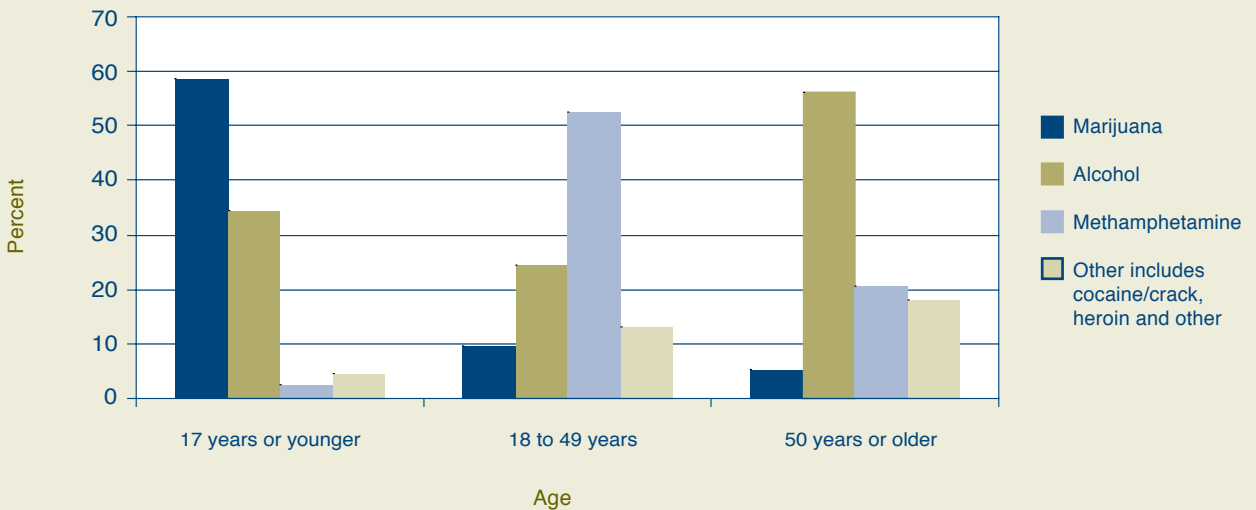
- The number of juvenile admissions to treatment services varied by month, with the highest number in September and the lowest in July. In contrast, the admission of adults and older adults remained relatively constant throughout the year. These patterns are consistent for all three reported years.

Figure A-2. Admissions by Sources of Referral, 2000, 2003, and 2006



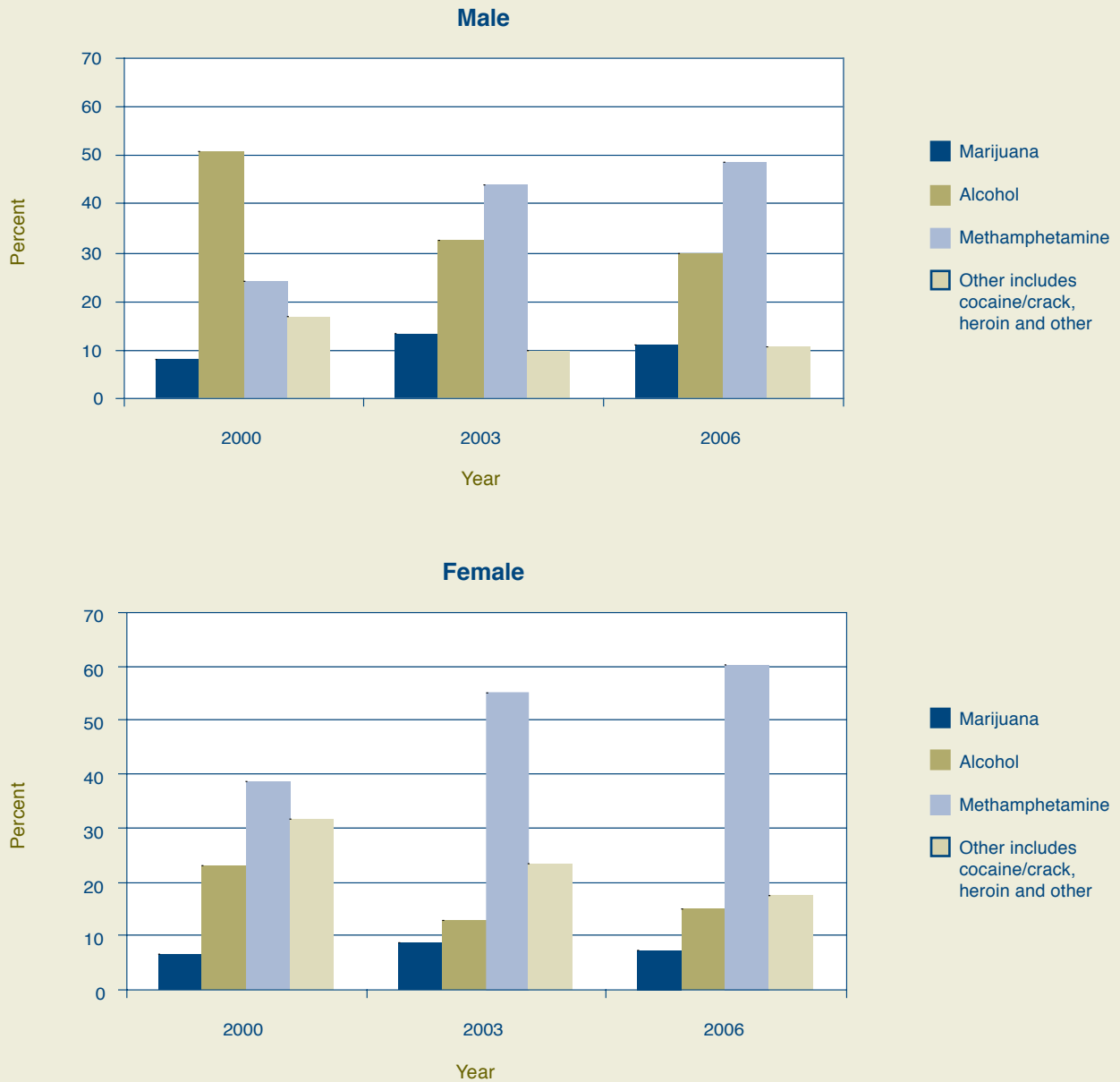
- More than two-thirds of the admissions came from self-referrals (41.3–45.6%) and referrals from the criminal justice system and drug court (27.3–34.1%). While the proportion of admissions referred by health care providers is decreasing over time, self-referral continues to increase.

Figure A-3. Primary Substance Used at Admission by Age Group, 2006



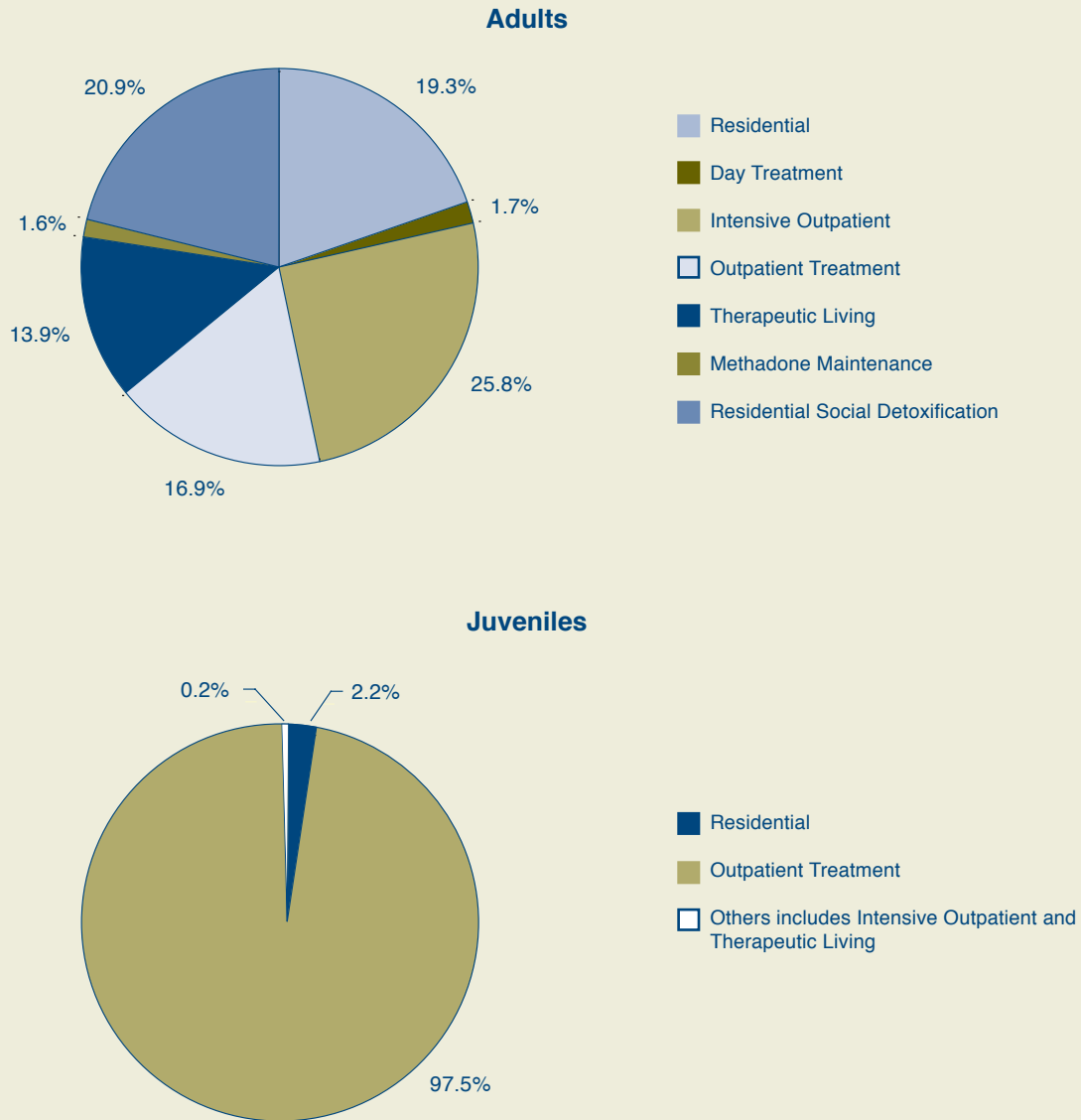
- The primary substance used at the time of admission varied by age group. Marijuana (58.5%) was the primary substance used by juveniles age 17 years or younger, followed by alcohol (34.3%). Adults, age 18 to 49, were admitted largely because of methamphetamine (52.7%), followed by alcohol (24.5%). For those age 50 or older, alcohol was the major substance used (56.1%), followed by other drugs (20.5%).

Figure A-4. Primary Substance Used at Admission for Individuals Age 18 to 49 Years by Gender, 2000, 2003, and 2006



- Although alcohol was the primary substance used by males age 18 to 49 at admission in 2000, it was overtaken by methamphetamine in 2003 and 2006. For females, “ice” was the primary substance used during all three reporting years, and its percentage increased over time.

Figure A-5. Admissions by Modality of Services, 2006



- The relative share of different modalities of service differs by age group. Among adult admissions, 54.1% were admitted to residential services (i.e., Residential, Therapeutic Living, and Residential Social Detoxification Programs), and 46.0% received treatment from various outpatient services (Day Treatment, Intensive Outpatient, Outpatient Treatment and Methadone Maintenance Programs). In contrast, almost all (97.5%) of the juveniles were admitted to Outpatient Treatment Programs, and the remainder (2.2%) were served by Residential Programs.

Table A-2. Funds Expended by Service Modality and Special Group, 2000, 2003, and 2006^a

	2000		2003		2006	
	Funds (\$)	%	Funds (\$)	%	Funds (\$)	%
Service Modality						
Residential	4,399,588	47.3	4,852,128	46.1	6,267,340	41.1
Day Treatment	155,740	1.7	130,180	1.2	127,261	0.8
Intensive Outpatient	539,150	5.8	773,950	7.4	1,010,659	6.6
Outpatient Treatment	2,536,919	27.3	2,760,179	26.2	4,721,454	30.9
Therapeutic Living	941,340	10.1	1,285,980	12.2	2,100,300	13.7
Methadone Maintenance	347,800	3.7	319,885	3.0	497,595	3.3
Residential Social Detoxification	376,785	4.1	399,735	3.8	554,235	3.6
Total	9,297,322	100.0	10,522,037	100.0	15,278,844	100.0
Special Group^b						
Native Hawaiians	3,250,618	35.0	3,805,814	36.2	5,320,250	34.8
Residential PPWC	1,191,508	12.8	1,065,818	10.1	1,352,210	8.9
Therapeutic Living PPWC	455,220	4.9	606,300	5.8	753,300	4.9

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

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

- There was a 64.3% increase in the total state and federal funds expended for treatment services from 2000 to 2006. Of the total funds, 34.8–36.2% were spent on Native Hawaiians, and 13.8–17.7% were used for services to pregnant and parenting women with children.
- The funds spent on different modalities of service varied, with the greatest fraction expended for Residential Programs (41.1–47.3%), followed by Outpatient Treatment Programs (26.2–30.9%), and Therapeutic Living Programs (10.1–13.7%). Less than 2.0% of the total funds were spent on Day Treatment Programs.

SECTION B Client Characteristics

The characteristics of clients served⁴ by ADAD-funded treatment agencies during state fiscal years 2000, 2003, and 2006 are presented in this section of the report.

Table B-1. Number of Clients by Age Group and County of Residence, 2000, 2003, and 2006

	2000		2003		2006	
	No.	%	No.	%	No.	%
Age Group						
Juveniles, 17 years or younger	1,196	44.5	1,171	42.6	1,688	51.7
Adults, 18 to 49 years	1,375	51.2	1,457	53.0	1,414	43.3
Older adults, 50 years or older	116	4.3	121	4.4	160	4.9
Total	2,687	100.0	2,749	100.0	3,262	100.0
County of Residence						
C&C of Honolulu	1,569	58.4	1,593	57.9	1,875	57.6
Hawai'i County	562	20.9	587	21.4	652	20.0
Maui County	342	12.7	339	12.3	493	15.1
Kaua'i County	214	8.0	230	8.4	242	7.4
Total	2,687	100.0	2,749	100.0	3,262	100.0

- The number of clients served by treatment agencies increased by 21.4% from 2000 to 2006. The greatest increase (41.1%) was among juveniles aged 17 years or younger. In 2000 and 2003, the largest group of clients receiving services was adults age 18 to 49. However, in 2006, there were more juveniles being served than any other age group.
- The majority of clients came from the City & County of Honolulu (57.6–58.4%). Hawai'i County followed Honolulu with the second highest percentage of clients (20.0–21.4%), then Maui County (12.3–15.1%), and Kaua'i County (7.4–8.4%).

⁴ Unlike the number of admissions, which represents a *duplicated* count of services received, these data are based on clients and represent an *unduplicated* count of services received in a given year.

Table B-2. Socio-Demographic Characteristics of Clients at Admission to Services, 2000, 2003 and 2006

Socio-Demographic Characteristics	2000		2003		2006	
	No.	%	No.	%	No.	%
Gender						
Male	1,644	61.2	1,749	63.6	1,896	58.1
Female	1,043	38.8	1,000	36.4	1,366	41.9
Total	2,687	100.0	2,749	100.0	3,262	100.0
Ethnicity						
Hawaiian	1,200	44.7	1,336	48.6	1,653	50.7
Caucasian	598	22.3	506	18.4	610	18.7
Filipino	200	7.4	184	6.7	238	7.3
Mixed, not Hawaiian	172	6.4	216	7.9	238	7.3
Hispanic	107	4.0	98	3.6	100	3.1
Japanese	128	4.8	133	4.8	95	2.9
Samoan	50	1.9	67	2.4	79	2.4
Black	68	2.5	57	2.1	69	2.1
Portuguese	53	2.0	48	1.7	44	1.3
Other	111	4.1	104	3.8	136	4.2
Total	2,687	100.0	2,749	100.0	3,262	100.0
Employment Status						
Employed (part-time/full-time)	287	10.7	270	9.8	298	9.1
Unemployed/looking for work in past 30 days/laid off	403	15.0	423	15.4	401	12.3
Student	1,143	42.5	1,163	42.3	1,645	50.4
Other ^a	846	31.5	884	32.2	903	27.7
Unknown	8	0.3	9	0.3	15	0.5
Total	2,687	100.0	2,749	100.0	3,262	100.0

^a Other includes retired and disabled individuals, inmates in institutions, and others.

- There were more male (58.1–63.6%) than female (36.4–41.9%) clients. The number of female clients grew by 31.0% from 2000 to 2006, whereas males increased by 15.3% during the same period.
- Hawaiians (44.7–50.7%) and Caucasians (18.4–22.3%) comprised approximately 68.0% of the clients who received services. Among the other ethnic groups, none constituted more than 8.0% of the total clients served.
- Among those who received services, approximately one-fourth were in the labor force: employed (9.1–10.7%) and unemployed/looking for work/laid off (12.3–15.4%). About three-fourths of the clients were not in the labor force: students (42.3–50.4%), and other (27.7–32.2%).

Table B-3. Clients with Special Conditions at Admission to Services, 2000, 2003, and 2006

Special Condition ^a	2000		2003		2006	
	No.	%	No.	%	No.	%
Homeless	356	13.2	388	14.1	421	12.9
Unemployed	403	15.0	423	15.4	401	12.3
Pregnant ^b	25	0.9	51	1.9	57	1.7
Methadone cases	84	3.1	47	1.7	43	1.3
Clients with five or more prior treatment episodes	110	4.1	109	4.0	97	3.0
Psychiatric problem in addition to alcohol/drug problem ^c	359	13.4	367	13.4	345	10.6

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

^b Information is unknown for 13 (0.5%), 22 (0.8%), and 15 (0.5%) clients in 2000, 2003, and 2006, respectively.

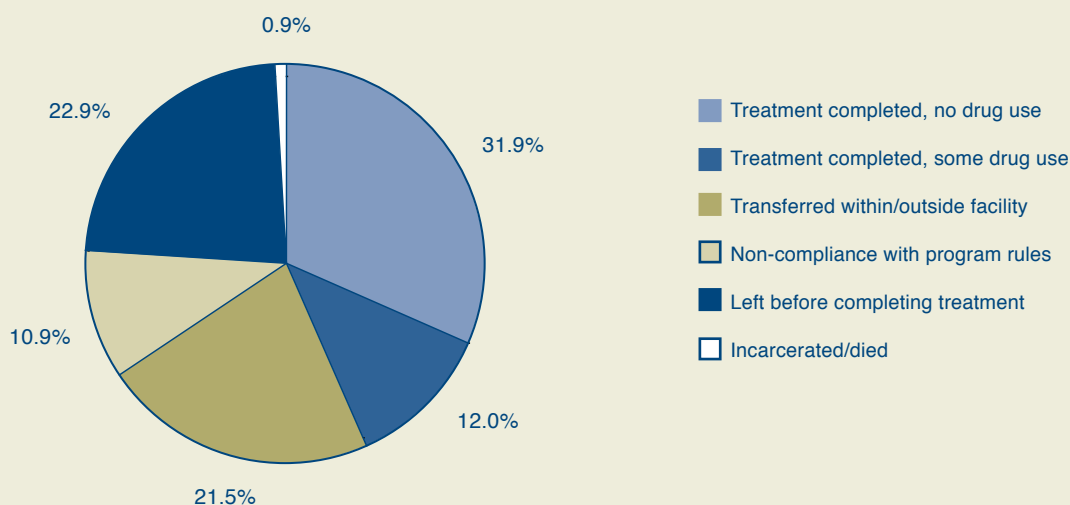
^c Information is unknown for 1,091 (40.6%), 1,030 (37.5%), and 1,119 (34.3%) clients in 2000, 2003, and 2006, respectively.

- Among those who received treatment services, 12.9–14.1% were homeless and 12.3–15.4% were unemployed. Less than 2.0% were pregnant women.
- Less than 5.0% of the clients were methadone cases or had five or more prior treatment episodes.
- More than 10.0% of the clients were dually diagnosed with a psychiatric condition and an alcohol or drug abuse problem.

SECTION C Treatment Service Outcomes and Follow-up

This section presents information on the types of discharges following treatment services in 2006 and the status of clients six months after discharge for state fiscal years 2000, 2003, and 2006⁵.

Figure C-1. Types of Treatment Service Discharge, 2006



- Among the 4,064 total discharged cases in 2006, 31.9% completed treatment with no drug use, 12.0% completed treatment with some drug use, and 21.5% were transferred to another department of the same agency or to outside agencies for continued treatment. About 11.0% were discharged because of non-compliance with program rules, and 22.9% left the facility before completing the treatment. Less than 1.0% of the discharges were due to incarceration or death while receiving treatment.

⁵ Note that the number of admissions reported earlier in this report does not match the number of discharges for specified years. This is because clients admitted in a particular year may be discharged in the same or the following year. While the number of discharges represents a duplicated count, the status of the client after discharge refers to the latest discharge and thus is an unduplicated count.

Table C-1. Types of Treatment Service Discharge by Service Modality, 2006

Modality of Service	Types of Treatment Service Discharge													
	Treatment Completed, No Drug Use		Treatment Completed, Some Drug Use		Transferred Within/Outside Facility ^a		Non-Compliance with Program Rules		Left Before Completing Treatment		Incarcerated/Died ^b		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Residential	32	5.0	1	0.2	426	66.8	80	12.5	94	14.7	5	0.8	638	100.0
Day Treatment	5	12.8	0	0.0	21	53.8	1	2.6	10	25.6	2	5.1	39	100.0
Intensive Outpatient	60	10.9	12	2.2	242	44.1	123	22.4	99	18.0	13	2.4	549	100.0
Outpatient Treatment	545	29.2	473	25.3	121	6.5	182	9.7	542	29.0	6	0.3	1,869	100.0
Therapeutic Living	154	46.8	2	0.6	42	12.8	45	13.7	79	24.0	7	2.1	329	100.0
Methadone Maintenance	6	14.0	0	0.0	9	20.9	3	7.0	21	48.8	4	9.3	43	100.0
Residential Social Detoxification	493	82.6	0	0.0	12	2.0	7	1.2	84	14.1	1	0.2	597	100.0
Total	1,295	31.9	488	12.0	873	21.5	441	10.9	929	22.9	38	0.9	4,064	100.0

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

^b In 2006, six clients died in treatment facilities.

- Among the total discharged cases, the number of clients who completed treatment with no drug use was highest among the Residential Social Detoxification Programs (82.6%), followed by the Therapeutic Living Programs (46.8%). Among the modalities of treatment, the Intensive Outpatient Programs had the highest percentage of clients who did not comply with program rules (22.4%), while the Methadone Maintenance Programs had the highest percentage of clients who left before their treatment was completed (48.8%).

Table C-2. Client Status Six Months after Discharge by Age Group, 2000, 2003, and 2006

Status at Follow-up ^a	Juveniles, 17 Years or Younger						All Adults, 18 Years or Older					
	2000		2003		2006		2000		2003		2006	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Attending school	282	96.6	565	98.6	824	95.8	NA	NA	NA	NA	NA	NA
Employed part time/full time	NA	NA	NA	NA	NA	NA	147	48.0	266	48.0	325	46.4
Stable living arrangements	287	98.3	565	98.6	846	98.3	271	88.6	456	82.2	597	85.3
No arrests since discharge	260	89.0	528	92.1	732	85.1	268	87.6	484	87.2	540	77.1
No substance use in 30 days prior to follow-up	104	35.6	275	48.0	362	42.1	202	66.0	342	61.6	389	55.6
No emergency room visits	270	92.5	544	94.9	777	90.3	271	88.6	511	92.1	565	80.7
Total ^b	292	-	573	-	860	-	306	-	555	-	700	-

^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 is 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.

- Among the discharged juveniles with follow-up data, nearly all attended school (95.8–98.6%) and were in stable living arrangements (98.3–98.6%). Most (85.1–92.1%) had not been arrested since discharge. More than one-third to nearly one-half (35.6–48.0%) of the discharged individuals did not use any substance in the month prior to follow-up. The vast majority (90.3–94.9%) did not have a history of emergency room visits since discharge.
- Among the adults who were successfully followed up, less than half (46.4–48.0%) were employed. More than three-fourths of the clients reported they were in stable living arrangements (82.2–88.6%), had no history of arrests (77.1–87.6%), and had no emergency room visits (80.7–92.1%) since discharge. In addition, more than half (55.6–66.0%) had not used substances in the 30 days prior to the follow-up.

ADAD-Funded Treatment Agencies, 2006

Agencies Offering Services to Adults

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

Agencies Offering Services to Juveniles

Alcoholic Rehabilitation Services of Hawai'i, Inc. (ARSH) dba Hina Mauka
Aloha House, Inc.
Big Island Substance Abuse Council (BISAC)
Bobby Benson Center
Hale Ho`okupa`a
Maui Youth & Family Services, Inc
Ohana Makamai
Young Men's Christian Association (YMCA)

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