



ALCOHOL AND DRUG
Treatment Services Report

Hawai'i, 2000 – 2008



EXECUTIVE SUMMARY

This report focuses on alcohol and drug treatment services provided by agencies that the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health funded during state fiscal year 2008. It contains information on the social demographic characteristics of juveniles and adults who were admitted to treatment programs. The use of different modalities of services, funds expended for services, and data relating to treatment service outcomes and follow-up are also presented. Data for 2000, 2003, 2006, and 2008 are presented in trend tables. Using 2000 as the baseline year, comparisons are made with the latest year, 2008, to highlight trends in treatment services, clients, and outcomes.

In 2008, ADAD funded 18 agencies that offered services to adults at 43 sites, and 11 agencies that provided services to juveniles at 84 sites. From 2000 to 2008, the number of sites grew 30% for adults and 133% for juveniles. The availability of treatment services, public funds expended on services, and the number of clients receiving services also increased during this period.

The number of statewide admissions for treatment services was 5,374 in 2008, a 47% increase from 2000. There has been a growth in admissions in all age groups. Adults received the largest share of services. Self-referrals were the most common form of admissions, and the City & County of Honolulu had the highest percentage of admissions. The relative share of different service modalities varied by age group. While the majority of adults received outpatient treatment and residential services, almost all of the juveniles were admitted to outpatient treatment programs. The primary substance used at the time of admission also differed by age group, with marijuana being the leading substance for juveniles, methamphetamine for adults ages 18 to 49, and alcohol for older adults 50 years and older.

This Report contains information on the social demographic characteristics of juveniles and adults who were admitted to treatment programs. The use of different modalities of services, funds expended for services, and data relating to treatment service outcomes and follow-up are also presented.

Nineteen million dollars in state and federal funds were spent on substance treatment services during 2008, more than double the amount in 2000. Of the total funds, almost half were expended on Native Hawaiians and around 10% were used on services for pregnant and parenting women with children. Approximately 70% of the total funds were allocated to residential and outpatient treatment programs. Funding increased substantially for all service modalities from 2000 to 2008 with the exception of funding for day treatment, which decreased.

During the same eight-year period, the number of clients who received ADAD-funded treatment services grew 48% to 3,983 individuals. Juveniles comprised half of the clients receiving services in 2008, an increase of 73% from 2000. Maui County experienced the greatest growth, while Hawai'i County had the smallest increase in total clients. There were more male than female clients statewide, and almost half of those receiving services identified themselves as Native Hawaiians.

In 2008, a total of 5,325 cases were either discharged from treatment services or transferred to a different program. These cases included a duplicated count of clients who were admitted prior to or during 2008. Among all the discharged cases, 44% completed treatment with no drug use, 18% completed treatment with some drug use, 23% left the facility before completing treatment, and the remainder was discharged for other reasons.

The rate of completing treatment with no drug use varied greatly across treatment modalities. In 2008, the largest percentages of this group were from the Residential Social Detoxification Program, followed by the Therapeutic Living Program, and the Outpatient Treatment Program.

Compared to 2000, the number of individuals who provided follow-up information six months after discharge in 2008 increased by 304% for juveniles and by 96% for adults. For both juveniles and adults, more than 90% had no arrests, no hospitalizations, and no emergency room visits since discharge. In addition, nearly all of the juveniles attended school and 62% of the adults were employed at follow-up.



In 2008, ADAD funded 18 agencies that offered services to adults at 43 sites, and 11 agencies that provided services to juveniles at 84 sites.

REPORT

OVERVIEW

This is the second report on substance abuse treatment services, clients who receive treatment, and outcomes of treatment in Hawai'i produced by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health (DOH) and the University of Hawai'i's Center on the Family. The report focuses on data collected from agencies receiving state and federal funds from ADAD in the 2008 state fiscal year. It does not include data relating to treatment services provided by non-ADAD funded agencies. Comparisons between 2000 and 2008 are made to highlight trends in treatment services, clients, and outcomes. While comprehensive data for 2000, 2003, and 2006 are available from the first *Alcohol and Drug Treatment Services* report,¹ some are presented in the trend tables here. The aim of the 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 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 and adolescents who meet the DSM IV criteria² for substance abuse or dependence. The income of clients eligible for treatment cannot exceed 300% of the poverty level for Hawai'i as defined by Federal Poverty Level Standards, and clients must have no other form of insurance coverage for substance abuse treatment. Priority admissions are given to pregnant and parenting women with children (PPWC) and injection drug users (IDUs).

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

- ▶ **Residential Programs:** 24-hour, non-medical, non-acute care in a licensed residential treatment facility that provides support, typically for more than 30 days, for persons with substance abuse problems. These programs consist of 25 hours per week of face-to-face activities, including individual and group counseling, education, skill building, recreational therapy, and family services.
- ▶ **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.

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

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

- ▶ **Intensive Outpatient Programs:** outpatient alcohol and/or other drug treatment services provided for at least three or more hours per day for three or more days per week, including individual and group counseling, education, skill building, and family services.
- ▶ **Outpatient Treatment Programs:** non-residential, comprehensive services for individuals, groups, and families, provided from one to eight hours per week for adults and adolescents with substance abuse problems.
- ▶ **Therapeutic Living Programs:** structured, licensed, therapeutic living programs for individuals who desire clean and sober housing and are currently enrolled in, are transitioning to, or during the past six months have been clinically discharged from a substance abuse treatment program.

In addition, ADAD provides the following special services:

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



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

AGENCIES AND TREATMENT SITES

ADAD-funded treatment services are available in all of the state's four counties (see Table 1). In 2008, ADAD provided funds to 18 agencies that offered services to adults at 43 sites, and to 11 agencies that provided services to juveniles at 84 sites (see back cover for the list of agencies). These latter sites were primarily located on middle- and high-school campuses. Between 2000 and 2008, the number of agencies contracted to serve adults and juveniles in the state increased by 1 and 3 (5.9% and 37.5%),³ respectively, while the number of agency sites that provided treatment services increased at higher rates: 10 for adults and 48 for juveniles (30.3% and 133.3%).

TABLE 1.
Number and Location of ADAD-Funded Treatment Sites, 2000, 2003, 2006, and 2008

	No. of Treatment Sites for Juveniles ^a				No. of Treatment Sites for Adults ^b			
	2000	2003	2006	2008	2000	2003	2006	2008
COUNTY								
C&C of Honolulu	20	21	27	43	22	22	24	27
Hawai'i County	4	4	20	21	5	9	9	9
Maui County	9	9	12	14	4	5	5	5
<i>Maui</i>	8	8	10	11	2	3	3	3
<i>Lāna'i</i>	0	0	1	1	1	1	1	1
<i>Moloka'i</i>	1	1	1	2	1	1	1	1
Kaua'i County	3	3	6	6	2	2	2	2
TOTAL	36	37	65	84	33	38	40	43

^a The treatment sites include school-based and facility-based sites. In 2008, in addition to school-based sites, 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.

³ The total numbers of ADAD-funded agencies providing services to adults are 17, 17, 18, and 18 for 2000, 2003, 2006, and 2008 state fiscal years, respectively. The same numbers for services to juveniles are 8, 9, 9, and 11, respectively.

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 during a specified period. For this reason, the total number of admissions is a duplicated count of individuals served. However, *client* data represent individuals and the total number of clients is an unduplicated count of individuals served in a given year.

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

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

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

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



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

SECTION A

SERVICES OFFERED AND FUNDS EXPENDED

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

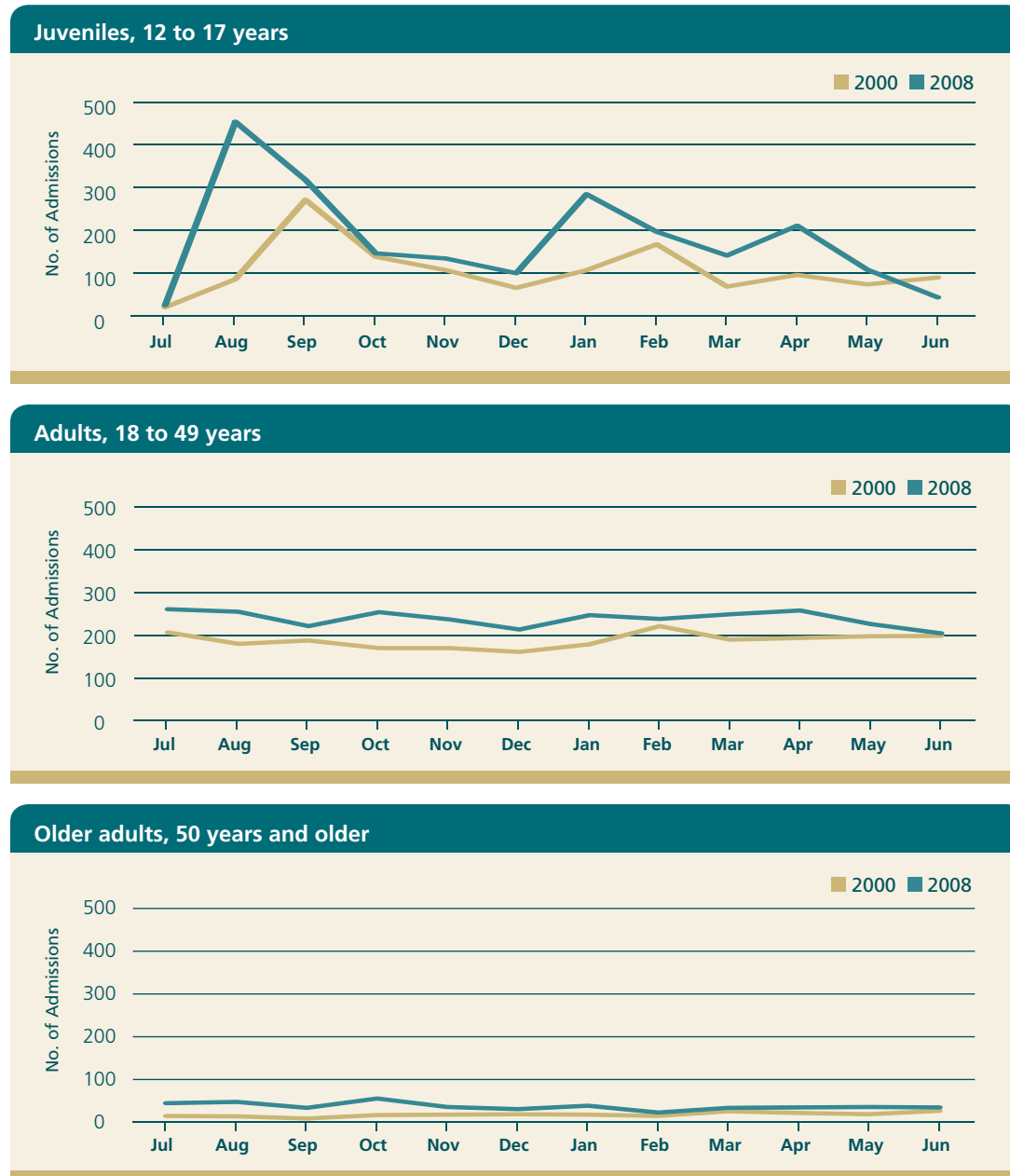
TABLE A-1.
Number of Admissions by Age Group and County of Residence, 2000, 2003, 2006, and 2008

	2000		2003		2006		2008	
	No.	%	No.	%	No.	%	No.	%
AGE GROUP								
Juveniles, 12 to 17 years	1,240	34.0	1,229	32.1	1,743	39.3	2,107	39.2
Adults, 18 to 49 years	2,228	61.0	2,405	62.8	2,430	54.8	2,851	53.1
Older adults, 50 years & older	183	5.0	195	5.1	264	5.9	416	7.7
TOTAL	3,651	100.0	3,829	100.0	4,437	100.0	5,374	100.0
COUNTY OF RESIDENCE								
C&C of Honolulu	2,230	61.1	2,214	57.8	2,544	57.3	3,270	60.8
Hawai'i County	757	20.7	863	22.5	935	21.1	953	17.7
Maui County	392	10.7	457	11.9	665	15.0	800	14.9
Kaua'i County	272	7.5	295	7.7	293	6.6	351	6.5
TOTAL	3,651	100.0	3,829	100.0	4,437	100.0	5,374	100.0

- ▶ In 2008, there were 5,374 admissions statewide for treatment services, an increase of 47.2% from 2000. Moreover, pronounced growth in admissions were observed during this period among older adults 50 years and older (127.3%) and juveniles 12 to 17 years of age (69.9%).
- ▶ Adults, ages 18 to 49, received the largest share of services, followed by juveniles, then older adults.
- ▶ 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. Between 2000 and 2008, all counties experienced growth in the number of treatment admissions, but the greatest increase was in Maui County (104.1%), followed by the City & County of Honolulu (46.6%).

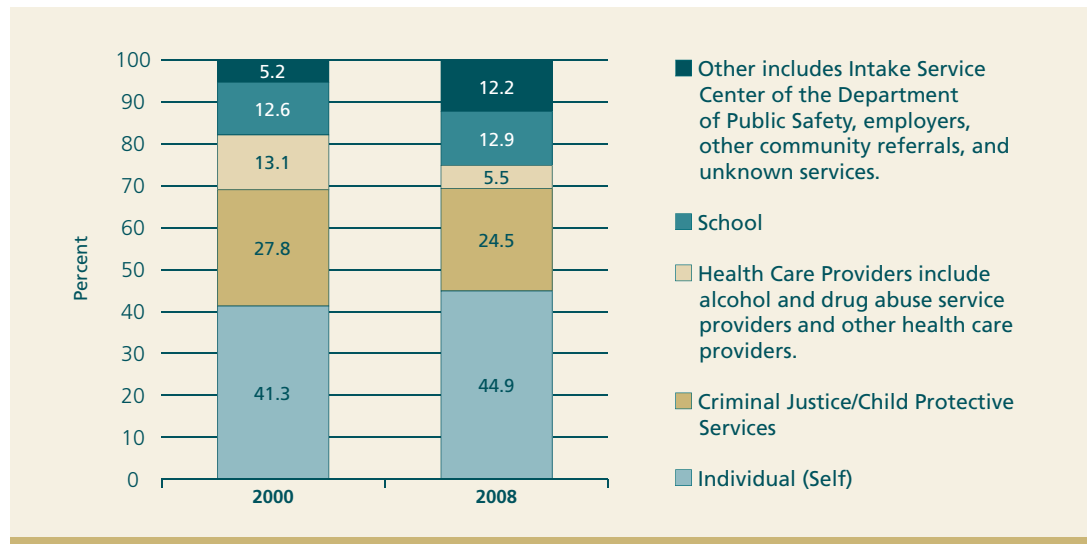
⁴ In this section, every admission is counted separately and no distinction is drawn between clients served once or more than once during a specified period. For this reason, the total number of admissions (duplicated count) should be equal to or greater than the total number of clients (unduplicated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

FIGURE A-1.
Number of Admissions by Month, 2000 and 2008



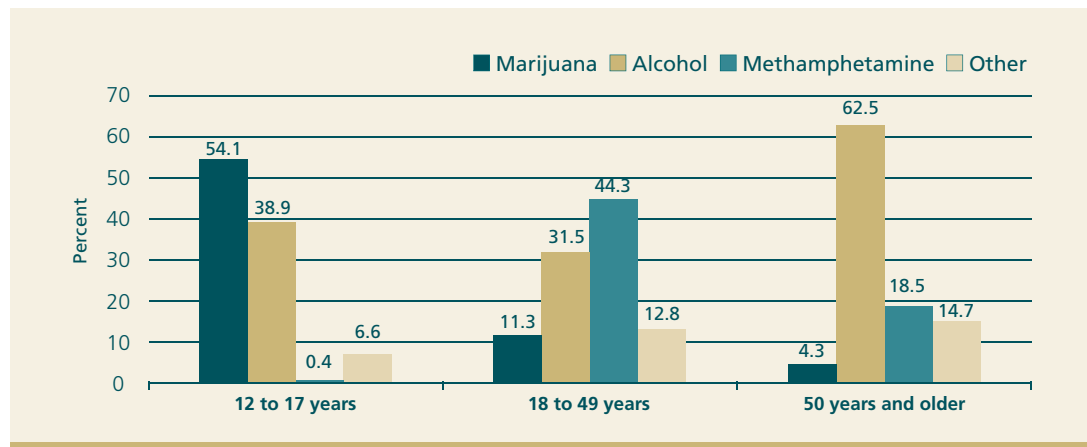
- ▶ Juvenile admissions to treatment services varied by month, with the highest number recorded in August, followed by September, and the lowest number recorded in July. In contrast, the admissions of adults and older adults remained relatively constant throughout the year.
- ▶ Compared to 2000, there has been an increase throughout the year in statewide treatment admissions in 2008, a trend that is found across all age groups.

FIGURE A-2.
Admissions by Source of Referral, 2000 and 2008



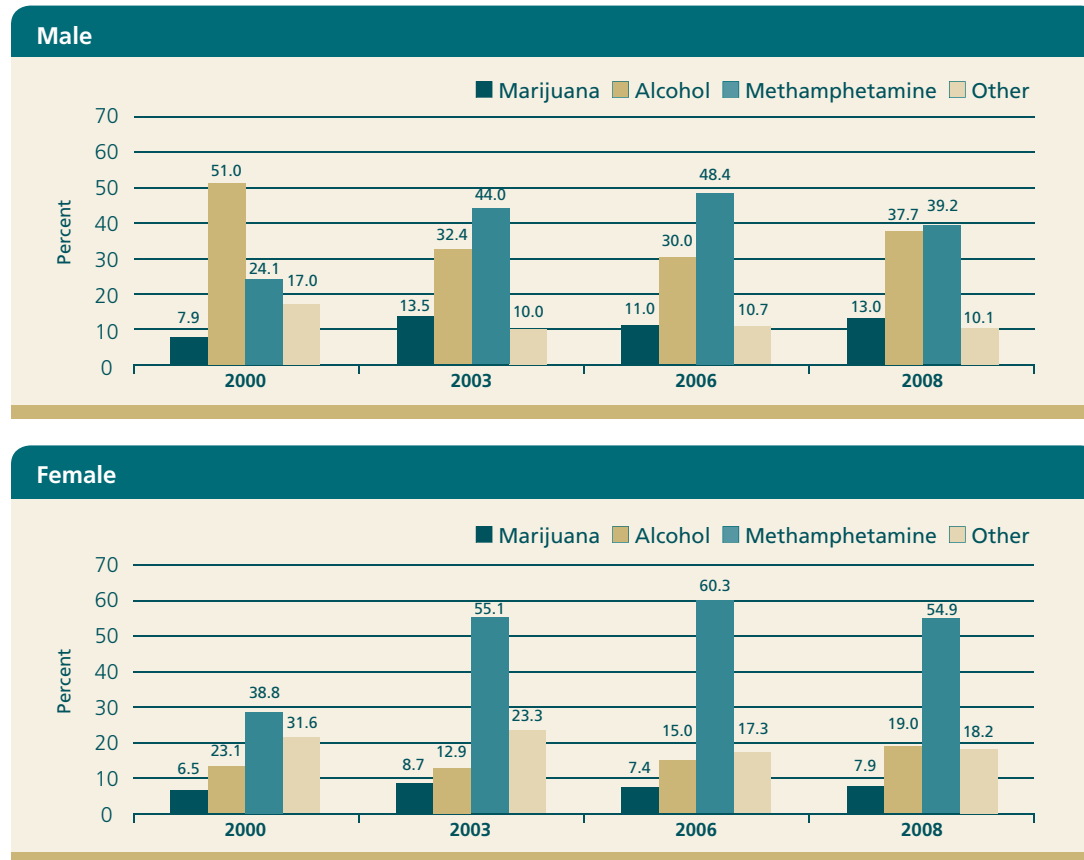
► Self-referrals were the most common admissions in 2000 (41.3%) and 2008 (44.9%). Approximately one fourth of the admissions were referred by the criminal justice system and child protective services (27.8% in 2000 and 24.5% in 2008). The proportion of admissions referred by health care providers had the largest decrease, while “other” referrals (the residual category) had the largest increase over the eight-year period.

FIGURE A-3.
Primary Substance Used at Admission by Age Group, 2008



- ▶ The primary substance used at the time of admission varied by age group. Marijuana was the primary substance for the majority (54.1%) of juveniles, followed by alcohol (38.9%). Adults 18 to 49 years old were admitted largely because of methamphetamine, also known as “ice” (44.3%), and alcohol (31.5%). For those 50 years and older, alcohol was the major substance used (62.5%), followed by methamphetamine (18.5%).

FIGURE A-4.
Primary Substance Used at Admission for Individuals 18 to 49 Years by Gender, 2000, 2003, 2006, and 2008



- ▶ Although alcohol was the primary substance used by the majority of males ages 18 to 49 at admission in 2000, it was overtaken by methamphetamine in 2003. For the majority of females, “ice” was the primary substance in all reporting years. From 2000 to 2006, the use of this drug also exhibited the greatest increase in admissions among males (24.1% to 48.4%) and females (38.8% to 60.3%), and remained the leading substance used by both genders in 2008.

TABLE A-2.**Funds Expended by Service Modality and Special Groups, 2000, 2003, 2006, and 2008^a**

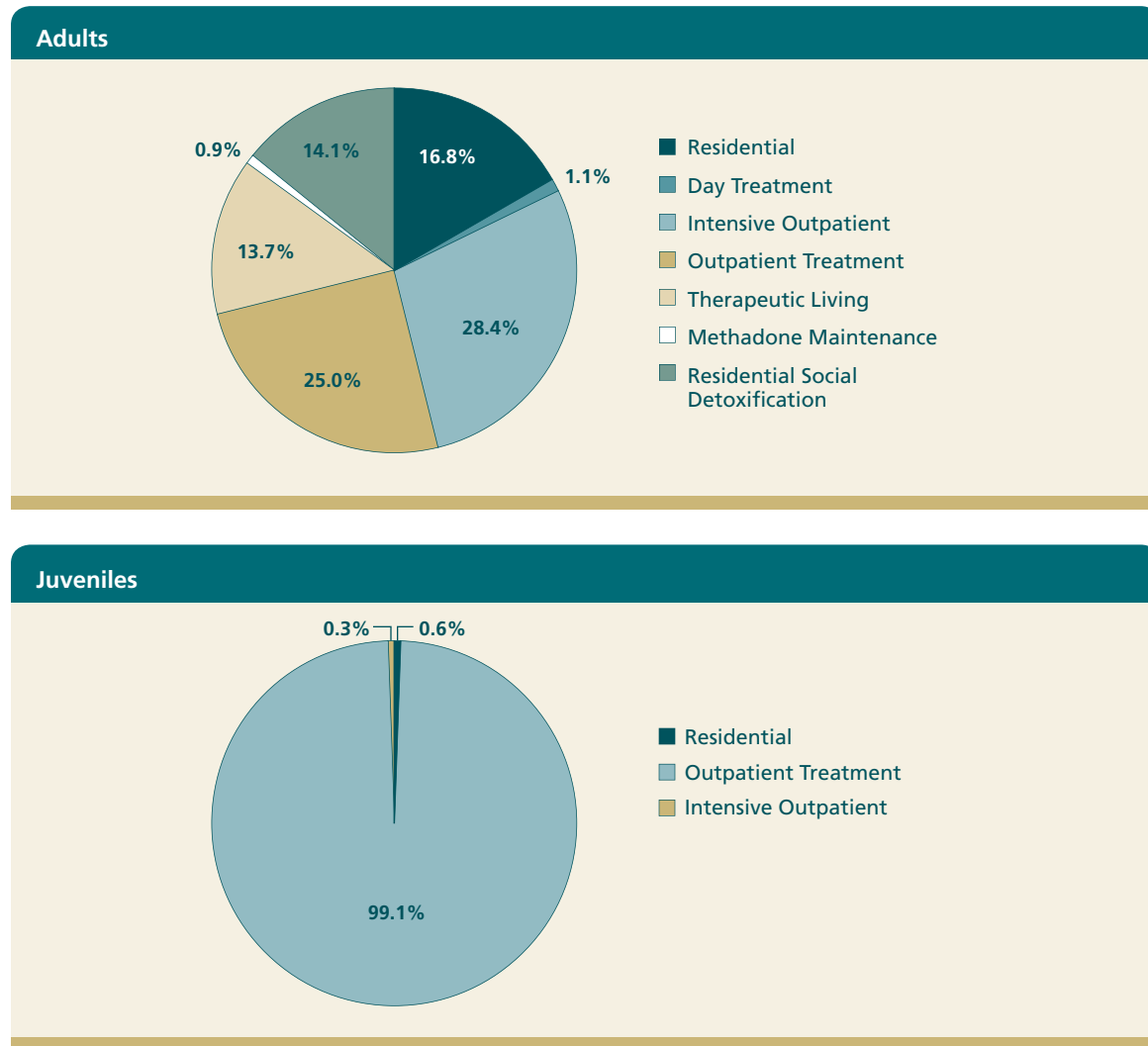
	2000		2003		2006		2008	
	Funds (\$)	%	Funds (\$)	%	Funds (\$)	%	Funds (\$)	%
SERVICE MODALITY								
Residential	4,399,588	47.3	4,852,128	46.1	6,267,340	41.1	6,078,190	31.8
Day Treatment	155,740	1.7	130,180	1.2	127,261	0.8	93,841	0.5
Intensive Outpatient	539,150	5.8	773,950	7.4	1,010,659	6.6	1,737,878	9.1
Outpatient Treatment	2,536,919	27.3	2,760,179	26.2	4,721,454	30.9	7,620,475	39.9
Therapeutic Living	941,340	10.1	1,285,980	12.2	2,100,300	13.7	2,483,250	13.0
Methadone Maintenance	347,800	3.7	319,885	3.0	497,595	3.3	576,870	3.0
Residential Social Detoxification	376,785	4.1	399,735	3.8	554,235	3.6	502,095	2.6
TOTAL	9,297,322	100.0	10,522,037	100.0	15,278,844	100.0	19,092,599	100.0
SPECIAL GROUPS^b								
Native Hawaiians	3,250,618	35.0	3,805,814	36.2	5,320,250	34.8	8,802,170	46.1
Residential PPWC	1,191,508	12.8	1,065,818	10.1	1,352,210	8.9	1,263,890	6.6
Therapeutic Living PPWC	455,220	4.9	606,300	5.8	753,300	4.9	865,325	4.5

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

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

- ▶ Nineteen million dollars in state and federal funds were spent on treatment services in 2008, more than double the amount in 2000. The largest growth occurred between 2003 and 2006. Of the total funds, about half were spent on Native Hawaiians in 2008, an increase of 170.8% since 2000. The funds used for services to pregnant and parenting women with children increased 29.3% from 2000 to 2008, but its share of the total funds decreased (from 17.7% to 11.1%).
- ▶ In 2008, more than two thirds of the funds were expended on Residential Programs and Outpatient Treatment Programs (31.8% and 39.9%, respectively). Therapeutic Living Programs accounted for more than 10.0%, while less than 1.0% of the total funds were spent on Day Treatment Programs.
- ▶ From 2000 to 2008, treatment funds increased dramatically for three modalities of service, with the greatest growth observed for Intensive Outpatient Treatment Programs (222.3%), followed by Outpatient Treatment Programs (200.4%), and Therapeutic Living Programs (163.8%). The funds expended on Day Treatment Programs decreased by 39.7% for the same period.

FIGURE A-5.
Admissions by Modality of Services, 2008



- ▶ The relative share of different modalities of service differed by age group. Among adult admissions, 55.4% received outpatient treatment from various outpatient services (i.e., Day Treatment, Intensive Outpatient, Outpatient Treatment, and Methadone Maintenance Programs), and 44.6% were admitted to residential services (i.e., Residential, Therapeutic Living, and Residential Social Detoxification Programs).
- ▶ In contrast, almost all (99.4%) of the juveniles were admitted to outpatient programs (i.e., Outpatient Treatment and Intensive Outpatient Programs), while Residential Programs served the remainder (0.6%).

SECTION B

CLIENT CHARACTERISTICS

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

TABLE B-1.
Number of Clients by Age Group and County of Residence, 2000, 2003, 2006, and 2008

	2000		2003		2006		2008	
	No.	%	No.	%	No.	%	No.	%
AGE GROUP								
Juveniles, 12 to 17 years	1,196	44.5	1,171	42.6	1,688	51.7	2,063	51.8
Adults, 18 to 49 years	1,375	51.2	1,457	53.0	1,414	43.3	1,674	42.0
Older adults, 50 years & older	116	4.3	121	4.4	160	4.9	246	6.2
TOTAL	2,687	100.0	2,749	100.0	3,262	100.0	3,983	100.0
COUNTY OF RESIDENCE								
C&C of Honolulu	1,569	58.4	1,593	57.9	1,875	57.6	2,470	62.0
Hawai'i County	562	20.9	587	21.4	652	20.0	639	16.0
Maui County	342	12.7	339	12.3	493	15.1	564	14.2
Kaua'i County	214	8.0	230	8.4	242	7.4	310	7.8
TOTAL	2,687	100.0	2,749	100.0	3,262	100.0	3,983	100.0

- ▶ In 2008, 3,983 clients were served by treatment agencies, representing a 48.2% increase from 2000. The largest growth occurred between 2000 and 2008. During the same 8-year period, the greatest increase (112.1%) was among older adults, followed by juveniles (72.5%). In 2000 and 2003, the largest group of clients receiving services was adults 18 to 49 years of age. However, in 2006 and 2008, there were more juveniles being served than any other age group.
- ▶ In 2008, the majority of clients came from the City & County of Honolulu (62.0%), followed by Hawai'i (16.0%), Maui (14.2%), and Kaua'i (7.8%) Counties. Between 2000 and 2008, Maui County had the greatest growth (64.9%) in number of clients receiving services, followed by the City & County of Honolulu (57.4%), and Kaua'i County (44.9%).

⁵ 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 clients received services in a given year.

TABLE B-2.
Socio-Demographic Characteristics of Clients at Admission to Services, 2000, 2003, 2006, and 2008

Socio-Demographic Characteristics	2000		2003		2006		2008	
	No.	%	No.	%	No.	%	No.	%
GENDER								
Male	1,644	61.2	1,749	63.6	1,896	58.1	2,308	57.9
Female	1,043	38.8	1,000	36.4	1,366	41.9	1,675	42.1
TOTAL	2,687	100.0	2,749	100.0	3,262	100.0	3,983	100.0
ETHNICITY								
Hawaiian	1,200	44.7	1,336	48.6	1,653	50.7	1,829	45.9
Caucasian	598	22.3	506	18.4	610	18.7	765	19.2
Filipino	200	7.4	184	6.7	238	7.3	362	9.1
Mixed, not Hawaiian	172	6.4	216	7.9	238	7.3	188	4.7
Hispanic	107	4.0	98	3.6	100	3.1	167	4.2
Japanese	128	4.8	133	4.8	95	2.9	125	3.1
Samoan	50	1.9	67	2.4	79	2.4	106	2.7
Black	68	2.5	57	2.1	69	2.1	104	2.6
Portuguese	53	2.0	48	1.7	44	1.3	47	1.2
Other	111	4.1	104	3.8	136	4.2	290	7.3
TOTAL	2,687	100.0	2,749	100.0	3,262	100.0	3,983	100.0
EMPLOYMENT STATUS								
Employed (part-time/full-time)	287	10.7	270	9.8	298	9.1	365	9.2
Unemployed/looking for work in past 30 days/laid off	403	15.0	423	15.4	401	12.3	646	16.2
Student	1,143	42.5	1,163	42.3	1,645	50.4	2,034	51.1
Other ^a	846	31.5	884	32.2	903	27.7	856	21.5
Unknown	8	0.3	9	0.3	15	0.5	82	2.1
TOTAL	2,687	100.0	2,749	100.0	3,262	100.0	3,983	100.0

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

- ▶ There were more male than female clients receiving treatment services (57.9% versus 42.1%) in 2008. The number of females grew by 60.6% from 2000 to 2008, whereas males increased by 40.4% during the same period.

- ▶ The majority of persons receiving treatment services were Hawaiians and Caucasians combined. Among the other ethnic groups, none constituted more than 10.0% of the total clients. While the numbers of Portuguese and Japanese receiving treatment services declined, the proportions of all other ethnic groups increased (9.3%-161.3%) from 2000 to 2008.
- ▶ Among those who received services in 2008, approximately one fourth were in the labor force: employed (9.2%) and unemployed/looking for work/laid off (16.2%). About three fourths of the clients were not in the labor force: students (51.1%) and other (21.5%). The most notable employment status change between 2000 and 2008 was the increase, by 78.0%, in the student category, which coincided with the growth in treatment sites for adolescents.

TABLE B-3.
Clients with Special Conditions at Admission to Services, 2000, 2003, 2006, and 2008

	2000		2003		2006		2008	
	No.	%	No.	%	No.	%	No.	%
SPECIAL CONDITION^a								
Homeless ^b	356	13.2	388	14.1	421	12.9	497	12.5
Unemployed	403	15.0	423	15.4	401	12.3	646	16.2
Pregnant	25	0.9	51	1.9	57	1.7	57	1.4
Methadone cases	84	3.1	47	1.7	43	1.3	43	1.1
Clients with five or more prior treatment episodes	110	4.1	109	4.0	97	3.0	124	3.1
Psychiatric problem in addition to alcohol/drug problem ^c	359	13.4	367	13.4	345	10.6	372	9.3

^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.

^c Information is unknown for 1,091 (40.6%), 1,030 (37.5%), 1,119 (34.3%), and 1,492 (37.5%) clients in 2000, 2003, 2006, and 2008, respectively.

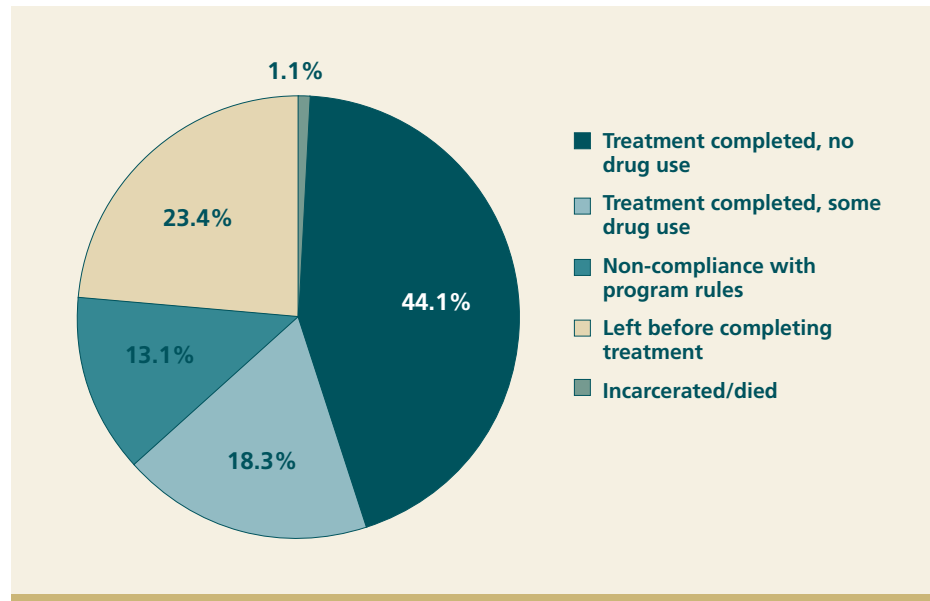
- ▶ Among the clients who received treatment services in 2008, 16.2% were unemployed, and 12.5% were homeless. Approximately one tenth of the clients (9.3%) were diagnosed with both a psychiatric condition and an alcohol or drug abuse problem.
- ▶ The number of clients with special conditions increased over time, except for Methadone cases which decreased from 84 in 2000 to 43 in 2006 and 2008.
- ▶ From 2000 to 2008, among the clients with special conditions, higher rates of increase were observed in two groups: clients who were employed (60.3%) and clients who were pregnant (128.0%).

SECTION C

TREATMENT SERVICE OUTCOMES AND FOLLOW-UP

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

FIGURE C-1.
Types of Treatment Service Discharge, 2008



- ▶ In 2008, a total of 5,325 cases were either discharged from treatment services (4,194 cases) or transferred to a different level of care for continued treatment in the same or another agency (1,131 cases; see Table C-1).
- ▶ Among the 4,194 total discharged cases, 62.4 % completed treatment (44.1% with no drug use and 18.3% with some drug use). Of the remainder, 13.1% were discharged because of non-compliance with program rules, 23.4% left the facility before completing the treatment, and 1.1% were incarcerated or died while receiving treatment.
- ▶ When the discharges are separated by adults (2,199 cases) and juveniles (1,995 cases), 56.5% of the adults completed treatment (50.4% with no drug use and 6.1% with some drug use); 18.1% were discharged for non-compliance; 23.4% left before completing treatment; and 2.0% incarcerated or died. For juveniles, 68.9% completed treatment (37.1% with no drug use and 31.8% with some drug use); 7.6% were discharged for non-compliance; 23.5% left before completing treatment; and 0.1% were incarcerated.

⁶ Note that the number of admissions reported earlier in this report does not match the number of discharges and transferrals for the specified year. This is because clients admitted in a particular year may be discharged or transferred 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. Data relating to types of discharge following treatment in 2000 were not available.



Among the 4,194 total discharged cases in 2008, 44.1% completed treatment with no drug use.

TABLE C-1.
Types of Treatment Service Discharge or Transfer by Service Modality, 2008

SERVICE MODALITY	TYPES OF TREATMENT SERVICE DISCHARGE OR TRANSFER													
	Treatment Completed, No Drug Use		Treatment Completed, Some Drug Use		Non-Compliance w/ Program Rules		Left Before Completing Treatment		Incarcerated/ Died ^a		Transferred Within/ Outside Facility ^b		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Residential	35	5.8	0	0.0	66	11.0	88	14.6	2	0.3	411	68.3	602	100.0
Day Treatment	5	19.2	0	0.0	5	19.2	6	23.1	1	3.8	9	34.6	26	100.0
Intensive Outpatient	125	16.1	16	2.1	165	21.3	103	13.3	16	2.1	351	45.2	776	100.0
Outpatient Treatment	1,030	35.2	744	25.4	255	8.7	602	20.6	14	0.5	281	9.6	2,926	100.0
Therapeutic Living	193	45.8	8	1.9	54	12.8	96	22.8	8	1.9	62	14.7	421	100.0
Methadone Maintenance	5	14.3	1	2.9	0	0.0	17	48.6	4	11.4	8	22.9	35	100.0
Residential Social Detoxification	455	84.4	0	0.0	4	0.7	71	13.2	0	0.0	9	1.7	539	100.0
TOTAL	1,848	34.7	769	14.4	549	10.3	983	18.5	45	0.8	1,131	21.2	5,325	100.0

^a In 2008, three clients died in treatment facilities.

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

- ▶ Among the total discharged and transferred cases, the number of clients who completed treatment with no drug use was highest among the Residential Social Detoxification Programs (84.4%), followed by the Therapeutic Living Programs (45.8%). Among the modalities of service, the Intensive Outpatient Programs had the highest percentage of clients who did not comply with program rules (21.3%), while the Methadone Maintenance Programs had the largest percentage of clients who left before their treatment was completed (48.6%).
- ▶ In 2008, among the discharged juveniles with follow-up data (see Table C-2), nearly all attended school (98.5%), were in stable living arrangements (98.9%), and had not been hospitalized (96.9%). Most had not received new substance treatment (88.6%), had made no emergency room visits (93.6%), and had not been arrested (92.1%) since discharge. Three fourths (75.7%) had not suffered psychological distress. Nearly one half (48.2%) of the discharged juveniles had not used any substance in the month prior to follow-up.

TABLE C-2.
Client Status Six Months after Discharge by Age Group, 2000, 2003, 2006, and 2008

STATUS AT FOLLOW-UP ^a	Juveniles, 12 to 17 Years						All Adults, 18 Years and Older									
	2000		2003		2006		2008		2000		2003		2006		2008	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Attending school	282	96.6	565	98.6	824	95.8	1,162	98.5	NA	NA	NA	NA	NA	NA	NA	NA
Employed (part-time/ full-time)	NA	NA	NA	NA	NA	NA	NA	NA	147	48.0	266	48.0	325	46.4	374	62.4
No arrests since discharge	260	89.0	528	92.1	732	85.1	1,086	92.1	268	87.6	484	87.2	540	77.1	554	92.5
No substance use in 30 days prior to follow-up	104	35.6	275	48.0	362	42.1	568	48.2	202	66.0	342	61.6	389	55.6	438	73.1
No new substance abuse treatment	245	83.9	492	85.9	740	86.0	1,045	88.6	234	76.5	427	76.9	469	67.0	436	72.8
No hospitalization	281	96.2	558	97.4	803	93.4	1,143	96.9	270	88.2	515	92.8	570	81.4	552	92.2
No emergency room visits	270	92.5	544	94.9	777	90.3	1,103	93.6	271	88.6	511	92.1	565	80.7	542	90.5
No psychological distress since discharge	230	78.8	466	81.3	584	67.9	893	75.7	233	76.1	448	80.7	482	68.9	516	86.1
Stable living arrangements	287	98.3	565	98.6	846	98.3	1,166	98.9	271	88.6	456	82.2	597	85.3	497	82.9
TOTAL^b	292	-	573	-	860	-	1,179	-	306	-	555	-	700	-	599	-

^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 were 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 adults who were successfully followed up in 2008, the majority were employed (62.4%) and most reported they were in stable living arrangements (82.9%). Large percentages had no history of arrests (92.5%), psychological distress (86.1%), hospitalization (92.2%), and emergency room visits (90.5%) since discharge. In addition, nearly three fourths of the clients had not received new substance abuse treatment (72.8%) and had not used substances in the 30 days prior to the follow-up (73.1%).
- ▶ The number of clients who completed follow-up after discharge increased considerably from 2000 to 2008: 303.8% for juveniles and 95.8% for adults. The largest growth took place between 2000 and 2003 for both juveniles and adults, and some decline occurred between 2006 and 2008 for adults. Among the follow-up statuses, the greatest increase between 2000 and 2008 was observed among juveniles with no substance use in the 30 days prior to follow-up (446.2%) and among adults who were employed (154.4%).

ADAD-FUNDED TREATMENT AGENCIES, 2008

Agencies Offering Services to Adults

Alcoholic Rehabilitation Services of Hawai'i, Inc. (ARSH) dba Hina Mauka
Aloha House, Inc.
Big Island Substance Abuse Council (BISAC)
Bridge House, Inc.
Care Hawai'i, Inc.
Child and Family Service
Family Court – First Circuit
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 – Addiction Treatment Services
Salvation Army – Family Treatment Services
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
Care Hawai'i, Inc.
Child and Family Services
Hale Ho'okupa'a
Maui Youth & Family Services, Inc.
Ohana Makamae, Inc.
The Institute for Family Enrichment
Young Men's Christian Association (YMCA)

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