Weeks to Admission to Treatment Modalities

NW HIDTA/DASA Drug Court Evaluation Alcohol and Drug Abuse Institute University of Washington

December 22, 2000 (Version 2)1

Issue

This analysis allows a comparison within and between courts of the time lag that occurs between referral to drug court and beginning of treatment, for several different modalities of treatment. These findings indicate something about the sequence of service modalities, and differences in how the courts configure and utilize services for their participants.

Method

This is an update of a report filed in March, 2000. This report looks at data from all six courts instead of three, and uses more subjects from all the courts and a longer follow-up period.

Drug courts vary in the treatment modalities they use. For this analysis we compared Outpatient, Detoxification, Methadone Maintenance, and Residential modalities (where Residential is the sum of Intensive Inpatient, Extended Care, Long Term Care and Recovery House services), looking at the time between entry into drug court and entry into each service modality. There are two graphs for each county (except one for Kitsap because of insufficient data). For each county there is one graph for offenders who entered drug court but did not complete, and one for Graduates. Each graph plots each modality used in that county.

In each graph, the vertical axis shows the cumulative percent of participants referred to that treatment modality that had been admitted to it by or before the time in weeks indicated on the horizontal axis, that is, the cumulative percent of participants (based on the number admitted to that modality from the county) who had entered the modality (on the vertical axis) by each time point (on the horizontal axis). Weeks are calculated from entry into the drug court.

Data were derived from TARGET, and cover the entire span of the respective courts' operations. Services provided under other payment systems besides those covered in TARGET are not included.

In addition to the graphs, there is a table derived from the graphs, showing the number of weeks required for certain percentages of the offenders receiving that treatment to be entered. The percentages selected are 25%, 50%, 75%, and 95%. This table makes it easier to compare the counties.

Percentages based on groups smaller than about 20 are not likely to be stable. Sample sizes for all groups are included in the graphs and tables.

These analyses compliment those in the Service Utilization report. That report shows the percent of all members of each outcome group that received each treatment modality. The results in this report are for participants who received each modality, and, for these participants who did receive each modality, how long it took for them to enter treatment.

¹ This report includes exactly the same information as the report dated December 22, 2000; it differs only in that graphs have been reformatted and relocated and added to the Word document computer file.

Results

Because the graphs for Thurston, Skagit and Kitsap counties are based on such small samples, we will not discuss their results, except to note that in Thurston, where the samples sizes for OP are better, entry into OP is accomplished more quickly than in the other counties. Looking at results for King, Pierce and Spokane counties:

- None of the results show striking differences among the counties or offender groups.
- For Outpatient services, all three counties are prompt at getting the first 75% of cases into treatment. The last 20% takes considerably longer, and roughly the same amount of time in each county. This is true for both the Did Not Finish and Graduate groups.
- For Detox services, only King has enough cases for the results to be stable. For all three
 counties the Detox curve does rise faster than that for Residential, indicating that the Detox
 admissions occurred earlier. Spokane is quicker at getting Graduates into Detox (although the
 number of cases involved is very small), the other curves are fairly comparable.
- For Residential services, King appears to be a little faster getting the first 25% of Graduates admitted, and possibly the first 50%. Other than that the times are similar.

Key to Modality Abbreviations in the Graphs:

OP Out Patient DX: Detoxification

MT: Methadone maintenance

Residential: Combined Intensive Inpatient, Extended Care, Long Term Care, & Recovery House

Of Offenders Receiving Each Modality, Number of Weeks Required for Selected Percentages to be Admitted

Modality	County	Offender	Number	25% of	50% of	75% of	95% of
		Group	Receiving	Clients	Clients	Clients	Clients
			Modality	Admitted	Admitted	Admitted	Admitted
Outpatient	King	DNF	484	1	1	6	30
		Grad	188	1	1	4	24
	Pierce	DNF	185	1	1	3	14
		Grad	165	1	1	3	27
	Spokane	DNF	48	1	1	4	33
		Grad	51	1	1	3	37
Detoxification	King	DNF	87	3	6	18	44
		Grad	26	2	3	11	60
	Pierce	DNF	15	6	9	13	34
		Grad	5	7	12	18	26
	Spokane	DNF	9	7	10	17	50
		Grad	3	1	3	5	5
Residential	King	DNF	120	8	16	29	72
		Grad	41	7	11	25	54
	Pierce	DNF	103	12	18	27	34
		Grad	49	10	17	17	25
	Spokane	DNF	14	10	16	18	32
		Grad	5	16	22	29	56





















