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Economic costs of residential substance abuse treatment for pregnant and parenting women and their children

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Abstract

This paper provides basic information about the economic cost of substance abuse treatment provided in 39 demonstration projects funded by the Center for Substance Abuse Treatment, in the Substance Abuse and Mental Health Services Administration, under its Residential Women and Children and Pregnant and Postpartum Women (RWC/PPW) programs. It integrates data assembled in two studies, a study of annual project implementation costs based on the CSAT-developed Substance Abuse Treatment Cost Analysis and Allocation Template (SATCAAT) and a cross-site study of other project and client characteristics. Findings indicate that the average economic cost of treating a woman and her infants and young children in this type of long-term residential program, in fiscal 1997 dollars, was \$25,744. This cost had three components of roughly equal size: services for clients, services for clients' children, and housing. Clinical services were found to be highly front-loaded, being more intensive in the initial weeks of treatment than in later stabilization phases. Considerable project-to-project variation in average episode cost was observed, linked primarily to project differences in size/occupancy and in average client length of stay. © 2004 Elsevier Ltd. All rights reserved.

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1. Introduction

In 1993, the Center for Substance Abuse Treatment (CSAT), in the Substance Abuse and Mental Health Services Administration, began funding grants under its Residential Women and Children and Pregnant and Postpartum Women (RWC/PPW) program (Clark, 2001). This initiative funded the development of long-term (6–12 months) residential substance abuse treatment projects at 50 geographically dispersed sites. The RWC/PPW program was a unique undertaking, since the projects provided on-site residential care for the mothers' infants and young children, as well as unusually long-term and comprehensive services for the mothers. The projects that focused on pregnant women were especially distinctive since, until that point, many alcohol and other drug treatment programs did not accept pregnant clients because of liability issues and other concerns (Mitchell, 1993).

In addition to expanding the availability of residential treatment for pregnant and parenting women, CSAT's

objective was to assess the cost and the effectiveness of such long-term treatment. To support the latter objective, CSAT awarded contracts for two separate studies. One provided for the collection of detailed information about the economic costs of the projects, and the second supported a wide-ranging cross-site evaluation of project activities and impacts. These data provide a unique opportunity to develop integrated assessments of both the costs and the impacts of a particular type of program.

The cross-site study collected data from fall 1996 to summer 2001, gathering longitudinal information about RWC/PPW clients at several time periods: admission into a RWC/PPW facility, at quarterly intervals during treatment, at discharge, and 6 months following discharge. Contemporaneous data concerning the costs of each RWC/PPW project were obtained using a system known as the Substance Abuse Treatment Cost Analysis and Allocation Template (SATCAAT). The SATCAAT was developed for CSAT to provide a standardized, comprehensive picture of the economic opportunity costs (in general, economists define the opportunity cost of any good or service as the market value of the good or service) of treatment resources used at a given treatment project during a specified fiscal

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year. The system uses generally accepted accounting practices to assemble and allocate cost data into conventional expense categories (administration, facility and grounds, laboratory, etc.), which are then reconfigured into a series of 18 service categories that, in aggregate, encompass the full range of services provided (intake assessments, individual counseling, group counseling, housing, etc.). The system results in the development, for each service category, of a cost figure that is fully 'loaded' to represent all relevant costs, whether direct or indirect, expensed or donated.

The SATCAAT template also provides for the collection of information about the quantities of services delivered during the reference year, from which service-specific unit cost statistics can be calculated (e.g. cost per intake assessment, or cost per hour of group counseling). The template was designed to be applicable across a wide range of treatment modalities and has been used to develop cost information for several-hundred treatment programs.¹

The SATCAAT uses a service-focused, cost-of-resources methodology that has been widely recommended in concept (French, Dunlap, Zarkin, McGeary, & McLeland, 1997). Several recent studies have reported illustrative findings for residential SAT programs based on economic costing methods, but they generally involved small samples of providers and unspecified service packages (Anderson, Bowland, Cartwright, & Bassin, 1998). To our knowledge, this analysis involves the first large-scale application of standardized economic costing methods in a study of the costs of one distinctive form of residential SAT.

In this paper, we report the results of the SATCAAT data collection and examine the correlates of cost variation among RWC/PPW projects. We combined information from cross-site and SATCAAT data to produce a rich set of data that contains detailed project costs, characteristics of each project, and summary measures about clients served at each project.

2. Methods

2.1. Measuring treatment costs

The SATCAAT system is a uniform accounting system for drug treatment costs. It captures cost details on the component steps of treatment. The objective is to provide meaningful comparisons across differing treatment modalities, and within a given modality, across multiple provider organizations. The SATCAAT is a mathematical model that uses a combination of staff interviews, caseload statistics and information on ancillary and donated services to calculate the comprehensive costs of providing treatment.

The template enables the rigorous development of each component of service costs. It examines the attendant steps in each aspect of treatment, broken down into 18 categories (medical examinations, group substance abuse counseling, case management, etc.), with a number of subordinate activities, and associates those activities with salaries and operating expenses of all personnel who provided service at each stage.

RWC/PPW cost data were collected by trained, experienced cost accountants employed by the firm that originally developed and piloted the SATCAAT system for CSAT. One significant modification in the standard SATCAAT cost allocation methodology was made for this application. In recognition of the significant levels of services RWC/PPW projects provide to clients' children, the usual allocation scheme was expanded to represent explicitly projects' clinical and other services to children as well as to clients. This modified procedure resulted in the development of three sets of summary cost data for each project and time period studied: client costs, child costs, and family (client plus her in-treatment children) costs.

Cost data were collected on-site in visits usually lasting 1–2 days per project. The visit included review of project cost records with the project or parent organization accountant, collection of information from interviews with clinical personnel about levels and allocations of the project's services, and collection of various client flow information about the numbers of clients and children served during the cost period. Such information was typically collected separately for each of the project's two most recent fiscal years. Some site visits also involved collection of cost data for other (non-RWC/PPW) substance abuse treatment modalities operated by the parent organization. Typically, 2–5 additional days of staff time per project were required to review/edit the site visit information and enter it into the SATCAAT software system. A draft report was then prepared for each project summarizing the information obtained about the project's programs, clientele, and costs. The draft reports were cycled back to the projects for their review and were updated as needed. The process was time consuming and resource intensive, but we believe it produced high-quality cost data that were comprehensive in scope and comparable across projects.

For this analysis, we made several adjustments to SATCAAT generated cost information. Cost data were typically collected for two project fiscal years. We used only the more recent year (usually FY1997) in this analysis, since the earlier year often encompassed start-up and phase-in activities rather than full-scale implementation.

Initial cost findings included a line item for evaluation costs. We excluded this item, since CSAT-mandated evaluation costs are not part of normal clinical operations. This adjustment removed the cost of CSAT-mandated evaluation subcontracts and possibly other evaluation costs. However, it may not have fully removed all client

¹ For further information about the SATCAAT, see the SAMHDA website: <http://www.icpsr.umich.edu:8080/SAMHDA-STUDY/03401.xml>.

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