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**A COST STUDY OF GAPS IN SUBSTANCE ABUSE TREATMENT SERVICES
IN NEBRASKA
4/30/06**

Prepared for the CPACS Methamphetamine Treatment Facility Feasibility Study

**By
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INTRODUCTION

This internal report has been prepared as part of the larger Methamphetamine Treatment Facility Feasibility Study conducted by the College of Public Affairs and Community Services for the Nebraska State Legislature. The major purposes of this report are as follows: 1) to integrate previously submitted working findings and tables into a single “stand-alone” document and 2) to provide an overview and context for the findings that will be useful to technical writers, faculty, staff and graduate assistants who are responsible for preparing the final report for the legislature.

Methodology and Research Questions

This cost study has been guided from the outset by a series of research questions developed to systematically identify existing gaps in methamphetamine/amphetamine-related treatment services in Nebraska and to provide cost estimates for programs and facilities to meet identified needs. Table A. summarizes the major research questions, as well as the data sources and published reports consulted in their investigation.

**Table A.
Methamphetamine Treatment-Facility Cost Research Questions and Data Sources/Published Reports Consulted**

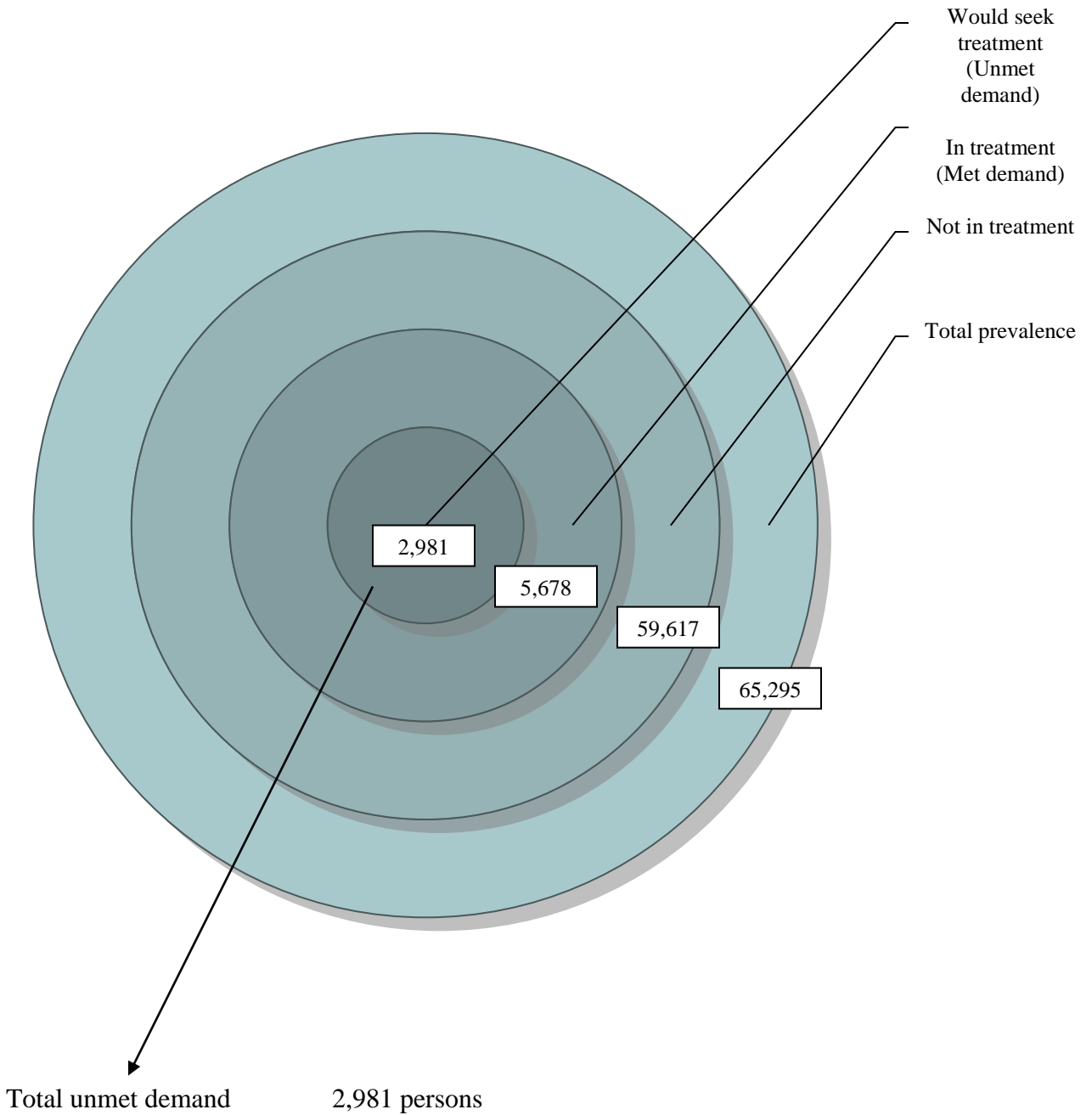
Major Study Areas	Research Questions	Published/Internal Reports & Data Sources (National/States)
Substance- Abuse Treatment Needs and Costs	<p>1. What is the total prevalence (population) of illicit-drug, stimulant-related and meth-amphetamine related substance abusers in NE?</p> <p style="margin-left: 20px;">a. Of these, how many are receiving treatment (met demand)?</p> <p style="margin-left: 20px;">b. How many need but are not in treatment?</p> <p style="margin-left: 20px;">c. How many want or would seek treatment if it was available (unmet demand)?</p> <p>2. What are the average costs for drug treatment by level of treatment (e.g., for residential and outpatient levels)?</p> <p>What are the estimated treatment costs to meet the unmet demand of those who are not receiving treatment, but want or would seek treatment?</p>	<p>1. “State Estimates of Substance Use from the 2002-2003 National Suverys on Drug Use and Health,” SAMHSA (2004).</p> <p>“Substance Abuse Treatment Admissions by State and Primary Substance of Abuse,” SAMHSA (2003).</p> <p>“Analysis of Substance Abuse Prevalence, Treatment Resources and Gaps in Colorado,” State of Colorado (2002).</p> <p>2. “DATStats: Results from 85 studies using the Drug Abuse Treatment Cost Program Analysis (DATCAP), by M.C. Roebuck et al, Journal of Drug Abuse Treatment (2003).</p> <p>“State Estimates of Substance Use from the 2002-2003 National Suverys on Drug Use and Health,” SAMHSA (2004).</p>
Substance-Abuse Treatment Facility Costs	<p>1. What types and how many facilities currently provide substance abuse treatment in NE?</p>	<p>1. “National Survey of Substance Abuse Treatment Services (N-SSATS) State Profile Nebraska,” SAMHSA (2003).</p>

<p>Substance-Abuse Treatment Facility Costs (continued)</p>	<p>a. What are the fixed costs for these types of treatment facilities?</p> <p>b. What are the combined fixed and variable (treatment program) costs for each type?</p>	<p>a. (Pending master budgets, audited facility, performance reports to be provided by the State of Nebraska.)</p> <p>b. "DATStats: Results from 85 studies using the Drug Abuse Treatment Cost Program Analysis (DATCAP), by M.C. Roebuck et al, Journal of Drug Abuse Treatment (2003).</p>
<p>Impacts of Substance-Abuse Treatment on State Budgets</p>	<p>1. What portion of the Nebraska State Budget is currently devoted to dealing with the impacts of substance abuse?</p> <p>a. What are the major areas of state spending that are most impacted by substance abuse?</p> <p>b. What portion of state spending is devoted to substance abuse treatment and prevention?</p> <p>c. How does this compare to surrounding states?</p> <p>d. How does this compare to the national average?</p>	<p>1. "Shoveling Up: The Impact of Substance Abuse on State Budgets," National Center on Addiction and Substance Abuse at Columbia (CASA), (2001).</p> <p>"Nebraska Department of Correctional Services (DCS) FY-2004 Annual Report and Statistical Summary."</p>

Summary and Cost Estimation Models Based on Findings

Based on the information collected and analyzed, estimated gaps in substance abuse treatment services in Nebraska are illustrated by type of drug in four concentric circles in Figures 1-3. Cost estimates **if the total unmet demand were met at any single level of treatment** are also shown in the figures for five of the six levels of treatment identified in the report. Additional estimates for alternative combinations of residential and outpatient treatment are provided in Section V. of the report.

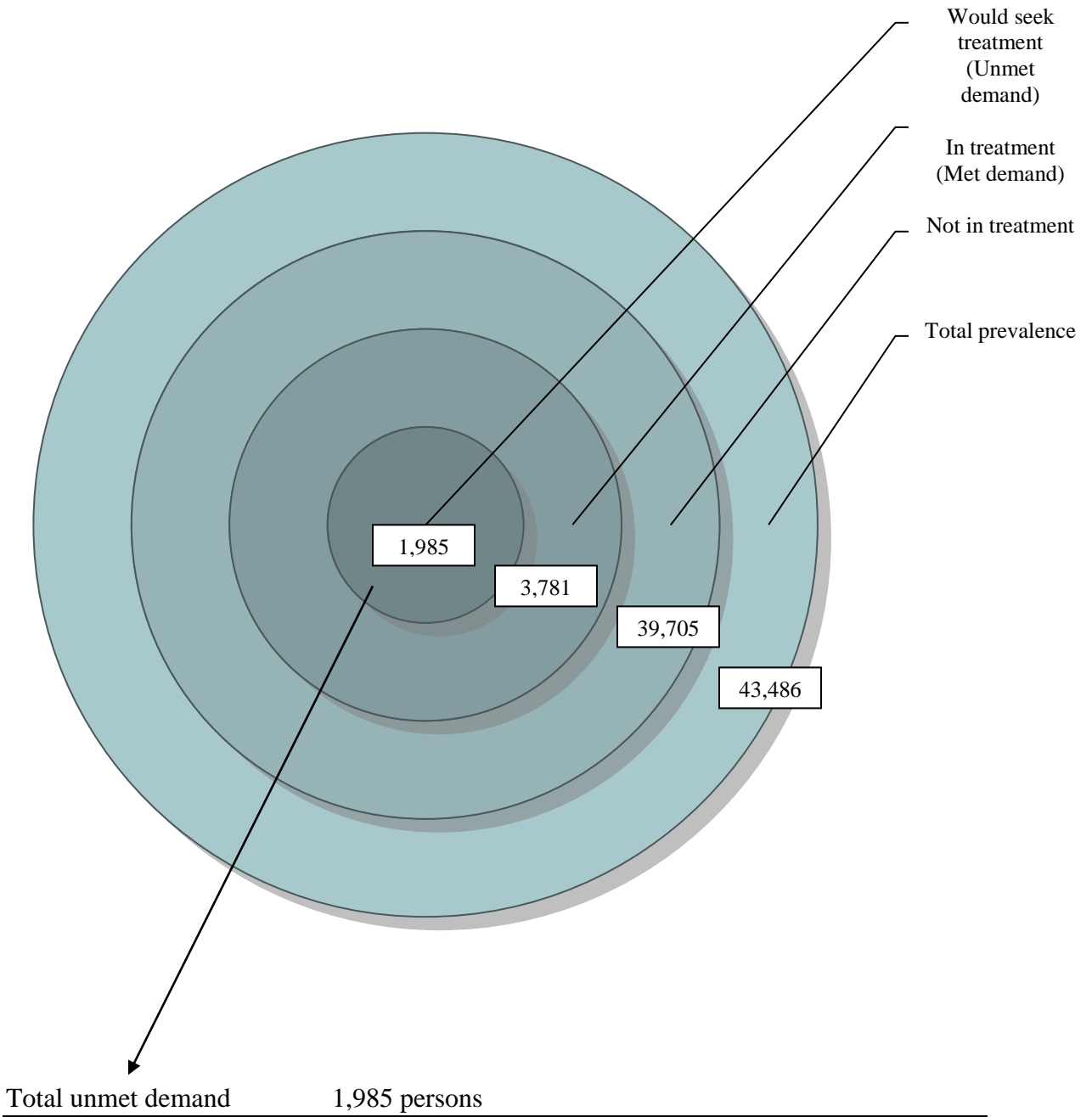
Figure 1.
Gaps in Substance Abuse Treatment Services—Any Illicit Drug-Related



Estimated cost to meet unmet demand at any single level of treatment

Residential	\$12.8 million
Therapeutic community	\$25.6 million
Standard outpatient	\$ 2.9 million
Intensive outpatient	\$ 6.0 million
Drug court	\$ 4.7 million

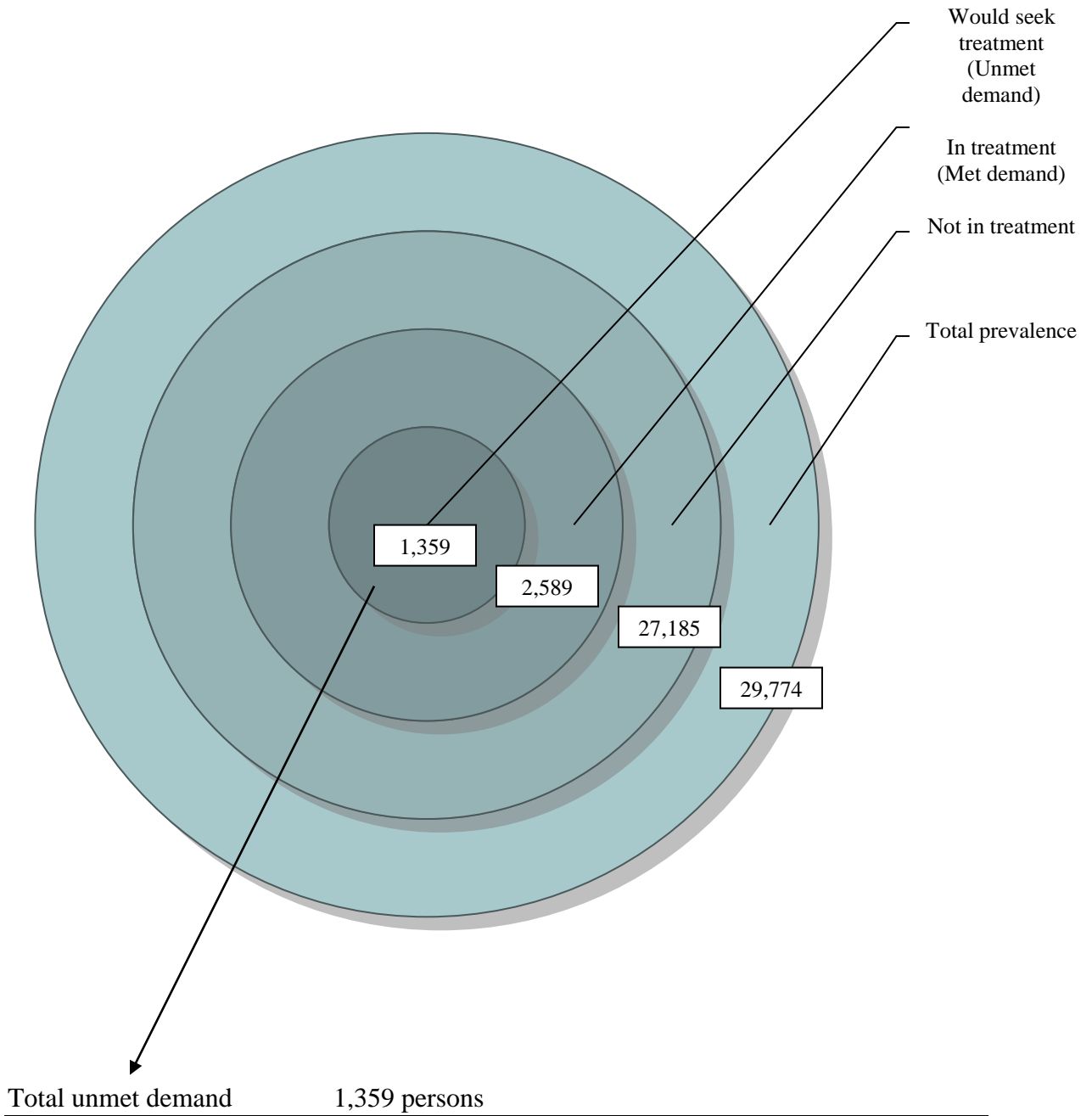
Figure 2.
Gaps in Substance Abuse Treatment Services—Stimulant-Related



Estimated cost to meet unmet demand at any single level of treatment

Residential	\$12.8 million
Therapeutic community	\$25.6 million
Standard outpatient	\$ 2.9 million
Intensive outpatient	\$ 6.0 million
Drug court	\$ 4.7 million

Figure 3.
Gaps in Substance Abuse Treatment Services—Meth-/Amphetamine-Related



Estimated cost to meet unmet demand at any single level of treatment

Residential	\$12.8 million
Therapeutic community	\$25.6 million
Standard outpatient	\$ 2.9 million
Intensive outpatient	\$ 6.0 million
Drug court	\$ 4.7 million

Uses and Refinement of the Gaps in Treatment and Cost Estimate Model

The findings in the report are presented as a model to estimate gaps in substance abuse treatment services (especially related to meth- and amphetamine abuse) in Nebraska and the variable (program) and fixed (facility) costs to address them. When more-complete and program-specific data becomes available from the Nebraska Departments of Health and Human Services (N-HHS) and Correctional Services (DCS) and other sources, they can be incorporated into the model. Regardless of whether additional data becomes available, the findings in this report and the model can be used by policy-makers and program administrators to better understand the needs for additional drug treatment services and the costs of providing them.

MAJOR RESEARCH FINDINGS

The major research findings in this report are presented in the order they were developed in five areas:

- I. Impacts of Substance Abuse on the Nebraska State Budget;
- II. Treatment Admissions in Nebraska;
- III. Levels of Treatment/Costs at Nebraska Department of Corrections Facilities;
- IV. Prevalence of Substance Dependence/Abuse; Users Needing but Not Receiving Treatment; Unmet Treatment Demand in Nebraska;
- V. Cost Estimates for Unmet Treatment Demand in Nebraska.

As requested, key findings have been presented as highlighted bullets and include summary tables and in-depth working tables (all tables are numbered 1-25 and working tables in Excel format are identified by file name: for example, *State Spending (NE).xls*).

I. IMPACTS OF SUBSTANCE ABUSE ON THE NEBRASKA STATE BUDGET

A review and analysis of Nebraska state budget information conducted in 2001 by the National Center on Addiction and Substance Abuse at Columbia University (CASA)¹ reveals the following key findings (which *do not* include any Federal or local spending):

- **The state government of Nebraska spent about \$291 million or 8.2% of the entire annual state budget (\$3.5 billion) dealing with the impacts, regulation/compliance functions and problems of substance abuse. Of this amount, only about \$9 million or .3% was spent by the state on substance abuse treatment, prevention and research. (See Tables 1-7 for Nebraska and six surrounding states [State Spending (NE).xls]).**
- For every dollar the state of Nebraska spends on substance abuse:
 - **91 cents goes to pay for the burden of this problem on public programs in the affected areas of criminal justice, elementary/secondary education, health, child/family assistance, mental health/developmental disability, public safety and the state workforce.**
 - **Only 3.1 cents goes to fund prevention, treatment and research programs aimed at reducing the incidence and consequences of substance abuse.**

¹ “Shoveling Up: The Impact of Substance Abuse on State Budgets,” by the National Center on Addiction and Substance Abuse at Columbia (2001) is based on detailed budget data for 1998 submitted by Nebraska and 46 other state budget officials.

- The remaining 5.8 cents goes for regulation/compliance of alcohol and tobacco licensing, control and collection of taxes (compared to a national average of only .5 cents).²

(Table 1. shows the total spending in each category in Nebraska, the amount and percentage related to substance abuse and the per capita amount spent for each person in the state).

- Even though **state spending on substance abuse** cannot be disaggregated by type of drug (e.g., methamphetamines), **nationwide results show that 78.2% is related to a combination of both illicit drugs and alcohol**, while only 11.3% could be attributed to alcohol only, 9.1% to tobacco only and 1.4% to illicit drugs only.

Based on these findings, **the estimated amount of state spending in Nebraska linked to abuse of illicit drugs (in combination with and without alcohol) is about \$232 million (79.6% of \$291 million). Of this amount, approximately \$225 million goes toward cleaning up the wreckage of illicit drug abuse, while only about \$7 million is applied to illicit drug prevention and treatment.**³

II. TREATMENT OF METHAMPHETAMINE, AMPHETAMINE AND OTHER STIMULANT ABUSE (NE)

A review and analysis of 2003 SAMSHA substance abuse treatment admissions data for Nebraska reveals the following key findings:

- There were a total of 10,609 admissions for substance abuse treatment; of these, 4,320 were for alcohol only treatment, while **6,289 (64.4%) were for primary substances other than alcohol or alcohol as a primary substance in combination with a secondary illicit drug.** *(See Table 8 [Substance Abuse Admissions NE.xls] for a complete breakdown of treatment admissions in Nebraska by primary substance).*
- Of these 6,289 non-alcohol only admissions, **4,188 (66.6%) were linked to methamphetamines, amphetamines or other stimulants;**⁴ and after

² This proportion, amounting to .5% of the state budget, is the highest of all reporting states, matched only by Alabama and Washington.

³ As all regulation and compliance substance abuse spending is alcohol and tobacco only, the breakdown of the \$232 million illicit-drug (in combination with and without alcohol) spending estimate is based on the total substance abuse spending ratio of 97:3 affected-program spending to treatment, prevention and research spending.

⁴ This total includes estimates of the number of “alcohol w/secondary drug” and “other/unknown” classifications which were stimulant-related (cocaine, amphetamines and other stimulants). Alcohol w/secondary drug estimates were based on the proportion of primary drug admissions which were

eliminating primary and secondary cocaine and other stimulant abusers from this population, **2,869 (45.6%) were linked to methamphetamines or amphetamines.** (Table 9 [Substance Abuse Admissions NE.xls] shows the percentages of admissions linked to methamphetamines and other stimulants in Nebraska and the six surrounding states).

- Altogether, the **2,869 admissions linked to methamphetamines and amphetamines comprise 27.0% of admissions for substance abuse treatment (alcohol only + non-alcohol only) in Nebraska.**

III. LEVELS OF TREATMENT/COSTS AT NEBRASKA DEPARTMENT OF CORRECTIONS FACILITIES

A review of sections of the 2004 Nebraska Department of Correctional Services (DCS) annual report related to substance abuse programming and treatment services reveals the following:

- The DCS provides four general levels of care: Residential, Non-Residential, Assessment and Evaluation and Emergency. *Table 10. shows DCS facilities that offer services at the residential, non-residential and assessment/evaluation levels and the annual costs per inmate at each facility.*

Table 10.
Nebraska Department of Correctional Services Substance Abuse Levels of Care and Costs by Facility

Level of Care	NE DCS Facility	NE DCS Substance Abuse Program	Total Annual Cost per Inmate
Long-Term Residential and Residential	1. Nebraska State Penitentiary (100 minimum custody males at RTC)	1. Residential Treatment Community (10 months) Parole Violator Program (90-120 days intensive)	1. \$27,834
	2. Omaha Correctional Center (72 minimum custody males at SAU)	2. Substance Abuse Unit (10 months)	2. \$23,389
	3. Tecumseh State Correctional Institution (32 minimum custody males at SAU)	3. Substance Abuse Unit (10 months)	3. \$30,923
	4. Nebraska Correctional Center for Women (28 minimum custody females at SAU)	4. Substance Abuse Unit (10 months) Parole Violator Program (90-120 days intensive)	4. \$27,423

stimulant-related (70.5%), while a somewhat more conservative estimate of 50% stimulant-related was used for “other/unknown” classifications.

Non-Residential Non-Residential (continued)	1. Nebraska State Penitentiary	1. Education, Intensive Outpatient, Aftercare	1. n/a
	2. Omaha Correctional Center	2. Education, Intensive Outpatient, Aftercare	2. n/a
	3. Tecumseh State Correctional Institution	3. Education, Intensive Outpatient, Aftercare	3. n/a
	4. Nebraska Correctional Center for Women	4. Intensive Outpatient, Aftercare	4. n/a
	5. McCook Work Ethic Camp	5. Education, Intensive Outpatient	5. \$15,948 (based on number of annual admissions)
	6. Community Corrections Center-Lincoln	6. Education, Outpatient, Aftercare	6. \$15,996
	7. Community Corrections Center-Omaha	7. Education, Outpatient, Aftercare	7. \$14,705
	8. Lincoln Correctional Center	8. Education, Intensive Outpatient, Aftercare	8. \$32,123
	9. Nebraska Correctional Youth Facility	9. Education, Intensive Outpatient, Aftercare	9. \$68,275
Evaluation and Assessment	1. Diagnostic and Evaluation Center	1. Diagnosis, Evaluation, Assessment, Classification and Facility Assignment	1. \$30,977
	2. Nebraska Correctional Center for Women	2. Diagnosis, Evaluation, Assessment, Classification and Facility Assignment	2. n/a
	3. Nebraska Correctional Youth Facility	3. Diagnosis, Evaluation, Assessment, Classification and Facility Assignment	3. n/a

IV. LEVELS OF SUBSTANCE DEPENDENCE/ABUSE; USERS NEEDING BUT NOT RECEIVING TREATMENT; UNMET TREATMENT DEMAND (NE).

A review and analysis of the SAMHSA report “State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health”⁵ reveals the following key findings:

Substance Abuse and Dependence

- **A total of 65,295 persons 12 years of age and older (4.6% of that population) were estimated to be dependent on or abused illicit drugs in Nebraska in 2003.**⁶ *(Tables 11-19 [Drug Dependence-Abuse Estimates.xls] show the estimated ranges of drug dependence and abuse, dependence and persons*

⁵ This SAMHSA report presents state estimates on substance use based on the combined findings of the 2002 and 2003 National Surveys on Drug Use and Health (NSDUHs), formerly called the National Household Survey on Drug Abuse (NHSDA).

⁶ This estimate uses 2002-2003 survey results rates applied to 2000 U.S. Census data.

needing but not receiving treatment in Nebraska and selected counties (Adams, Douglas, Lancaster, Madison, Red Willow and Scotts Bluff).

- When grouped by age, **15,197 were between the ages of 17-25; 22,416 were 18-25; and 27,638 were 26 or older.**

[The estimate of 65,295 persons is shown as Alternative Estimate B. in table 11. Base Estimate A. (40,312) is based on the NSDUH surveys findings that showed 2.84% of the population aged 12 years and over reported drug dependence or abuse in the past 12 months. Alternative Estimate C. (89,425) is based on a model used by the State of Colorado which increased the NSDUH findings in that state by 125% (to 7.2%) by factoring in additional state survey data, estimates of residents without phones, the homeless, recently incarcerated prisoners, adolescents in juvenile corrections facilities, etc. Alternative Estimate B. is a mid-point estimate (not exact due to rounding) between estimates A. and B.]

- Of these, **43,486** (66.6% based on SAMHSA admissions data)⁷ **were estimated to be dependent on or abused stimulant-related illicit drugs and 29,774** (45.6%) **were methamphetamine or amphetamine dependent or abusers.** (*See Table 20 for age group estimates [Dependence-Abuse Cohorts.xls]*).

Persons Needing But Not Receiving Treatment

- **A total of 59,617 persons 12 and over (4.2%) needed but did not receive treatment for an illicit drug use problem in 2003.**⁸ (*Table 21 summarizes the levels of drug dependence, drug dependence or abuse and numbers of persons needing but not receiving treatment in Nebraska and selected counties.*)
- When grouped by age, **13,584 were between the ages of 12-17; 19,822 were 18-25; and 26,211 were 26 or older.**

[The difference between the estimated numbers of persons 12 years of age and older in Nebraska who were dependent on or abused any illicit drug (65,295) and the number who needed but did not receive treatment during the past 12 months (59,617) is 5,678 (based on the National Surveys on Drug Use and Health findings). As shown in Section II., SAMHSA treatment admissions data shows that there were 6,289 admissions linked to illicit drugs in Nebraska in 2003.⁹

⁷ NSDUH survey findings are further refined by using SAMSHA treatment admissions data for Nebraska including estimates of the proportions of “alcohol w/secondary drug” and “other/unknown” classifications that were stimulant- and methamphetamine/amphetamine-related (see Section II., footnote 4).

⁸ Persons “needing treatment” are defined as those who are classified as either drug dependent or abusers. The status of these are based on the criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association, 1994), indicators of which are included in the survey questions. Those “not receiving treatment” did not receive any during the past 12 months.

⁹ Treatment admissions may include multiple admissions for the same person.

These very similar findings using two separate data sources support the validity of the estimates.]

- Of these, **39,705 stimulant-related** (66.6% based on SAMHSA admissions data) and **27,185 (45.6%) methamphetamine or amphetamine-related problem users needed but did not receive treatment.** (See Table 22 for age group estimates [Treatment Needs Age Cohorts.xls]).

Table 20.
Substance Dependence/Abuse and Users Needing But Not Receiving Treatment in Nebraska and Selected Counties (2003)

STATE/Counties /(Major City)	Total 2000 Population (Persons 12 yrs. and over)	Drug Dependence		Drug Dependence Or Abuse (Persons in Past Year)		User Needing/ Not Receiving Treatment (Persons in Past Year)	
		(N)	(%)	(N)	(%)	(N)	(%)
NEBRASKA	1,419,450						
Any Illicit Drug		44,395	(3.1)	65,295	(4.6)	59,617	(4.2)
Stimulant-Related Drug		29,306	(2.1)	43,486	(3.1)	39,705	(2.8)
Meth/Amphetamine- Related		20,065	(1.4)	29,774	(2.1)	27,185	(1.9)
Douglas (Omaha)	381,229						
Any Illicit Drug		11,818	(3.1)	17,537	(4.6)	16,012	(4.2)
Stimulant-Related Drug		7,871	(2.1)	11,679	(3.1)	10,664	(2.8)
Meth/Amphetamine- Related		5,389	(1.4)	7,997	(2.1)	7,301	(1.9)
Lancaster (Lincoln)	210,953						
Any Illicit Drug		6,540	(3.1)	9,704	(4.6)	8,860	(4.2)
Stimulant-Related Drug		4,355	(2.1)	6,463	(3.1)	5,901	(2.8)
Meth/Amphetamine- Related		2,982	(1.4)	4,425	(2.1)	4,040	(1.9)
Madison (Norfolk)	29,209						
Any Illicit Drug		905	(3.1)	1,344	(4.6)	1,227	(4.2)
Stimulant-Related Drug		603	(2.1)	895	(3.1)	817	(2.8)
Meth/Amphetamine- Related		413	(1.4)	613	(2.1)	559	(1.9)
Adams (Hastings)	26,165						
Any Illicit Drug		811	(3.1)	1,204	(4.6)	1,099	(4.2)
Stimulant-Related Drug		540	(2.1)	802	(3.1)	732	(2.8)
Meth/Amphetamine- Related		370	(1.4)	549	(2.1)	501	(1.9)
Red Willow (McCook)	9,646						
Any Illicit Drug		299	(3.1)	444	(4.6)	405	(4.2)
Stimulant-Related Drug		199	(2.1)	296	(3.1)	270	(2.8)
Meth/Amphetamine Related		136	(1.4)	202	(2.1)	185	(1.9)

Scotts Bluff (Scottsbluff)	30,790			
Any Illicit Drug		954 (3.1)	1,416 (4.6)	1,293 (4.2)
Stimulant-Related Drug		636 (2.1)	943 (3.1)	861 (2.8)
Meth/Amphetamine Related		435 (1.4)	646 (2.1)	590 (1.9)

Unmet Demand for Treatment

- Of the 59,617 persons who needed but did not receive treatment, **there is an estimated unmet treatment demand in Nebraska of 2,981 illicit drug, 1,985 stimulant-related and 1,359 methamphetamine- or amphetamine-related problem users.**¹⁰

Unmet treatment demand refers to those persons who are drug dependent or abusers that “needed but did not receive treatment” and also “wanted or would seek” treatment if it was available. (Table 23 shows the unmet treatment demand estimates for Nebraska by age group).

Table 23.
Unmet Treatment Demand Estimates in Nebraska by Age Group (2003)

	Population (12+)	Age 12-17	Age 18-25	26 or Older
Any Illicit Drug	2,981	679	991	1,311
Stimulant-Related	1,985	452	660	873
Meth/Amphetamine-Related	1,359	310	452	598

V. COST ESTIMATES FOR UNMET TREATMENT DEMAND (NE).

A review and application of the cost findings in the study, “Results from 85 studies using the Drug Abuse Treatment Cost Analysis Program (DATCAP),” by M.C. Roebuck and other economists supported by the National Institute on Drug Abuse (NIDA) reveals the following key findings:

¹⁰ As with the substance abuse/dependence estimates, the extent to which models used in other states accurately reflect conditions in Nebraska is uncertain (despite the cross-validity evidence cited above). A State of Colorado model (see “Analysis of Substance Abuse Prevalence, Treatment Resources and Treatment Gaps in Colorado,” by Bruce Mendelson, 2002) used integrated survey findings to determine that 2.7% of problem users who did not receive treatment, wanted or would seek treatment if it was available. To estimate unmet treatment demand in Nebraska we use an alternative estimation rate of 5.0%.

Residential and Outpatient Treatment Costs

- The estimated costs of providing treatment to meet the unmet demand in Nebraska (those who did not receive, but wanted or would seek treatment if it was available) varies widely according to the level of treatment or program type. *(Table 24. shows the estimated costs to meet the aggregate unmet demand¹¹ by type of drug and various alternative levels of residential and outpatient treatment).*

- For example, the total estimated treatment costs¹² for the **2,981 persons** who wanted or would seek treatment for **any illicit drug problem, ranged from \$5.6 to \$68.8 million**, as follows:

Residential

- **\$34.4** million (residential)
- **\$68.8** million (therapeutic community)
- **\$5.6** million (in-prison therapeutic community) *

Outpatient

- **\$7.6** million (standard outpatient)
- **\$16.3** million (intensive outpatient)
- **\$12.7** million (drug court)

- The estimated treatment costs for the **1,985 persons** who wanted or would seek treatment for **a stimulant-related drug problem, ranged from \$3.0 to \$25.6 million**, as follows:

Residential

- **\$18.7** million (residential)
- **\$37.3** million (therapeutic community)

¹¹ Aggregate unmet demand refers to gross numbers of persons needing and wanting treatment. Developing cost estimates for alternative levels of treatment is for illustrative purposes and provides a basic cost range. These estimates are not based on specific data or assumptions about the proportions of unmet demand for treatment at particular levels, nor do they address the issues of determining the most appropriate forms of treatment to meet the unmet demand.

¹² DATCAP cost estimates are based on the study of 32 residential and 53 outpatient drug treatment programs between 1993 and 2002 and include and include both fixed (facility) and variable costs (See “DATStats: Results from 85 studies using the Drug Abuse Treatment Cost Program Analysis,” by M.C. Roebuck et al, 2003). The DATCAP data collection instrument is shown in the Appendix which also includes more-detailed cost and methodology information.

*Does not include incarceration costs.

- **\$3.0 million** (in-prison therapeutic community) *

Outpatient

- **\$4.2 million** (standard outpatient)
- **\$8.8 million** (intensive outpatient)
- **\$6.9 million** (drug court)

- The estimated treatment costs for the **1,359 persons** who wanted or would seek treatment for a **methamphetamine/amphetamine drug problem, ranged from \$2.1 to \$25.6 million**, as follows:

Residential

- **\$12.8 million** (residential)
- **\$25.6 million** (therapeutic community)
- **\$2.1 million** (in-prison therapeutic community) *

Outpatient

- **\$2.9 million** (standard outpatient)
- **\$6.0 million** (intensive outpatient)
- **\$4.7 million** (drug court)

*Does not include incarceration costs.

*Does not include incarceration costs.

Table 24.
Cost Estimates for Unmet Demand by Level of Treatment in Nebraska (2003)

LEVEL OF TREATMENT/ PROGRAM TYPE (Average Duration)	Average Cost per Treatment Episode	18 Years or Older (\$ Millions)	Ages 12-17 (\$ Millions)	Total* Age 12+ (\$ Millions)
Any Illicit Drug [Persons]		[2,302]	[679]	[2,981]
RESIDENTIAL				
Adult Residential (13 weeks)	\$9,426	\$28.1	N/A	N/A
Adolescent Residential (8 weeks)	\$9,347	N/A	\$6.3	N/A
Total Adult and Adolescent Residential				\$34.4
Therapeutic Community (33 weeks)	\$18,802	\$56.0	\$12.8	\$68.8
Therapeutic Community (Prison)** (28 weeks)	\$1,534	\$4.6	\$1.0	\$5.6
OUTPATIENT				
Standard Adult Outpatient (17 weeks)	\$1,944	\$5.8	N/A	N/A
Standard Adolescent Outpatient (13 weeks)	\$2,678	N/A	\$1.8	N/A
Total Adult and Adolescent Standard Outpatient				\$7.6
Intensive Outpatient (7 weeks)	\$4,445	\$13.2	\$3.0	\$16.3
Drug Court (46 weeks)	\$3,463	\$10.3	\$2.4	\$12.7
Stimulant-Related Drug [Persons]		[1,533]	[452]	[1,985]
RESIDENTIAL				
Adult Residential (13 weeks)	\$9,426	\$14.4		
Adolescent Residential (8 weeks)	\$9,347		\$4.2	
Total Adult and Adolescent Residential				\$18.7
Therapeutic Community (33 weeks)	\$18,802	\$28.8	\$8.5	\$37.3
Therapeutic Community (Prison)** (28 weeks)	\$1,534	\$2.4	\$0.7	\$3.0
OUTPATIENT				
Standard Adult Outpatient (17 weeks)	\$1,944	\$3.0		
Standard Adolescent Outpatient (13 weeks)	\$2,678		\$1.2	
Total Adult and Adolescent Standard Outpatient				\$4.2

Intensive Outpatient (7 weeks)	\$4,445	\$6.8	\$2.0	\$8.8
Drug Court (46 weeks)	\$3,463	\$5.3	\$1.6	\$6.9
Meth/Amphetamine-Related [Persons]		[1,049]	[310]	[1,359]
RESIDENTIAL				
Adult Residential (13 weeks)	\$9,426	\$9.9		
Adolescent Residential (8 weeks)	\$9,347		\$2.9	
Total Adult and Adolescent Residential				\$12.8
Therapeutic Community (33 weeks)	\$18,802	\$19.7	\$5.8	\$25.6
Therapeutic Community (Prison)** (28 weeks)	\$1,534	\$1.6	\$.5	\$2.1
OUTPATIENT				
Standard Adult Outpatient (17 weeks)	\$1,944	\$2.0		
Standard Adolescent Outpatient (13 weeks)	\$2,678		\$.8	
Total Adult and Adolescent Standard Outpatient				\$2.9
Intensive Outpatient (7 weeks)	\$4,445	\$4.7	\$1.4	\$6.0
Drug Court (46 weeks)	\$3,463	\$3.6	\$1.1	\$4.7

* Estimates shown in 2001 dollars. Columns may not add due to rounding.

**Does not include incarceration costs

Unmet Demand by Levels of Treatment

According to National Survey of Substance Abuse Treatment Services (N-SSATS) data for 2003, about 85% of clients in treatment in Nebraska received outpatient, 14% received residential and 1% hospital inpatient. While the proportions of unmet demand at each level of treatment are currently unknown, it is possible to illustrate alternative unmet demand cost estimates through a combination of residential and outpatient treatment options.

Combined Residential-Outpatient Treatment Cost Illustrations

- The estimated costs of providing treatment to meet the unmet demand in Nebraska (as shown in Table 24) are based on “stand alone” residential and outpatient program classifications. Alternative programs might be developed to address a specific problem, such as methamphetamine addiction, through a combination of residential and outpatient treatment programming.

(Table 25. illustrates the estimated costs three such possible combinations: residential-intensive outpatient, residential-standard outpatient, and residential-drug court).¹³

Table 25.
Cost Estimates for Unmet Demand by
Combined Residential and Outpatient Levels of Treatment in Nebraska (2003)

COMBINED LEVELS OF TREATMENT OPTIONS*	18 Years or Older (\$ Millions)	Ages 12-17 (\$ Millions)	Total** Age 12+ (\$ Millions)
Any Illicit Drug [Persons]	[2,302]	[679]	[2,981]
Residential (50%) Intensive Outpatient (50%)	\$20.6	\$4.7	\$25.3
Residential (Full) Standard Outpatient (50%)	\$31.0	\$7.3	\$38.2
Residential (50%) Drug Court (50%)	\$19.2	\$4.4	\$23.6
Stimulant-Related [Persons]	[1,533]	[452]	[1,985]
Residential (50%) Intensive Outpatient (50%)	\$10.6	\$3.1	\$13.8
Residential (Full) Standard Outpatient (50%)	\$15.9	\$4.8	\$20.8
Residential (50%) Drug Court (50%)	\$9.9	\$2.9	\$12.8
Meth/Amphetamine-Related [Persons]	[1,049]	[310]	[1,359]
Residential (50%) Intensive Outpatient (50%)	\$7.3	\$2.1	\$9.4
Residential (Full) Standard Outpatient (50%)	\$10.9	\$3.3	\$14.2
Residential (50%) Drug Court (50%)	\$6.8	\$2.0	\$8.8

* Residential-intensive outpatient and residential-drug court cost estimates assume 50% reductions in both duration and costs of residential, intensive outpatient and drug

¹³ Residential-intensive outpatient and residential-drug court cost estimates assume 50% reductions in both duration and costs of residential, intensive outpatient and drug court programs as shown in Table 24. Residential-standard outpatient estimates assume full residential and 50% standard outpatient duration and costs.

court programs as shown in Table 24. *Residential-standard outpatient* estimates assume full residential and 50% standard outpatient duration and costs.

** Estimates shown in 2001 dollars. Columns may not add due to rounding.