

The DASIS Report

December 10, 2004

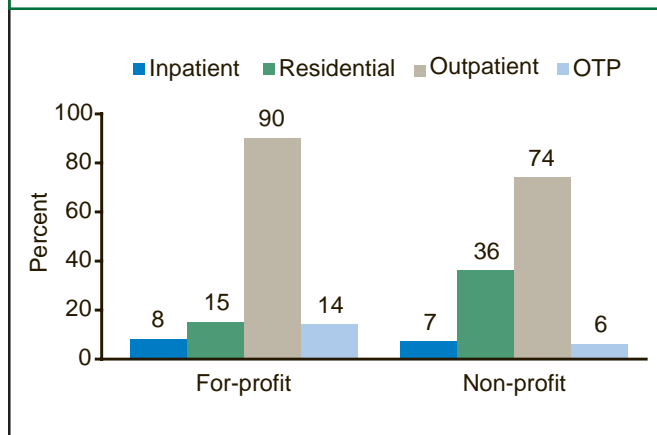
Private-For-Profit and Private-Non-Profit Substance Abuse Treatment Facilities: 2003

In Brief

- Among private facilities, 26 percent were operated by a for-profit organization and 74 percent were operated by a non-profit organization
- Private-for-profit facilities were more likely to offer outpatient treatment (90 percent) than were private-non-profit facilities (74 percent)
- Private-non-profit facilities were more likely to have a sliding fee scale (70 percent) than were private-for-profit facilities (49 percent)

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all facilities in the United States, both public and private, that provide substance abuse treatment. In 2003, there were more than 11,000 facilities in N-SSATS operated by private organizations. These facilities accounted for 87 percent of all N-SSATS facilities.¹ Among private facilities, 26 percent were operated by for-profit organizations, and 74 percent were operated by non-profit organizations.² On the survey response date, March 31, 2003, there were about 259,000 clients in facilities operated by for-profit organizations and about 610,000 clients in facilities operated by non-profit organizations. These accounted for 24 and 56 percent, respectively, of the number of clients in all facilities. This report will compare the characteristics of private-for-profit and private-non-profit facilities.

Figure 1. Type of Treatment Offered, by Type of Private Organization: 2003



Source: 2003 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Table 1. Type of Payment Accepted, by Type of Private Organization: 2003

	For-profit	Non-profit
	Percent	
Accepts Cash or Self-Payment	98	91
Accepts Medicare Payments	28	39
Accepts Medicaid Payments	37	62
Accepts State-Financed Health Insurance	32	43
Accepts Federal Military Insurance	36	38
Accepts Private Health Insurance	72	69
Accepts Other Payments	3	4

Client Composition

Facilities surveyed were asked to approximate the percentage of clients who fell into one of three mutually exclusive categories: treatment for abuse of both drugs and alcohol, treatment for alcohol abuse alone, or treatment for drug abuse alone. Private facilities operated by non-profit organizations had a higher average percentage of clients who were being treated for both drug and alcohol abuse (58 percent) than facilities operated by for-profit organizations (48 percent). Private-for-profit facilities had a higher average percentage of clients who were being treated for alcohol abuse alone (27 percent) than non-profit facilities (19 percent). Private-for-profit and non-profit facilities had a similar average percentage of clients being treated for drug abuse alone (25 vs. 23 percent).

Facility Characteristics

Private facilities operated by non-profit organizations were more likely to be located in or operated

by a hospital (15 percent) than were facilities operated by for-profit organizations (10 percent). There was little difference in the proportion of facilities licensed by the State substance abuse agency (for-profit: 85 percent; non-profit: 86 percent). However, among facilities operated by private organizations, non-profit facilities were more likely to be licensed by the State mental health agency (37 percent) than were for-profit facilities (31 percent).

Type of Treatment Offered

N-SSATS categorizes the type of substance abuse treatment offered into three main types defined by the treatment setting: hospital inpatient, residential, and outpatient. Within these groups, treatment is further categorized as detoxification or rehabilitation. In addition, facilities are asked if they operate an Opioid Treatment Program (OTP), which can be located in any treatment setting.³ A facility can offer one or any combination of these treatment types.

Inpatient hospital treatment was offered in almost equal proportions by both private-for-profit and private-non-profit facilities (8 vs. 7 percent) (Figure 1). Private-non-profit facilities were more likely to offer residential treatment (36 percent) than were for-profit facilities (15 percent). For-profit facilities were more likely to offer outpatient treatment (90 percent) than were non-profit facilities (74 percent). Facilities operated by a for-profit organization were also more likely to operate an OTP (14 percent) than were facilities operated by a non-profit organization (6 percent).

Finances

Facilities operated by private-non-profit organizations were more likely to accept payment from several publicly funded sources. For example, private-non-profit facilities were more likely than private-for-profit facilities to accept Medicaid (62 vs. 37 percent) or State-financed health insurance (43 vs. 32 percent) (Table 1). In addition, private facilities operated by non-profit organizations were more likely than those operated by for-profit organizations to have a sliding fee scale (70 vs. 49 percent). Private-for-profit facilities were

more likely to accept cash or self-payment (98 percent) than private-non-profit facilities (91 percent).

Programs for Special Groups

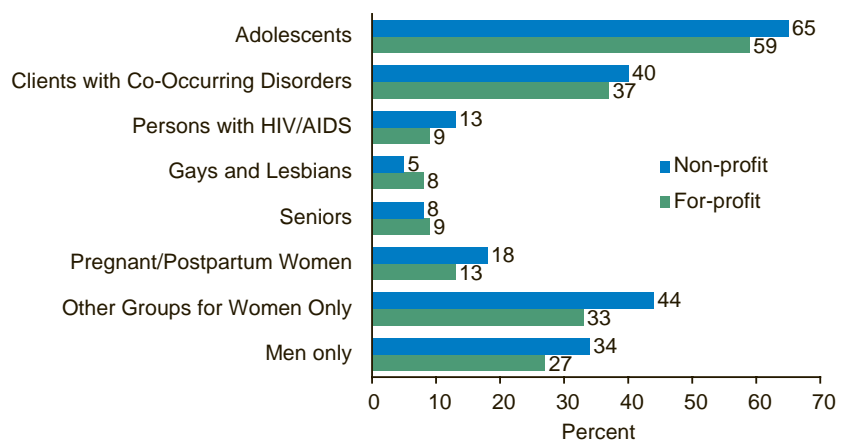
The facilities surveyed for N-SSATS were asked if they provide a substance abuse treatment program or therapy group specially designed for certain populations. Among private facilities, non-profit facilities were more likely than for-profit facilities to provide special groups for pregnant/postpartum women (18 vs. 13 percent), other groups for women only (44 vs. 33 percent), groups for adolescents (65 vs. 59 percent), and groups for men only (34 vs. 27 percent) (Figure 2). There was no substantial difference between private-for-profit facilities and private-non-profit facilities in the proportion providing special groups for clients with co-occurring mental and substance abuse disorders, gay or lesbian clients, clients with HIV/AIDS, or seniors.

Services

Private-non-profit facilities were more likely than private-for-profit facilities to offer all types of transitional services. These services were: assistance with social services (63 vs. 34 percent), discharge planning (86 vs. 79 percent), employment counseling (42 vs. 25 percent), and housing assistance (50 vs. 28 percent). In addition, private-non-profit facilities were also more likely than private-for-profit facilities to offer HIV testing (36 vs. 24 percent) and HIV/AIDS education (61 vs. 47 percent).

N-SSATS asks about several types of pharmacotherapies.

Figure 2. Percentage of Facilities Offering Programs for Special Populations, by Type of Private Organization: 2003



Private facilities operated by for-profit organizations were more likely than facilities operated by non-profit organizations to offer Antabuse pharmacotherapy (19 vs. 13 percent), as well as Naltrexone pharmacotherapy (15 vs. 10 percent), in the treatment of alcohol abuse. For-profit facilities were also more likely than non-profit facilities to provide buprenorphine (9 vs. 5 percent) in the treatment of opiate abuse.

There was no substantial difference between for-profit facilities and non-profit facilities in

the proportions offering various forms of therapy and counseling, such as group therapy, family counseling, individual therapy, and relapse prevention groups.

End Notes

¹ The remainder of the N-SSATS facilities were operated by State governments (3 percent), local governments (7 percent), tribal governments (1 percent), and the Federal government (2 percent).

² Solo private practice facilities (an office with a single practitioner or therapist) have been eliminated from the analysis; these facilities were 76 percent for-profit and 24 percent non-profit.

³ Opioid Treatment Programs (OTPs) are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) to use opioid drugs such as methadone in the treatment of opiate (narcotic) addiction.

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS was formerly known as the Uniform Facility Data Set (UFDS).

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2003.

Access the latest N-SSATS reports at: <http://www.oas.samhsa.gov/dasis.htm>

Access the latest N-SSATS/UFDS public use files at: <http://www.oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at: <http://www.oas.samhsa.gov>



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