

The DASIS Report

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Issue 2

Facilities Offering Special Programs or Groups for Clients with Co-Occurring Disorders: 2004

In Brief

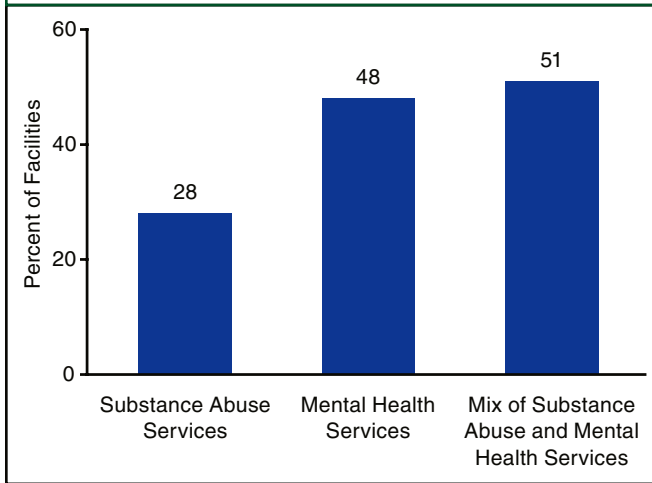
- In 2004, 35 percent of substance abuse treatment facilities provided special programs or groups for clients with co-occurring substance abuse and mental health disorders
- Facilities with special programs or groups for clients with co-occurring disorders were more likely than facilities that did not provide such services to accept government financed payments such as Medicare (46 vs. 29 percent) and Medicaid (64 vs. 48 percent)

This report provides data on substance abuse treatment facilities providing special programs or groups for clients with co-occurring substance abuse and mental health disorders. The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all known facilities in the United States, both public and private, that provide substance abuse treatment. In 2004, a total of 13,454 facilities responded to N-SSATS. Of those, 4,756 (35 percent) had special programs or groups for clients with co-occurring disorders.

Primary Focus

Facilities focused on providing a combination of substance abuse and mental health services and facilities focused on providing mental health services were more likely to provide special programs

Figure 1. Treatment Facilities Providing Special Programs or Groups for Clients with Co-Occurring Disorders, by Primary Focus: 2004



Source: 2004 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

or groups for clients with co-occurring disorders (51 and 48 percent, respectively) than facilities providing substance abuse treatment services only (28 percent) (Figure 1).

Facility Operation

In 2004, facilities operated by State governments were most likely to offer special programs or groups for clients with co-occurring disorders (50 percent), followed by facilities operated by local governments (44 percent), the Federal government (41 percent), and private non-profit organizations (36 percent) (Table 1). Facilities operated by private-for-profit organizations (31 percent) and Tribal governments (29 percent) were least likely to offer such programs.

Among Federally operated facilities, those operated by the Department of Veterans Affairs were most likely to offer special programs or groups for individuals with co-occurring disorders (54 percent), while those operated by the Department of Defense were least likely to offer such services

(20 percent). Facilities operated by the Indian Health Service offered special programs or groups for clients with co-occurring disorders in 39 percent of their facilities.

Services Provided

Facilities with special programs or groups for clients with co-occurring disorders were more likely than those not offering special programs for these individuals to offer a number of services, including family counseling (83 vs. 73 percent), Hepatitis B testing (30 vs. 19 percent), transitional social services (65 vs. 49 percent), domestic violence services (40 vs. 29 percent), and HIV testing (38 vs. 28 percent) (Figure 2). Facilities with special programs or groups for clients with co-occurring disorders were also more likely to operate a substance abuse hotline (27 vs. 21 percent) compared to those not offering such programs.

Table 1. Substance Abuse Treatment Facilities Providing Special Programs or Groups for Clients with Co-Occurring Disorders, by Ownership: 2004

Ownership	Facilities Providing Special Programs or Groups for Clients with Co-Occurring Disorders		
	All Facilities Number	Number	Percent
Total	13,454*	4,756	35
Private Non-Profit	7,992	2,856	36
Private For-Profit	3,461	1,064	31
Local Government	951	422	44
State Government	456	230	50
Federal Government	324	134	41
Dept. of Veterans Affairs	185	99	54
Dept. of Defense	100	20	20
Indian Health Service	33	13	39
Other	6	2	33
Tribal Government	172	50	29

Type of Care and Size

Facilities offering hospital inpatient care (54 percent) were more likely to provide special programs or groups for clients with co-occurring disorders than facilities offering outpatient care (36 percent) or non-hospital residential care (35 percent).¹

The size of the facility, as measured by the number of clients in treatment on March 31, 2004, was associated with the availability of special programs or groups for clients with co-occurring disorders. Large facilities² were more likely to offer special programs or groups for clients with co-occurring disorders than smaller facilities. Fifty-five percent of large facilities servicing outpatient clients offered such programs compared to 47 percent of small outpatient facilities. Among large residential facilities, 53 percent of facilities offered special programs or groups for clients with co-occurring disorders compared to 47 percent of small residential facilities. For hospital inpatient facilities, 56

percent of large facilities offered special programs or groups for clients with co-occurring disorders compared to 40 percent of small facilities.

Type of Payment

Facilities offering special programs or groups for clients with co-occurring disorders were more likely than facilities not offering such services to accept government financed payments (Figure 3). For example, such facilities were more likely than facilities not providing such programs to accept Medicaid (64 vs. 48 percent), State-financed health insurance (64 vs. 35 percent), Federal military insurance (46 vs. 34 percent) and Medicare (46 vs. 29 percent).

Figure 2. Selected Services Offered, by Whether Facilities Provided Special Programs or Groups for Clients with Co-Occurring Disorders: 2004

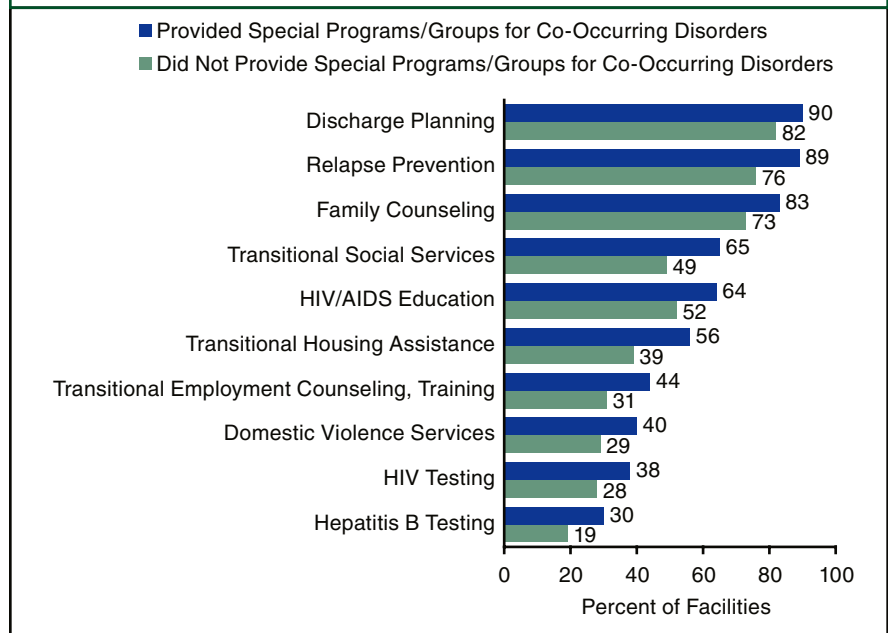
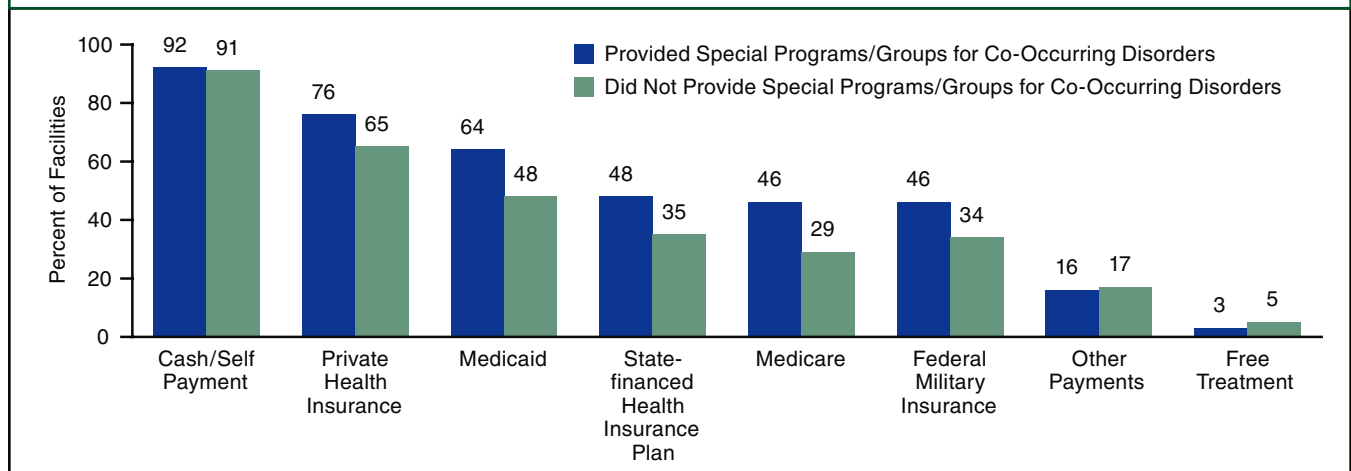


Figure 3. Types of Payment Accepted, by Whether Facilities Offered Special Programs or Groups for Clients with Co-Occurring Disorders: 2004



End Notes

¹ The *types of care* are outpatient, non-hospital residential, and hospital inpatient. Outpatient care includes outpatient detoxification, outpatient methadone maintenance, outpatient day treatment or partial hospitalization (20 or more hours per week), intensive outpatient treatment (a minimum of 2 hours per day on 3 or more days per week), and regular outpatient treatment (fewer hours per week than intensive). Non-hospital residential care includes residential detoxification, residential short-term treatment (30 days or less), and residential long-term treatment (more than 30 days). Hospital inpatient care includes inpatient detoxification and inpatient treatment. Facilities may make more than one type of care available. Facilities not providing client counts were excluded from these comparisons.

² *Facility size* was divided into two values: less than or equal to the median number of clients on March 31, 2004, compared to greater than the median number of clients on that date. *The number of clients in treatment* in the 2004 N-SSATS were defined as: 1) hospital inpatient and non-hospital residential clients receiving substance abuse services at the facility on March 31, 2004; and 2) outpatient clients who were seen at the facility for a substance abuse treatment or detoxification service at least once during the month of March 2004, and who were still enrolled in treatment as of March 31, 2004. The median client numbers for inpatient, non-hospital residential, and outpatient clients were 8, 19, and 48, respectively.

Table Note

* The 13,454 facilities include 98 facilities which did not report whether they had special programs or groups for clients with co-occurring disorders.

Research Findings from SAMHSA's 2004 Drug and Alcohol Services Information System (DASIS)

Facilities Offering Special Programs or Groups for Clients with Co-Occurring Disorders: 2004

- In 2004, 35 percent of substance abuse treatment facilities provided special programs or groups for clients with co-occurring substance abuse and mental health disorders
- Facilities with special programs or groups for clients with co-occurring disorders were more likely than facilities that did not provide such services to accept government financed payments such as Medicare (46 vs. 29 percent) and Medicaid (64 vs. 48 percent)

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, 2004.

Access the latest N-SSATS/UFDS 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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