

# The DASIS Report

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## Facilities Offering Special Programs or Groups for Women: 2005

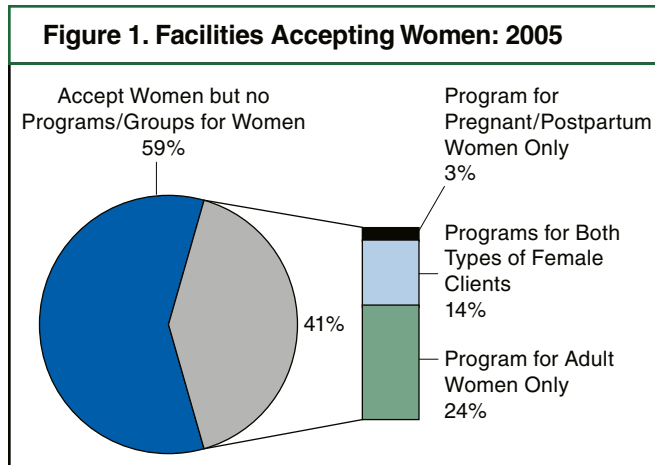
**T**his report presents data on substance abuse treatment facilities providing special programs or groups for women. These data come

from the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all known facilities in the United States, both public and private, that provide substance abuse treatment. The 2005 N-SSATS has information on facilities that offer specially designed treatment programs or groups for specific types of clients, including both adult women and pregnant or postpartum women.<sup>1,2</sup> Among the 13,371 treatment facilities that responded to the 2005 N-SSATS, 13 percent did not accept women as clients.<sup>3</sup> This report will look only at the 11,578 facilities that accepted women, comparing those that offered special programs or groups for women with facilities that did not offer any special programs for women.

Among facilities accepting women, 41 percent offered at least one special program or group for female clients:

### In Brief

- In 2005, 41 percent of substance abuse treatment facilities that accepted women as clients provided special programs or groups for women
- Larger facilities were more likely than smaller facilities to offer special programs or groups for women
- Facilities with special programs or groups for women were more likely to offer special programs or groups for other types of clients than were facilities without special programs for women



Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

**Table 1. Size of Facility,\* by Whether Facilities Offered Special Programs or Groups for Women: 2005**

	Offered Special Programs/Groups for Women	Did Not Offer Special Programs/Groups for Women
<b>Number of Clients</b>	<i>Percent of Facilities</i>	
14 or Fewer	30	70
15-29	36	64
30-59	38	62
60-119	43	57
120 or More	59	41

\*Size of facility is defined as number of clients in treatment on March 31, 2005. Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

24 percent offered special programs or groups for adult women only and 3 percent for pregnant or postpartum women only, while another 14 percent offered special programs or groups for both types of women (Figure 1).

### Size

Larger facilities were more likely than smaller facilities to offer special programs or groups for women.<sup>4</sup> Only 30 percent of the smallest facilities (those with 14 or fewer clients on the survey reference date) had special programs or groups for women compared with 59 percent of the largest facilities (those with 120 or more clients) (Table 1).

### Services Provided

Facilities with special programs or groups for women were more likely than those not offering special programs for women to provide substance abuse therapy and counseling services. Individual therapy was provided by 97 percent of facilities with such programs or groups for women compared with 94 percent of facilities without such programs

(Figure 2). Similarly, group therapy was provided by 95 percent of facilities with special programs or groups for women compared with 87 percent of facilities not offering such programs. Other therapy/counseling services offered by a larger proportion of facilities with special programs or groups for women than those without special programs for women were relapse prevention groups (91 vs. 74 percent), aftercare counseling (84 vs. 78 percent), and family counseling (81 vs. 74 percent).

Transitional services, such as discharge planning and assistance with obtaining social services, were also provided more frequently by facilities with special programs or groups for women than those without such programs (91 vs. 80 percent and 66 vs. 47 percent, respectively). Several other services such as child care, domestic violence services, and provision of residential beds for clients' children, while not for women only, tend to affect female clients more than male clients. These services were more likely to be provided by facilities with special programs or groups for women than facilities not offering

such programs (domestic violence services: 41 vs. 29 percent; child care: 18 vs. 4 percent; beds for children: 9 vs. 1 percent).

### Programs for Other Types of Clients

Facilities with special programs or groups for women were more likely to offer special programs or groups for other types of clients than were facilities without special programs for women. Facilities offering special programs or groups for women were over 20 times more likely than facilities without programs for women to have programs or groups for men (63 vs. 3 percent) and about four times more likely to have programs or groups for persons with HIV/AIDS (23 vs. 4 percent) and seniors (16 vs. 3 percent) (Figure 3). Facilities providing special programs or groups for women were also more likely to provide programs or groups for adolescents (78 vs. 48 percent) and persons with co-occurring disorders (56 vs. 31 percent) than were facilities without special programs or groups for women.

## Facility Operation

Facilities offering special programs or groups for women were less likely than facilities without such programs to be operated by private for-profit organizations (24 vs. 32 percent) but more likely to be operated by private non-profit organizations (61 vs. 53 percent). For all other types of facility operation (i.e., State, Local, Tribal and Federal government), the distribution of facilities offering special programs or groups for women was similar to the distribution of facilities not offering such programs.

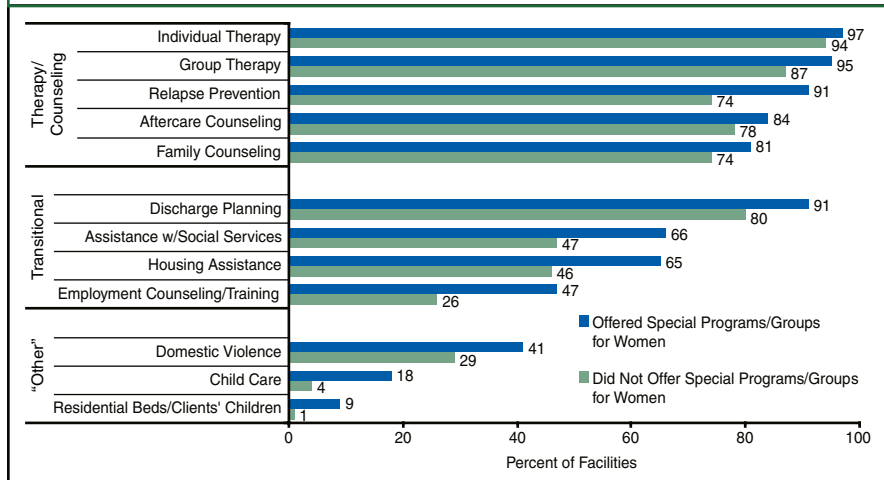
## Type of Payment

Facilities with special programs or groups for women accepted Medicaid more frequently than facilities without such programs (60 vs. 54 percent) but accepted Medicare less frequently than facilities without special programs (35 vs. 41 percent). These facilities were also less likely to accept Federal military insurance than facilities with no special programs for women (34 vs. 43 percent). Both types of facilities were similar in the proportions accepting State-financed health insurance (42 vs. 41 percent) and self-payment (93 vs. 94 percent).

## Type of Care

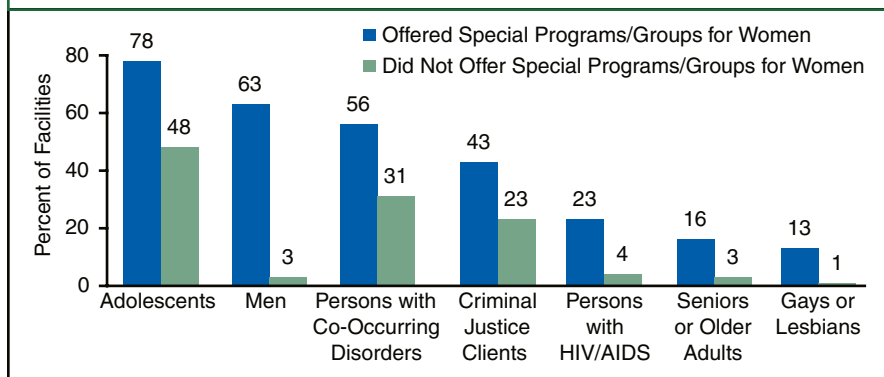
Non-hospital residential care was twice as frequent among facilities with special programs or groups for women than facilities with no special programs for women (30 vs. 15 percent).<sup>5</sup> Inpatient hospital care and outpatient care were both more common among facilities without special programs or groups for women than facilities

**Figure 2. Selected Services Provided, by Whether Facilities Offered Special Programs or Groups for Women: 2005**



Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

**Figure 3. Other Types of Clients Served, by Whether Facilities Offered Special Programs or Groups for Women: 2005**



Source: 2005 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

with special programs or groups for women (6 vs. 10 percent and 82 vs. 88 percent, respectively).

### End Notes

<sup>1</sup> N-SSATS asks if facilities offer treatment programs or groups geared towards the specific needs of certain client types including adolescents, clients with co-occurring mental health and substance abuse disorders, criminal justice clients, persons with HIV or AIDS, gays or lesbians, pregnant or postpartum women, adult women, adult men, and seniors or older adults.

<sup>2</sup> An earlier report on facilities offering special programs for women included domestic violence services and child care services as special services for women. [Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (October 11, 2002). *The DASIS report: Facilities offering special programs or services for women*. Rockville, MD.] In this report, these services, which are not used exclusively by women, are not included in the definition of a special program or service for women, but are included under the analysis of services offered.

<sup>3</sup> The 13 percent of facilities that do not accept women are men-only facilities or those adolescent-only facilities that do not offer a special program for those who are pregnant or post-partum.

<sup>4</sup> Size categories are based on quintiles of the range of values for the total client census on March 31, 2005, for all facilities. The percentages presented in Table 1 are based on only the 10,124 facilities that admitted women and reported census numbers for themselves and for no other facilities.

<sup>5</sup> 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), 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 offer more than one type of care.

Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

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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, 2005.**

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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