

# The DASIS Report

June 20, 2003

## Facilities Offering Hospital Inpatient Care

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. The 2000 N-SSATS asked

which type of care the facilities currently offered: hospital inpatient, residential (non-hospital), and outpatient. This report examines the characteristics of the 1,147 facilities offering hospital inpatient care (9 percent) out of the 13,428 facilities responding to the 2000 N-SSATS. Characteristics of facilities offering other types of care are examined in other short reports.<sup>1</sup>

### In Brief

- Nationally, 9 percent of substance abuse treatment facilities offered hospital inpatient care
- Over two-fifths (43 percent) of facilities with hospital inpatient care offered detoxification only, with no rehabilitation
- Three-quarters (74 percent) of hospital inpatient care facilities provided programs for persons with co-occurring disorders

“Hospital inpatient” refers to the level of medical supervision of treatment at the facility, not just the facility setting; and some non-hospital facilities provide this high level of medical supervision of treatment (12 percent). Of the nine-tenths (88 percent) of facilities offering inpatient hospital care that were located in or operated by hospitals, 21 percent were associated with psychiatric hospitals, while the remainder were operated by general or “other” hospitals. Hospital inpatient facilities with no hospital association treated 15 percent of clients identified as “hospital inpatient clients.”

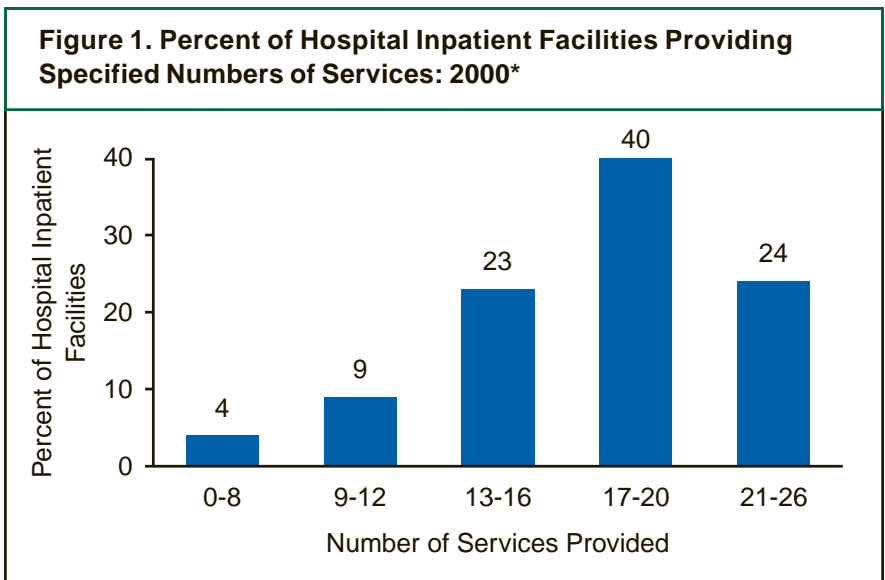
On a typical day, there were nearly 13,300 substance abuse clients in facilities offering hospital inpatient care (averaging 13 people per facility), with about 1,000 of these clients under the age of 18.<sup>2</sup> Of the clients in facilities that offered hospital inpatient care, about 4,600 (35 percent) were in the 281 facilities that offered hospital inpatient care only.

### Primary Focus

One-third of facilities offering hospital inpatient care had a primary focus of substance abuse (33 percent), one-third had a primary focus of substance abuse and mental health (31 percent), 18 percent had a primary focus of general health care, 16 percent had a primary focus of mental health, and 2 percent had a primary focus of “other.” Almost half (46 percent) of the hospital inpatient facilities with a mental health focus were located in psychiatric hospitals, as were one-third (34 percent) of hospital inpatient facilities with a focus of substance abuse and mental health and 10 percent of facilities with a primary focus of substance abuse.

### Type of Treatment

Both detoxification and rehabilitation were offered by 46 percent of hospital inpatient facilities, detoxification alone was offered by 43 percent of such facilities, and rehabilitation alone by 11 percent (Table 1). Of clients in hospital inpatient facilities, 52 percent were in rehabilitation and 48 percent were in detoxification.



Source: 2000 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Hospital inpatient facilities associated with and those not associated with a hospital were equally likely to offer both detoxification and rehabilitation treatment (46 and 47 percent, respectively). However, facilities with no hospital association were more likely to offer rehabilitation (30 vs. 8 percent), and facilities with a hospital association were more likely to offer detoxification (46 vs. 23 percent). Hospital-related inpatient facilities offering only rehabilitation were most likely to be associated with psychiatric hospitals (36 percent). Facilities offering both detoxification and rehabilitation and those offering only detoxification were less likely to be associated with psychiatric hospitals (27 and 14 percent, respectively).

### Ownership

Private non-profit organizations owned more than half (56 percent) of the hospital inpatient facilities, and private for-profit organizations owned 22 percent of the hospital inpatient facilities.

The remaining 22 percent were about equally divided among Federal, State, and local governments.

### Services

Facilities were asked about the provision of 26 services. Six of these services were provided by at least 90 percent of hospital inpatient facilities: comprehensive substance abuse assessment, individual therapy, group therapy, drug/alcohol urine screening, discharge planning, and referral to other transitional services. One-quarter (24 percent) of the hospital inpatient facilities offered 21 or more services (Figure 1).

### Special Populations Served

Facilities were also asked about the provision of treatment groups and programs for nine special populations. The population for which a program was provided most frequently in hospital

inpatient facilities (74 percent) was persons with co-occurring disorders (Table 2). Over one-quarter (28 percent) of all patients in hospital inpatient facilities were in psychiatric hospitals with a special program for those with co-occurring disorders. A quarter of the hospital inpatient facilities (24 percent) offered a program for one special population, and one-fifth (20 percent) provided groups/programs for two special populations.

### Treatment Offered in a Language Other Than English

More than a quarter of the hospital inpatient facilities (27 percent) offered treatment in a language other than English. Of these facilities, 70 percent offered treatment in Spanish, 16 percent offered treatment in another language, and 14 percent offered treatment in Spanish and another language.

### Payment Accepted

Virtually all hospital inpatient facilities accepted self payment (96 percent) and private health insurance (94 percent), and four-fifths (81 percent) accepted Medicare. Three-quarters (74 percent) accepted Federal military insurance, 70 percent accepted Medicaid, and 48 percent accepted State-financed health insurance.

**Table 1. Hospital Inpatient Facilities by Type of Treatment and Association with Hospital: 2000**

Type of Treatment	Located in or Operated by a Hospital		Not Located in or Operated by a Hospital		Total	
	No.	%	No.	%	No.	%
Detoxification Only	462	46	32	23	494	43
Rehabilitation Only	78	8	43	30	121	11
Both Detoxification and Rehabilitation	466	46	66	47	532	46
<b>Total</b>	<b>1,006</b>	<b>100</b>	<b>141</b>	<b>100</b>	<b>1,147</b>	<b>100</b>

**Table 2. Special Populations Served by Hospital Inpatient Facilities: 2000**

Special Population	Percent of Facilities
Persons with Co-Occurring Disorders	74
Adolescents	32
Seniors	31
Women Only	28
Persons with HIV/AIDS	26
Men Only	24
Gays/Lesbians	19
Pregnant/Postpartum Women	19
Other	11

#### End Notes

<sup>1</sup> Substance Abuse and Mental Health Services Administration (2003, May 23). *The DASIS Report. Facilities Offering Residential Care*. Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration (in press). *The DASIS Report. Facilities Offering Outpatient Care*. Rockville, MD: Author.

<sup>2</sup> Based on the survey response reference date, October 1, 2000.

#### Figure Note

For a complete list of services, see Substance Abuse and Mental Health Services Administration. *National Survey of Substance Abuse Treatment Services (N-SSATS): 2000* (DHHS Publication No. (SMA) 02-3668). Rockville, MD: Author.

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 RTI, Research Triangle Park, North Carolina.

**Information and data for this report are based on data reported to N-SSATS for the survey reference date October 1, 2000.**

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