The N-SSATS Report

November 11, 2009

Substance Abuse Treatment Facilities Operated by the Department of Veterans Affairs

In Brief

- In 2007, substance abuse treatment facilities operated by the VA were more likely than non-VA facilities to offer specially designed programs for clients with co-occurring psychological and substance abuse problems (60 vs. 39 percent)
- VA facilities were more likely than non-VA facilities to offer testing services including HIV testing (92 vs. 29 percent), TB screening (91 vs. 34 percent), hepatitis B or C screening (91 vs. 22 percent), and STD testing (89 vs. 20 percent)
- VA facilities were more likely than non-VA facilities to offer mental health services (93 vs. 54 percent) and HIV/AIDS education, counseling, or support (86 vs. 56 percent)

new generation of veterans is coming home from combat in Iraq and Afghanistan with a variety of medical needs, including treatment for substance abuse and/or psychological disorders. Facilities operated by the Department of Veterans Affairs (VA) are the primary access to treatment for many veterans. However, according to the Government Accountability Office (GAO), the VA drastically reduced its substance-use disorder treatment and rehabilitation services between 1996 and 2006, and the number of veterans receiving specialized substance abuse treatment services decreased by 18 percent over the same time period.1

The National Survey of Substance Abuse Treatment Services (N-SSATS) collects data that can be used to examine the characteristics of facilities operated by the VA. In order to provide insight into the type of care provided to veterans through VA facilities, this report compares the 183 VA substance abuse treatment facilities that reported to N-SSATS in 2007 with the remaining 13,465 non-VA facilities.

Facility Size and Primary Focus

VA facilities served more clients on a typical day than non-VA facilities. On the survey date of March 30, 2007, the median number of clients enrolled in VA substance abuse treatment

facilities was more than double the median number enrolled in non-VA facilities (106 vs. 43 clients).

About 89 percent of VA substance abuse treatment facilities were located in or operated by hospitals compared with 11 percent of non-VA facilities. VA facilities were also much more likely than non-VA facilities to focus primarily on the provision of general health care (23 vs. 1 percent) (Figure 1). However, while VA facilities were correspondingly less likely than non-VA facilities to focus primarily on provid-

ing substance abuse treatment services (37 vs. 62 percent), they were more likely to focus primarily on a mix of mental health and substance abuse treatment services (35 vs. 29 percent). VA facilities located in or operated by hospitals had larger median client counts than VA facilities not located in or operated by hospitals (115 vs. 50 clients); by contrast, non-VA facilities located in or operated by hospitals were smaller than those not located in or operated by hospitals (35 vs. 45 clients).

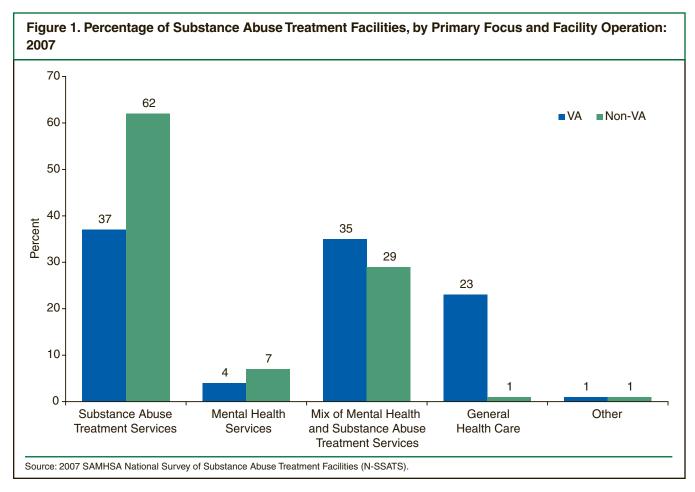


Table 1. Percentage of Substance Abuse Treatment Facilities, by Type of Care and Facility Operation: 2007

VA Facilities	Non-VA Facilities
99	81
95	74
67	44
48	27
36	12
29	22
39	7
	99 95 67 48 36 29

Table 2. Percentage of Substance Abuse Treatment Facilities Offering Testing Services, by Facility Operation: 2007

VA Facilities	Non-VA Facilities
97	83
92	29
91	34
91	22
89	20
86	58
	97 92 91 91 91 89

Type of Care

Compared with non-VA substance abuse treatment facilities, a larger percentage of VA facilities offered outpatient care (99 vs. 81 percent), residential care (48 vs. 27 percent), and hospital inpatient care (39 vs. 7 percent) (Table 1). VA facili-

ties and non-VA facilities were even more different in how likely they were to offer specific kinds of outpatient or residential care: VA facilities were more likely than non-VA facilities to offer intensive outpatient care (67 vs. 44 percent) and short-term residential care (36 vs. 12 percent).

Specially Designed Programs or Groups

Veterans, particularly those returning from combat, may suffer from severe psychological problems.² Substance abuse treatment facilities operated by the VA were more likely than non-VA facilities to offer specially designed programs for clients with co-occurring psychological and substance abuse problems (60 vs. 39 percent). VA facilities were also more likely than non-VA facilities to offer specially designed programs for seniors or older adults (14 vs. 8 percent). However, VA facilities were less likely than non-VA facilities to offer programs for female clients (24 vs. 37 percent).

Services

VA substance abuse treatment facilities were more likely than non-VA facilities to offer assessment and pretreatment services such as screening for mental health disorders (92 vs. 61 percent) and comprehensive mental health assessments or diagnoses (85 vs. 42 percent). VA facilities were also more likely than non-VA facilities to offer testing services. While nearly all VA facilities and most non-VA facilities offered drug or alcohol urine screening (97 vs. 83 percent), VA facilities were much more likely than

Table 3. Percentage of Substance Abuse Treatment Facilities Offering Transitional or Ancillary Services, by Facility Operation: 2007

Ancillary or Transitional Service	VA Facilities	Non-VA Facilities
Substance Abuse Education	96	94
Aftercare	95	81
Mental Health Services	93	54
Discharge Planning	87	92
HIV/AIDS Education, Counseling, or Support	86	56
Case Management Services	83	76
Health Education other than HIV/AIDS	82	49
Assistance in Locating Housing for Clients	78	43
Social Skills Development	76	66
Employment Counseling or Training for Clients	72	34
Self-help Groups	71	47
Assistance with Obtaining Social Services	69	52
Transportation Assistance to Treatment	57	36
Early Intervention for HIV	56	25
Mentoring/Peer Support	52	45
Domestic Violence—Family or Partner Violence Services	37	36
Acupuncture	5	4
Child Care for Clients' Children	2	8
Residential Beds for Clients' Children	2	4

non-VA facilities to offer HIV testing (92 vs. 29 percent), TB screening (91 vs. 34 percent), hepatitis B or C screening (91 vs. 22 percent), STD testing (89 vs. 20 percent), and breathalyzer or other blood alcohol testing (86 vs. 58 percent) (Table 2).

Of the 19 ancillary or transitional services included in N-SSATS, 16 were more likely to be offered by VA facilities than by non-VA facilities, including services directly related to improved health such as mental health services (93 vs. 54 percent); HIV/AIDS education, counseling, or support (86 vs. 56 percent); health education other than HIV/AIDS (82 vs. 49 percent); and early intervention for HIV (56 vs. 25 percent) (Table 3).

Because 89 percent of VA facilities were located in or operated by hospitals, these facilities were compared with facilities located in or operated by non-VA hospitals. A comparison of VA to non-VA hospital-based or operated facilities yielded results similar to those obtained in the comparison between VA facilities and non-VA facilities. For example, VA hospitalbased or operated facilities were more likely than non-VA hospital-based or operated facilities to offer several testing services, including HIV testing (93 vs. 57 percent) and screening for hepatitis

B or C (93 vs. 54 percent), and ancillary or transitional services such as aftercare (95 vs. 79 percent), mental health services (93 vs. 71 percent), HIV/AIDS education, counseling, or support (86 vs. 54 percent), and assistance locating housing for clients (79 vs. 35 percent). VA hospital-based facilities were also more likely to offer the assessment/ pre-treatment service of screening for mental health disorders (91 vs. 74 percent).

Discussion

The Veterans Health Administration is "home to the largest integrated health care system" in the United States providing a range of services including substance abuse and mental health treatment.³ VA substance abuse

treatment facilities in 2007 were in fact more likely than other facilities surveyed by N-SSATS to provide comprehensive health care, both in terms of the breadth of other health concerns that could be treated (e.g., mental health and HIV) and in terms of the breadth of services offered (e.g., assessments, screenings, counseling, and education). These advantages may be due in part to the higher proportion of hospital-based or operated facilities among VA facilities, and the more frequent primary focus on general health. However, because hospital-based or operated VA facilities were also more likely than their non-VA counterparts to offer many of these services, the VA system itself can also be credited with providing a more

comprehensive and integrated approach to substance abuse treatment that provides both primary and specialized care as well as related medical and social support services.

End Notes

- Veterans Mental Health Improvement Act of 1997, S. 2162, 110th Cong. Title I: Substance Use Disorders and Mental Health Care (2007). Retrieved August 4, 2009, from http://tinyurl. com/klwzb7
- Nearly 19 percent of veterans returning from Iraq or Afghanistan report reported post-traumatic stress disorder (PTSD) or depression. See: RAND Center for Military Health Policy Research. (2008). Invisible wounds: Mental health and cognitive care needs of America's returning veterans [Research Brief RB-9336-CCF (2008)]. Retrieved September 28, 2009, from http://www.rand.org/pubs/research_briefs/2008/RAND_RB9336.pdf
- ³ Health Care—Veterans Health Administration: Medical Centers. Retrieved October 20, 2009, from http://www1.va.gov/health/MedicalCenters.asp

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Findings from SAMHSA's 2007 National Survey of Substance Abuse Treatment Services (N-SSATS)

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

N-SSATS collects three types of information from facilities: characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options; client count information such as counts of clients served by service type and number of beds designated for treatment; and general information such as licensure, certification, or accreditation and facility website availability. In 2007, N-SSATS collected information from 13,648 facilities from all 50 States, the District of Columbia, Puerto Rico, the Federated States of Micronesia, Guam, Palau, and the Virgin Islands. Information and data for this report are based on data reported to N-SSATS for the survey reference date March 30, 2007.

The N-SSATS 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 the trade name of Research Triangle Institute). Information on the most recent N-SSATS is available in the following publication:

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2007. Data on Substance Abuse Treatment Facilities* (DASIS Series: S-44, DHHS Publication No. (SMA) 08-4348). Rockville MD: Author.

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

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