

The N-SSATS Report

September 2, 2010

Substance Abuse Treatment Facilities Affiliated with a Religious Organization

In Brief

- In 2008, there were 527 faith-based substance abuse treatment facilities or facilities affiliated with a religious organization that were not located in or operated by a hospital
- On the survey reference date of March 31, 2008, there was an average of 74 clients enrolled in faith-based facilities compared with an average of 88 clients enrolled in non-faith-based facilities
- Faith-based facilities were more than twice as likely as non-faith-based facilities to provide a halfway house or other transitional housing (24.1 vs. 10.4 percent)
- Faith-based facilities were more likely than non-faith-based facilities to provide free treatment to all clients (10.6 vs. 3.4 percent) or to offer treatment at no charge to clients who could not afford to pay (59.4 vs. 45.2 percent)

Addressing the substance use treatment needs of a diverse population necessitates a diverse system of care with treatment options designed to meet the unique needs and preferences of clients. The beneficial role that faith and spirituality play in the programs designed to treat and promote recovery from substance abuse has long been acknowledged, making faith-based organizations an important component of the treatment system.¹ Faith-based organizations have a long history of providing services to individuals within their communities, and the last decade has brought increased collaboration between faith-based organizations and the Federal Government. The Office of Faith-Based and Community Initiatives established in 2001 and its successor, the Office of Faith-Based and Neighborhood Partnerships established in 2009, emphasize and facilitate the partnership between faith-based organizations and

the government in addressing societal problems. Understanding the characteristics of faith-based substance abuse treatment facilities provides community leaders and policy makers with a more complete picture of the treatment services available in their communities.

The National Survey of Substance Abuse Treatment Services (N-SSATS) can be used to examine substance abuse treatment facilities that were affiliated with a religious organization (hereafter referred to as “faith-based facilities”). This report examines the characteristics

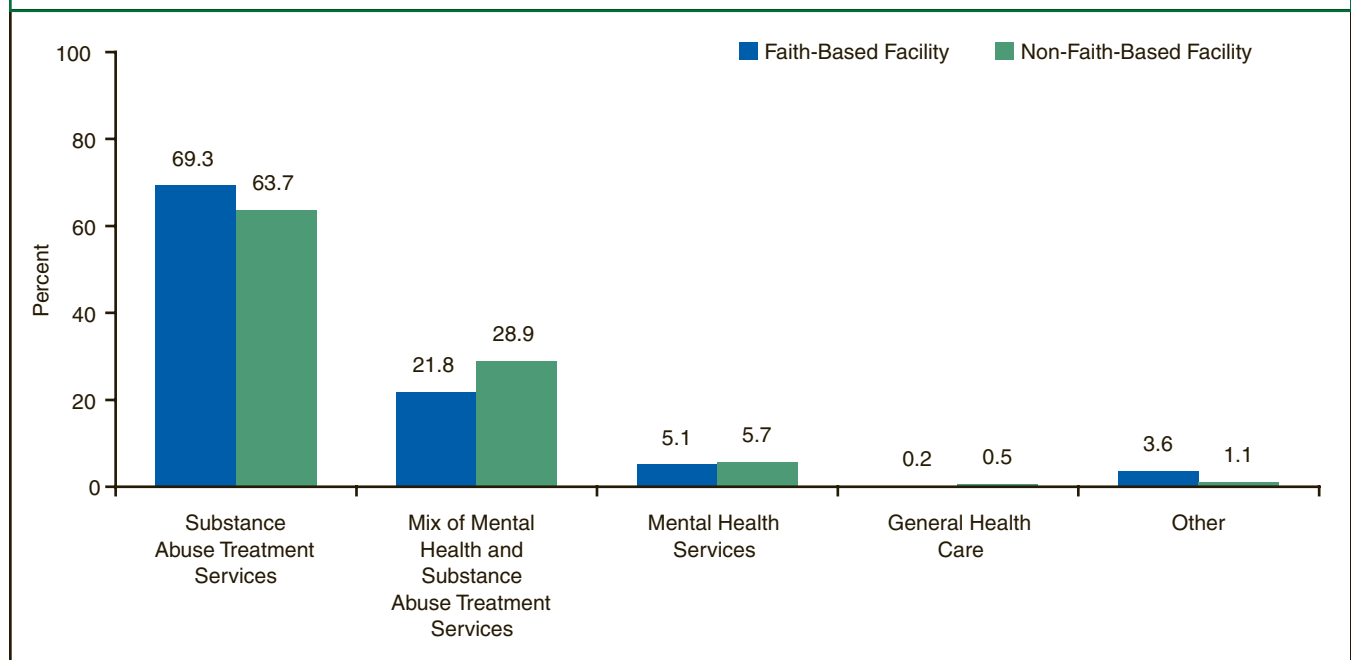
of these treatment facilities in the United States in 2008 and makes selected comparisons to facilities not affiliated with a religious organization (hereafter referred to as “non-faith-based facilities”). Substance abuse treatment facilities that were located in or operated by hospitals are excluded from the analysis. Thus, the focus of this report is the remaining 527 faith-based and 10,170 non-faith-based facilities that were not affiliated with hospitals.

Facility Characteristics

All faith-based facilities were privately operated, either by a non-profit or for-profit organization. Faith-based facilities were more likely than non-faith-based facilities to be operated by a private non-profit organization (93.9 vs. 63.1 percent), and 6 times less likely to be operated by a private for-profit organization (6.1 vs. 36.9 percent).

Faith-based facilities served fewer clients on a typical day than non-faith-based facilities. On the survey reference date of March 31, 2008, there was an average of 74 clients enrolled in faith-

Figure 1. Primary Focus among Faith-Based and Non-Faith-Based Substance Abuse Treatment Facilities: 2008



Note: Includes faith-based and non-faith-based facilities not located in or operated by a hospital. Percentages may not sum to 100 percent due to rounding. Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

based facilities compared with an average of 88 clients enrolled in non-faith-based facilities.²

When examined by region, 33.0 percent of faith-based facilities were located in the Midwest. Smaller proportions were located in the West (23.7 percent), South (21.9 percent), and Northeast (21.3 percent).

Primary Focus and Type of Care

N-SSATS collects information on the primary focus of the treatment provided by facilities, and categorizes this focus into five main types—substance abuse treatment services, mental health services, mix of mental health and substance abuse treatment services (neither is primary), general health care, and other. Faith-based facilities were more likely than non-faith-based facilities to focus primarily on providing substance abuse treatment services (69.3 vs. 63.7 percent) and were less likely to provide a mix of mental health and substance abuse treatment (21.8 vs. 28.9 percent) (Figure 1).

N-SSATS also collects information on the type of substance abuse treatment offered by facilities. Some facilities provide one type of care while others provide a combination of types.

Table 1. Assessment and Pre-treatment Services and Testing Provided by Faith-Based and Non-Faith-Based Substance Abuse Treatment Facilities: 2008

Service	Percent of Faith-Based Facilities	Percent of Non-Faith-Based Facilities
Assessment and Pre-treatment Services		
Screening for Substance Abuse	88.7	92.7
Comprehensive Substance Abuse Assessment or Diagnosis	82.0	89.6
Outreach to Persons in the Community Who May Need Treatment	61.8	50.6
Screening for Mental Health Disorders	52.3	60.4
Interim Services for Clients When Immediate Admission Is Not Possible	39.2	39.8
Comprehensive Mental Health Assessment or Diagnosis	33.7	40.3
Testing		
Drug or Alcohol Urine Screening	81.9	81.8
Breathalyzer or Other Blood Alcohol Testing	56.9	57.1
TB Screening	29.2	30.0
HIV Testing	27.3	24.3
Screening for Hepatitis C	18.6	18.2
Screening for Hepatitis B	16.9	17.1
STD Testing	12.9	16.0

Note: Includes faith-based and non-faith-based facilities not located in or operated by a hospital.
Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Outpatient-only treatment was the most common type of care provided by faith-based facilities, although they were less likely than non-faith-based facilities to provide only this type of care (49.0 vs. 71.6 percent). Faith-based facilities were almost twice as likely as non-faith-based facilities to offer non-hospital residential treatment only (34.9 vs. 18.8 percent) or both outpatient and non-hospital residential treatment (15.2 vs. 8.4 percent).

Services Offered

Faith-based facilities provided a range of assessment and pre-treatment services that were generally similar to those provided by non-faith-based facilities. Most faith-based facilities offered screening for substance abuse (88.7 percent) and comprehensive substance abuse assessment or diagnosis (82.0 percent), and more than half provided community outreach (61.8 percent) (Table 1). Faith-based

Table 2. Transitional and Ancillary Services Provided by Faith-Based and Non-Faith-Based Substance Abuse Treatment Facilities: 2008

Service	Percent of Faith-Based Facilities	Percent of Non-Faith-Based Facilities
Transitional Services		
Discharge Planning	87.6	92.2
Aftercare/Continuing Care	76.3	82.6
Ancillary Services		
Substance Abuse Education	92.8	94.7
Case Management Services	75.4	77.2
Social Skills Development	71.5	68.9
Self-help Groups	57.4	45.0
Assistance with Obtaining Social Services	56.2	50.8
Mentoring/Peer Support	56.0	47.4
HIV or AIDS Education, Counseling, or Support	50.2	54.7
Health Education other than HIV/AIDS	49.3	47.9
Assistance in Locating Housing for Clients	48.9	44.4
Mental Health Services	48.9	53.0
Transportation Assistance to Treatment	47.6	35.2
Employment Counseling or Training for Clients	47.4	35.8
Domestic Violence—Family or Partner Violence Services	37.1	36.3
Early Intervention for HIV	23.0	24.4
Child Care for Clients' Children	11.1	7.8
Residential Beds for Clients' Children	7.6	4.1
Acupuncture	3.3	4.1

Note: Includes faith-based and non-faith-based facilities not located in or operated by a hospital.
 Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Most faith-based facilities offered transitional and ancillary services such as substance abuse education (92.8 percent), discharge planning (87.6 percent), aftercare or continuing care (76.3 percent), case management (75.4 percent), and social skills development (71.5 percent) (Table 2). Faith-based facilities were more likely than non-faith-based facilities to offer self-help groups (57.4 vs. 45.0 percent), assistance with obtaining social services (56.2 vs. 50.8 percent), mentoring/peer support (56.0 vs. 47.4 percent), transportation assistance (47.6 vs. 35.2 percent), and employment counseling or training (47.4 vs. 35.8 percent). In addition to these ancillary or transitional services, faith-based facilities were more than twice as likely as non-faith-based facilities to provide a halfway house or other transitional housing (24.1 vs. 10.4 percent).

About one quarter (28.1 percent) of all faith-based facilities provided pharmacotherapies, or medication-assisted treatment, compared with 40.2 percent of non-faith-based facilities. Among both facility types, medication for the treatment of psychiatric disorders was the most commonly provided pharmacotherapy. However, faith-based facilities were

facilities were less likely than non-faith-based facilities to provide screening for mental health disorders (52.3 vs. 60.4 percent) or comprehensive mental health assessment or diagnosis (33.7 vs. 40.3 percent).

Similar proportions of faith-based and non-faith-based facilities offered testing services. Most faith-based

facilities offered drug or alcohol urine screening (81.9 percent), and the majority offered breathalyzer or other blood alcohol testing (56.9 percent). A relatively small percentage provided communicable disease testing, ranging from 12.9 percent that provided STD testing to 29.2 percent that provided TB screening.

Table 3. Clinical/Therapeutic Approaches Offered “Always” or “Often” by Faith-Based and Non-Faith-Based Substance Abuse Treatment Facilities: 2008

Clinical/Therapeutic Approach	Percent of Faith-Based Facilities	Percent of Non-Faith-Based Facilities
Substance Abuse Counseling	94.5	97.3
Relapse Prevention	88.7	89.3
Cognitive-behavioral Therapy	65.1	66.7
12-step Approach	64.0	56.0
Anger Management	54.6	40.1
Motivational Interviewing	49.3	54.6
Brief Intervention	38.7	35.1
Contingency Management/ Motivational Incentives	33.1	29.6
Trauma-related Counseling	24.2	21.5
Rational Emotive Behavioral Therapy (REBT)	19.6	19.2
Matrix Model	16.4	20.1
Community Reinforcement Plus Vouchers	10.9	6.2

Note: Includes faith-based and non-faith-based facilities not located in or operated by a hospital.
Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

less likely than non-faith-based facilities to provide this service (21.3 vs. 27.4 percent). They were also less likely to operate a certified Opioid Treatment Program (OTP) (1.1 vs. 8.4 percent).

Counseling and Therapeutic Approaches

Similar proportions of faith-based and non-faith-based facilities offered specific types of counseling. Most faith-based facilities offered individual (97.0 percent) and group (91.5 percent) counseling, and the majority offered family counseling (72.5 percent). Marital or couples counseling was offered by nearly half of faith-based facilities (45.2 percent).

N-SSATS collects information on the frequency that specific clinical or therapeutic approaches are offered by substance abuse treatment facilities. Similar proportions of faith-based and non-faith-based facilities offered most of these clinical or therapeutic approaches “always” or “often.” However, faith-based facilities were more likely than non-faith-based facilities to “always” or “often” use the 12-step facilitation (64.0 vs. 56.0 percent) or anger management (54.6 vs. 40.1 percent) and less likely to use motivational interviewing (49.3 vs. 54.6 percent) (Table 3).

Table 4. Special Programs or Groups for Specific Client Types Offered by Faith-Based and Non-Faith-Based Substance Abuse Treatment Facilities: 2008

Client Type	Percent of Faith-Based Facilities	Percent of Non-Faith-Based Facilities
Adolescents	61.2	60.9
Adult Women	49.1	37.6
Adult Men	40.8	30.2
Clients with Co-occurring Mental and Substance Use Disorders	35.0	38.0
Criminal Justice Clients	29.8	32.1
Pregnant or Postpartum Women	19.4	17.3
Persons with HIV or AIDS	10.8	10.7
Senior or Older Adults	10.0	7.3
Specially Designed Programs or Groups for Any Other Types of Clients	7.4	9.3
Gays or Lesbians	7.1	6.4

Note: Includes faith-based and non-faith-based facilities not located in or operated by a hospital.
Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Programs or Groups for Specific Client Types

Specialty programs are designed to serve the needs of specific populations in treatment, such as adolescents or criminal justice clients. Nearly three quarters (73.6 percent) of faith-based facilities offered at least one special program or group to serve a specific client type; the majority offered a specially designed program or group for adolescents (61.2 percent) (Table 4). Faith-based facilities were more likely than non-faith-based facilities to offer a special program or group for adult women (49.1 vs. 37.6 percent) or adult men (40.8 vs. 30.2 percent).

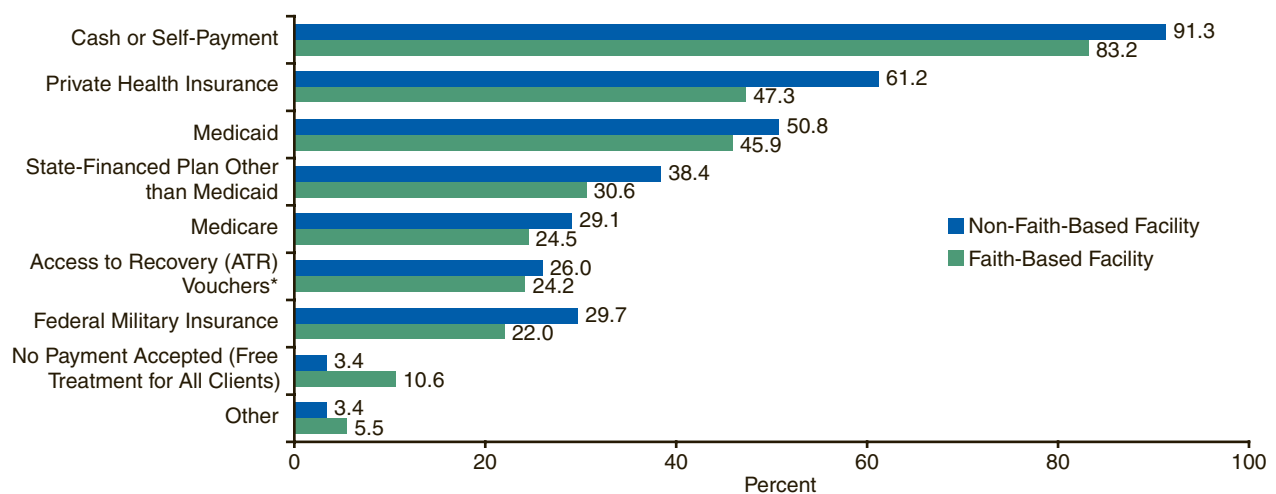
Payment

Faith-based facilities were more likely than non-faith-based facilities to offer treatment at no charge to clients who could not afford to pay (59.4 vs. 45.2 percent). They were also more likely to provide free treatment to all clients (10.6 vs. 3.4 percent) (Figure 2). Most faith-based facilities accepted cash or self-payments (83.2 percent); less than half accepted private health insurance (47.3 percent) or Medicaid (45.9 percent), and less than one third accepted other State-financed health insurance (30.6 percent), Medicare (24.5 percent), Access to Recovery (ATR) vouchers³ (24.2 percent), or Federal military insurance such as TRICARE or Champ VA (22.0 percent).

Discussion

Faith-based facilities are an important component of the substance abuse treatment system. Like other facilities, those that are faith-based offer a wide array of services and programs designed to support recovery and address the needs of substance abuse clients. However, faith-based and non-faith-based facilities did differ in a number of ways. Of particular note, faith-based facilities were more likely than non-faith-based facilities to offer free treatment to persons who could not afford the costs associated with substance abuse treatment and were also more likely to offer free treatment to all clients. Thus, faith-based facilities may help to fill gaps in access

Figure 2. Forms of Payment Accepted by Faith-Based and Non-Faith-Based Substance Abuse Treatment Facilities: 2008



* See End Note 3.
 Note: Includes faith-based and non-faith-based facilities not located in or operated by a hospital.
 Source: 2008 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

to treatment by providing services to individuals who otherwise might not be able to obtain them. Policymakers and treatment advocates need to ensure that communities are aware of this and that resources are available to faith-based facilities so they can continue to provide free and low-cost care.

It is also important to improve communication about specific services that are offered because faith-based facilities were more likely than non-faith-based facilities to offer some types of services (such as providing halfway

or transitional housing and self-help groups) and less likely to offer other types of services (such as screening for or comprehensive assessment/diagnosis of mental health disorders). Information on the services offered by faith-based facilities, as well as the similarities and differences between faith-based and non-faith-based facilities, may help persons seeking treatment to make more informed decisions regarding their care and help health professionals to make referrals to treatment.

End Notes

¹ Substance Abuse and Mental Health Services Administration. (2009). *Faith-Based and Community Initiative (FBCI) background*. Retrieved February 25, 2010, from <http://www.samhsa.gov/FBCI/background.aspx>

² Client counts are determined by the number of active clients in treatment on a point-prevalence day. This provides a “snapshot” of what treatment looks like on a particular day. The day for the 2008 N-SSATS was March 31, 2008. Client count numbers were determined from those facilities that responded to the client count question and that reported client counts for themselves alone.

³ Access to Recovery (ATR) vouchers were reported by facilities in the following States and jurisdictions only: AK, AZ, CA, CO, CT, DC, FL, HI, IA, ID, IL, IN, LA, MI, MO, MT, NJ, NM, OH, OK, RI, TN, TX, WA, WI, and WY.

Suggested Citation

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Findings from SAMHSA's 2008 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 2008, N-SSATS collected information from 13,688 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 31, 2008.**

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. (2009). National Survey of Substance Abuse Treatment Services (N-SSATS): 2008. Data on Substance Abuse Treatment Facilities* (DASIS Series: S-49, HHS Publication No. (SMA) 09-4451). Rockville MD: Author.

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