

The TEDS Report

April 23, 2009

Treatment Outcomes among Clients Discharged from Outpatient Substance Abuse Treatment

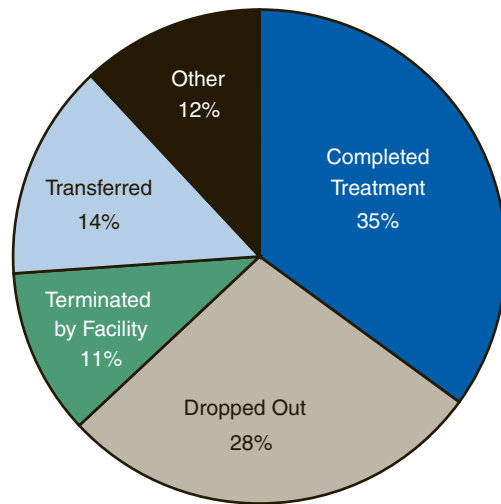
In Brief

- Among clients discharged from outpatient service settings in 2005, treatment completion was highest among those who reported primary alcohol abuse and lowest among those who reported primary opiate or primary cocaine abuse
- Males were more likely than females to complete outpatient treatment (39 vs. 32 percent)
- As educational level increased, the proportion of client discharges completing outpatient treatment increased
- Client discharges referred to treatment by an employer/Employee Assistance Program (EAP) or the criminal justice system were more likely to complete outpatient treatment than discharges referred by other sources

Treatment completion is an important predictor of improved outcomes.¹ Similarly, dropping out of treatment is associated with relapse and return to substance use. Because clients in outpatient treatment have the lowest treatment completion rates of all treatment types, it is important to understand the characteristics of clients discharged from outpatient services who completed treatment, dropped out of treatment, or were terminated by the facility.² This understanding may help service providers to identify clients who are at higher risk for failing to complete treatment and to provide appropriate support and other services.

Using data from the Treatment Episode Data Set (TEDS), this report examines the characteristics of clients

Figure 1. Percentage of Discharges from Outpatient Substance Abuse Treatment, by Reason for Discharge: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

discharged from outpatient treatment.³ For this report, outpatient treatment includes outpatient and intensive outpatient care. Of the 1.37 million client discharges in 2005 with a reported reason for discharge, a total of 601,000 or 44 percent completed treatment, 343,000 or 25 percent dropped out of treatment, and 115,000 or 8 percent had their treatment terminated by the facility.^{4,5} Of these three groups, 51 percent (545,000 discharges) were from outpatient treatment.

Treatment Completion, Dropping Out, and Termination by a Facility

Outpatient client discharges were more likely to complete treatment than to drop out or be terminated by the facility (Figure 1). Specifically, 35 percent of clients discharged

from outpatient treatment completed treatment, 28 percent dropped out of treatment, and 11 percent were terminated by the facility.

Primary Substance of Abuse

Among outpatient client discharges, treatment completion was highest among those reporting alcohol as the primary substance of abuse (46 percent) and lowest among those reporting primary opiate abuse (23 percent) or cocaine abuse (25 percent) (Figure 2). Outpatient client discharges reporting primary stimulant, cocaine, or opiate abuse were more likely to drop out of treatment than complete treatment. The proportion of clients discharged from outpatient service settings who were terminated by the facility

ranged from 8 percent of those reporting primary stimulant abuse to 13 percent of those reporting primary marijuana or cocaine abuse.

Gender and Race/Ethnicity

Males were more likely than females to complete outpatient treatment (39 vs. 32 percent). Among outpatient client discharges, a similar proportion of males and females dropped out of treatment (27 and 29 percent) or were terminated by the facility (11 percent each).

Outpatient treatment completion was highest among Whites and Asians/Pacific Islanders (40 percent each) and lowest among Blacks (27 percent) (Figure 3). In contrast to all other racial/ethnic groups, Blacks were the only group in which a lower proportion completed outpatient treatment than dropped out of outpatient treatment (27 vs. 32 percent). Similar proportions of Hispanic clients discharged from outpatient service settings completed or dropped out of treatment (35 and 33 percent). The proportion of clients discharged from outpatient service settings who were terminated by the facility ranged from 9 percent of Asians/Pacific Islanders to 13 percent of Blacks.

Figure 2. Percentage of Discharges from Outpatient Substance Abuse Treatment, by Primary Substance of Abuse and Reason for Discharge: 2005

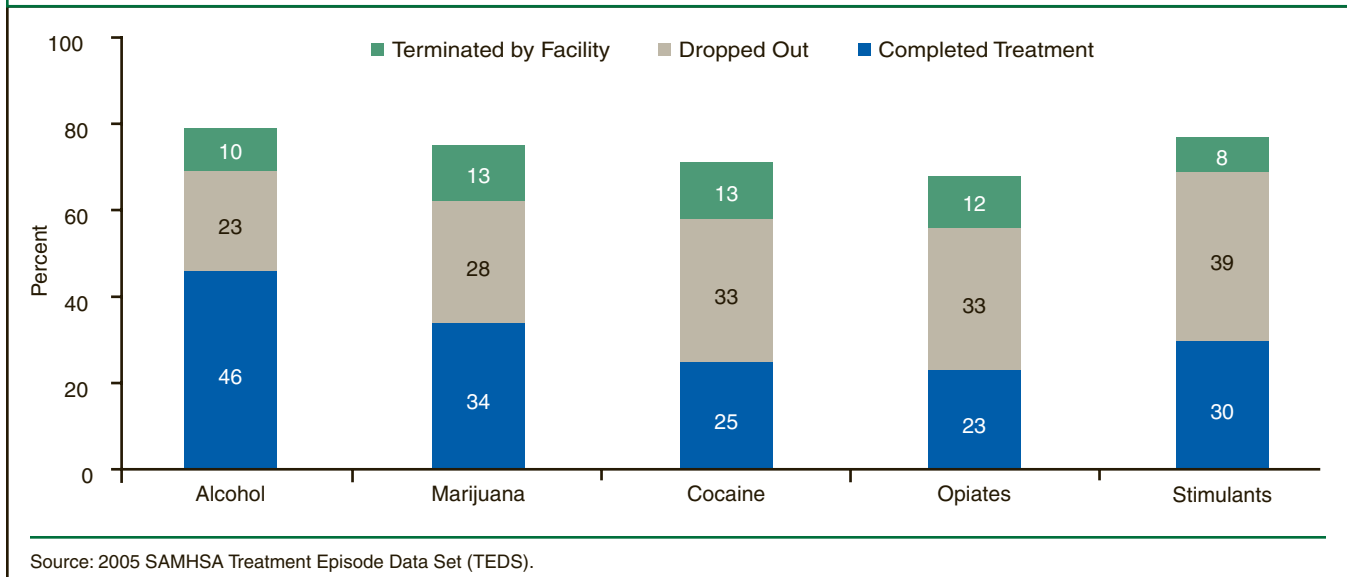
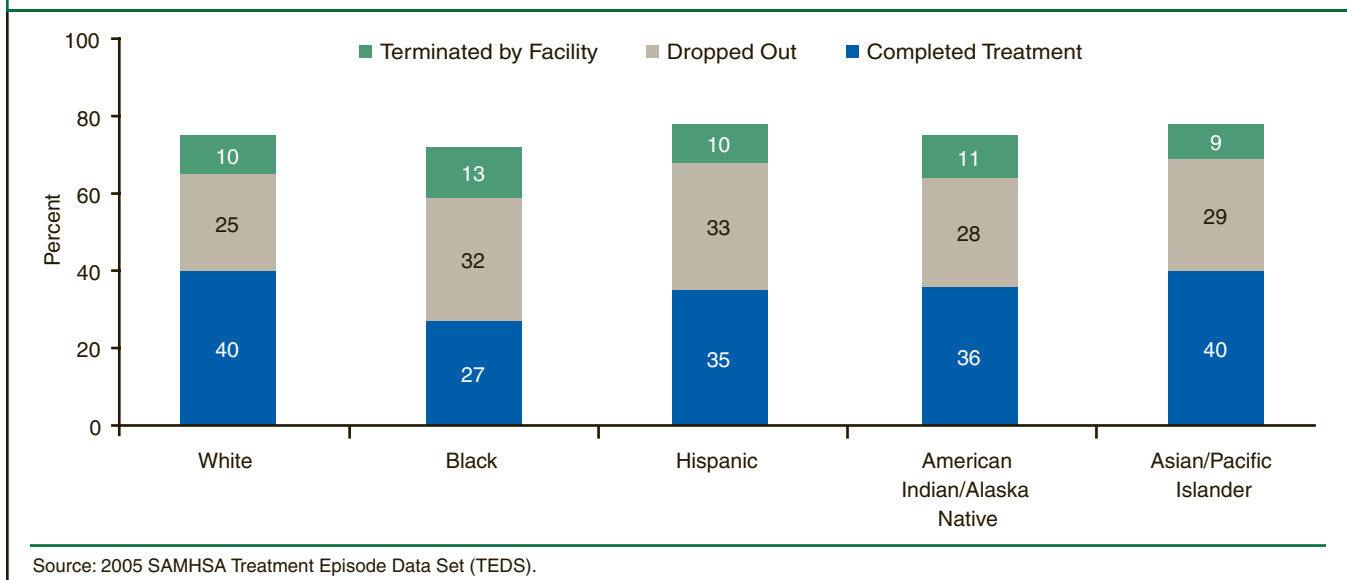


Figure 3. Percentage of Discharges from Outpatient Substance Abuse Treatment, by Race/Ethnicity and Reason for Discharge: 2005



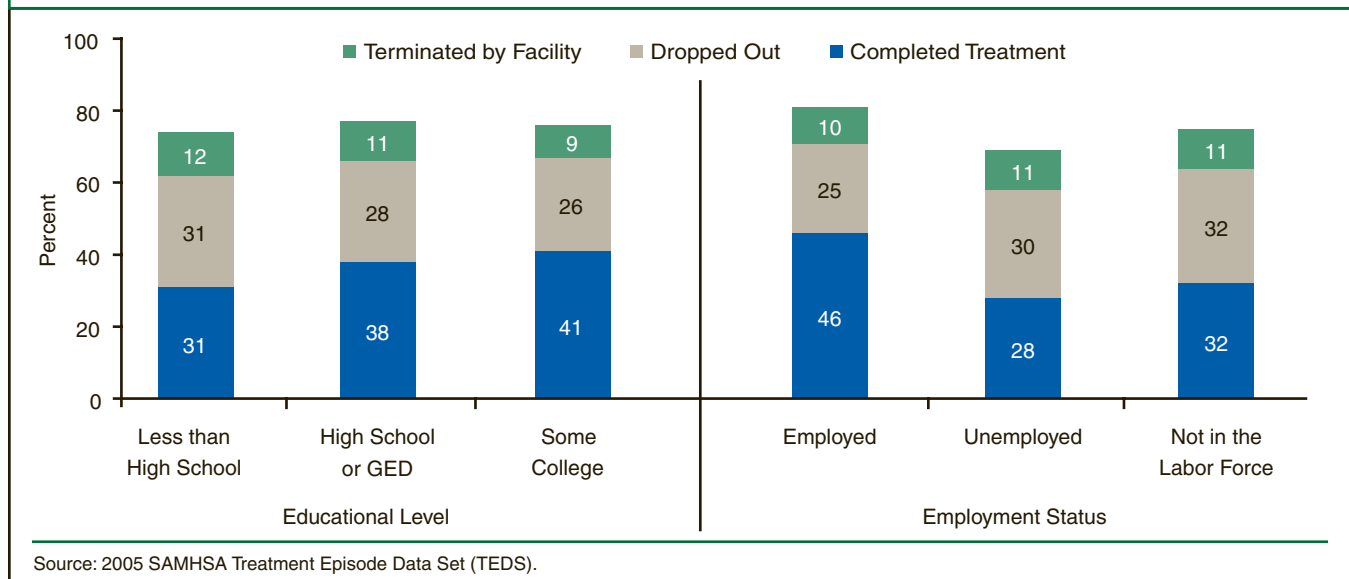
Educational Level and Employment Status

Among clients discharged from outpatient service settings, treatment completion increased from 31 percent of clients with less than a high school education to

41 percent of those with some college (Figure 4).⁶ The reverse was true for outpatient client discharges who dropped out of treatment: treatment dropout rates decreased with higher levels of education (31 percent of clients with less than a high

school education compared to 26 percent of clients with some college). The proportion of clients discharged from outpatient treatment who were terminated by the facility varied only slightly by educational level (ranging from 9 percent of

Figure 4. Percentage of Discharges from Outpatient Substance Abuse Treatment, by Educational Level, Employment Status, and Reason for Discharge: 2005



those with some college to 12 percent of those with less than a high school education).

Outpatient client discharges who were employed were more likely to complete treatment than those who were unemployed or not in the labor force (46 vs. 28 and 32 percent).⁷ The proportion of outpatient client discharges dropping out of treatment was highest among those not in the labor force or who were unemployed (32 and 30 percent). Regardless of employment status, a similar proportion of clients discharged from outpatient treatment were terminated by the facility (10 percent of those who were employed to 11 percent of those who were unemployed or not in the labor force).

Principal Source of Referral

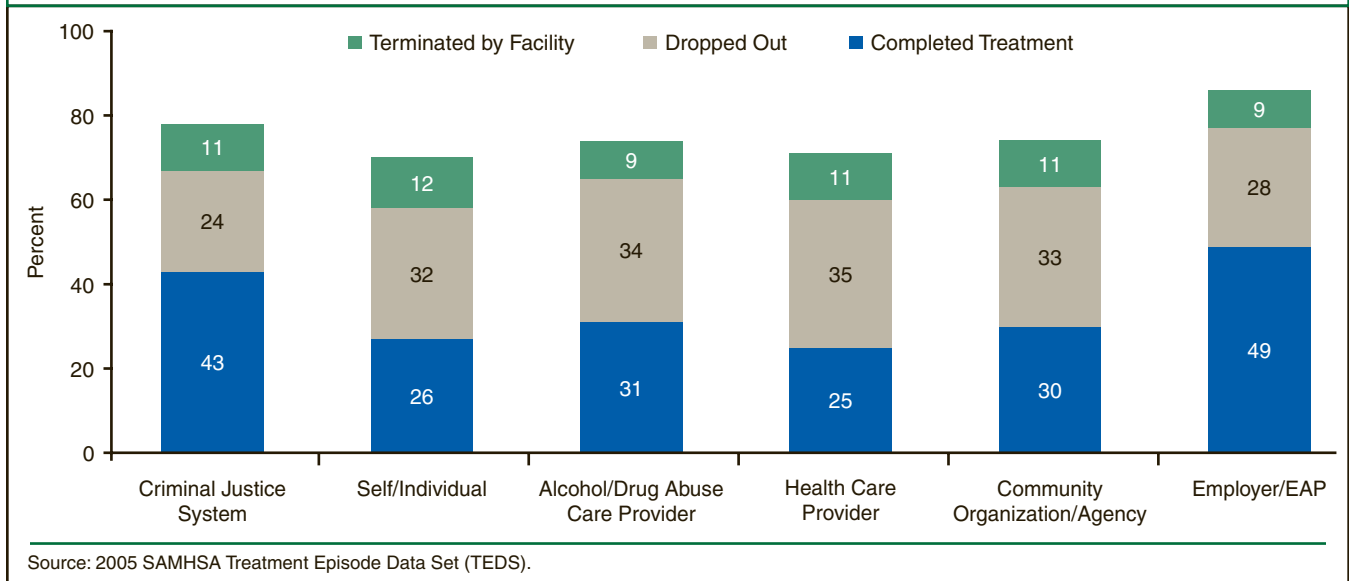
Outpatient client discharges referred to treatment by an employer/Employee Assistance Program (EAP) or by the criminal justice system were more likely than discharges referred by other sources to complete treatment (49 and 43 percent vs. 31 percent or less) (Figure 5). Among outpatient client discharges, a higher proportion of self or individual referrals and referrals by alcohol or drug abuse care providers, health care providers, and community organizations/agencies dropped out of treatment than completed treatment. The proportion of clients discharged from outpatient service settings who were terminated by the facility ranged from 9 percent of those referred by alcohol/drug abuse

care providers or an employer/EAP to 12 percent of self/individual referrals.

Discussion

In 2005, outpatient client discharges were more likely to have completed treatment than to have dropped out or to have been terminated by the facility. Certain client characteristics, such as primary substance of abuse, gender, educational level, employment status, and source of referral were associated with outpatient treatment completion. Understanding the client characteristics associated with treatment completion, dropping out, and termination by the facility in outpatient service settings may help program managers and treatment providers design treatment programs that maximize

Figure 5. Percentage of Discharges from Outpatient Substance Abuse Treatment, by Principal Source of Referral and Reason for Discharge: 2005



treatment completion rates for specific at-risk populations.

End Notes

¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Treatment Episode Data Set (TEDS): 2005. Discharges from Substance Abuse Treatment Services*, DASIS Series: S-41, DHHS Publication No. (SMA) 08-4314, Rockville, MD, 2008.

² Clients may be terminated from a treatment program by a facility for a variety of reasons, such as refusing to follow the prescribed treatment program, failing to follow facility rules and procedures, and exhibiting violent behavior. Other reasons for discharge include transfer to another substance abuse program or facility, incarceration, death, or other factors external to

the treatment regimen (i.e., client moved, was hospitalized, or some other reason out of the client's control).

³ In 2005, 34 States submitted discharge data, including AR, AZ, CA, CO, CT, FL, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MO, MS, MT, NE, NH, NJ, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, and VA.

⁴ Of the 1.52 million discharges in 2005, 1.37 million or 90 percent reported a reason (e.g., completed treatment, dropped out, was terminated) for discharge.

⁵ This report excludes from the 1.37 million the approximately 311,000 (182,000 outpatient) clients discharged for reasons other than completing treatment, dropping out of treatment, or being terminated by a facility. Clients who transferred to another substance abuse program or facility are excluded because the outcome is unknown (i.e., unknown whether they

reported to the next program and if the referred treatment was completed). Clients who died, moved, or were hospitalized or incarcerated are excluded because failure to complete treatment was caused by factors external to the treatment regimen. Clients discharged from methadone treatment are also excluded.

⁶ *Education* is evaluated only for discharges 18 years or older.

⁷ *Employment* is evaluated only for discharges 16 years or older.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (April 23, 2009). *The TEDS Report: Treatment Outcomes among Clients Discharged from Outpatient Substance Abuse Treatment*. Rockville, MD.

For change of address, corrections, or to be removed from
this list please e-mail: shortreports@samhsa.hhs.gov.

Research Findings from SAMHSA's 2005 Treatment Episode Data Set (TEDS)

Treatment Outcomes among Clients Discharged from Outpatient Substance Abuse Treatment

- Among clients discharged from outpatient service settings in 2005, treatment completion was highest among those who reported primary alcohol abuse and lowest among those who reported primary opiate or primary cocaine abuse
- Males were more likely than females to complete outpatient treatment (39 vs. 32 percent)
- As educational level increased, the proportion of client discharges completing outpatient treatment increased
- Client discharges referred to treatment by an employer/Employee Assistance Program (EAP) or the criminal justice system were more likely to complete outpatient treatment than discharges referred by other sources

The Treatment Episode Data Set (TEDS) is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. For 2005, TEDS received approximately 1.85 million treatment admission records from all 50 States, the District of Columbia, and Puerto Rico, and approximately 1.52 million discharge records submitted by 34 States. See the annual TEDS reports for details. TEDS admission and discharge records can be linked to provide information on entire treatment episodes.

Definitions for demographic, substance use, and other measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

The TEDS 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 and data for this issue are based on data reported to TEDS through October 3, 2006.

Access the latest TEDS reports at:
<http://oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:
<http://oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:
<http://oas.samhsa.gov>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
www.samhsa.gov