National Survey of Substance Abuse Treatment Services

The N-SSATS Report

October 22, 2009

Residential Substance Abuse Treatment Facilities Offering Residential Beds for Clients' Children

In Brief

- In 2007, 515 residential substance abuse treatment facilities (14 percent of all such facilities) offered beds for both mothers and their children
- Facilities with beds for clients' children were more likely than those without to offer motivational interviewing (68 vs. 57 percent), trauma-related counseling (53 vs. 27 percent), and anger management (72 vs. 55 percent)
- Residential facilities that provided beds for clients' children were more likely than those that did not to use a sliding fee scale (63 vs. 52 percent), to offer treatment at no charge to clients who could not afford to pay (75 vs. 61 percent), or to accept Medicaid payments (52 vs. 38 percent)

An estimated 1,427,000 children under the age of 18 live with a substance dependent mother in a single-parent (mother) household.[1] Many of these women may be reluctant to enter substance abuse treatment because they have no child care options, or they may be concerned about losing custody of their children. Increasing the awareness of substance abuse treatment facilities that provide child care options may help these mothers better understand the options available to them in order to receive the treatment they need to improve their lives and the lives of their children.

The National Survey of Substance Abuse Treatment Services (N-SSATS) can be used to examine the availability of facilities and services for addicted women with dependent children. Using 2007 N-SSATS data, this report focuses on residential facilities that provide beds for

The N-SSATS Report is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (**SAMHSA**). Additional copies of this report or other reports from the Office of Applied Studies are available online: http://oas.samhsa.gov. Citation of the source is appreciated. For questions about this report, please e-mail: shortreports@samhsa.hhs.gov.

N-SSATS_219

clients' children. A companion report examines the availability of child care services at outpatient facilities.

Accessibility, Ownership, and Location

The annual N-SSATS survey asks residential substance abuse treatment facilities if they provide beds for clients' children. Of the 3,655 residential facilities responding in 2007 to this question, 515 (or 14 percent) indicated that they provided residential beds for clients' children. Since this question was first introduced in 2003, the number of facilities offering this type of residential treatment has remained essentially unchanged.

Most facilities offering beds for mothers and their children were operated by private non-profit organizations (85 percent). Relatively few were operated by private for-profit organizations (7 percent); local, county, or community governments (4 percent); State (3 percent) or tribal governments (1 percent); or the Federal government (1 percent).[2]

While overall relatively few residential substance abuse treatment facilities offered residential beds for clients' children, there was at least one such facility in each of

Table 1. Percentages of Residential Substance Abuse Treatment Facilities Offering Services or Types of Treatment Where Similarities are Apparent, by Whether or Not the Facility Provides Residential Beds for Clients' Children: 2007

Service	Facility Provides Beds for Clients' Children	Facility Does Not Provide Beds for Clients' Children
Assessment		
Comprehensive Substance Abuse Assessment or Diagnosis	83	82
Comprehensive Mental Health Assessment or Diagnosis	33	31
Testing		
Drug or Alcohol Urine Screening	96	94
Screening for Hepatitis B	26	30
Screening for Hepatitis C	28	32
HIV Testing	40	43
STD Testing	25	30
TB Screening	49	50
Transitional Services		
Discharge Planning	98	96
Aftercare/Continuing Care	80	78
Ancillary Services		
Substance Abuse Education	98	96
Self-help Groups (*for example, AA, NA, Smart Recovery*)	82	78
Pharmacotherapies		
Nicotine Replacement	19	22
Medications for Psychiatric Disorders	35	39
Methadone	6	7
Buprenorphine	10	17
Counseling		
Individual Counseling	98	94
Group Counseling	98	95

Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Facilities (N-SSATS).

the 56 States and jurisdictions[3] except Delaware, the District of Columbia, Micronesia, Guam, and Palau. Most of the residential facilities that offered residential beds for clients' children were in metropolitan areas,[4] either within a large central metropolitan area (35 percent), a large fringe metropolitan area (16 percent), or a small metropolitan area (34 percent). Only about 15 percent were located in non-metropolitan areas.

Services Offered

In many ways, the services offered by residential facilities, with or without residential beds for clients' children, were similar (Table 1). There are, however, other distinct differences. For example, facilities with residential beds for clients' children were more likely than facilities without such beds to provide ancillary services such as case management services and social skills development (Table 2).

While almost all residential facilities provided both individual and group counseling, those with beds for clients' children were more likely than those without to provide family counseling (82 vs. 71 percent).

Both types of residential facilities were just as likely to "always" or "often" provide certain specific clinical/therapeutic approaches such as substance abuse counseling (99 vs. 97 percent), 12-step approach (80 vs. 81 percent), cognitive-behavioral therapy (72 vs. 66 percent), and relapse prevention (96 vs. 93 percent). However, those with beds for clients' children were more likely than those without to "always" or "often" use the

Table 2. Percentages of Residential Substance Abuse Treatment Facilities Offering Services or Types of Treatment Where Differences are Apparent, by Whether or Not the Facility Provides Residential Beds for Clients' Children: 2007

Service	Facility Provides Beds for Clients' Children	Facility Does Not Provide Beds for Clients' Children
Ancillary Services		
Case Management Services	95	84
Social Skills Development	94	79
Mentoring/Peer Support	77	67
Child Care for Clients' Children	73	3
Assistance with Obtaining Social Services (*for example, Medicaid, WIC, SSI, SSDI*)	90	63
Employment Counseling or Training for Clients	69	49
Assistance in Locating Housing for Clients	85	61
Domestic Violence – Family or Partner Violence Services (*Physical, Sexual, and Emotional Abuse*)	63	30
Early Intervention for HIV	48	33
HIV or AIDS Education, Counseling, or Support	79	70
Health Education Other than HIV/AIDS	80	64
Transportation Assistance to Treatment	73	53
Mental Health Services	56	46
Counseling		
Family Counseling	82	71

Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Facilities (N-SSATS).

following clinical approaches: motivational interviewing (68 vs. 57 percent), trauma-related counseling (53 vs. 27 percent), and anger management (72 vs. 55 percent).

Specially Designed Programs or Groups

Many facilities accept various categories of clients into substance abuse treatment, such as seniors or older adults, adult women, adult men, or pregnant or postpartum women. While many facilities may accept these clients into their standard substance abuse treatment program, others may have specially designed programs or groups that tailor their treatment to the specific, unique challenges for that group.

Residential facilities with beds for clients' children were more likely than those without to accept adult women (91 vs. 64 percent) and to have a special program or group for them (81 vs. 49 percent). Similarly, those with children's beds were more likely than those without to accept pregnant or postpartum women (64 vs. 54 percent) and to have a special program for these clients (64 vs. 16 percent).

Residential facilities that provided beds for clients' children were less likely than those that did not provide beds to accept seniors or older adults (68 vs. 83 percent), but, for those that did, both types of facilities were equally likely to have a specially designed program or group for them (8 vs. 9 percent, respectively).

Similarly, residential facilities with children's beds were also less likely than those without to accept adult men (26 vs. 78 percent). However, those facilities that did accept men were about as likely to have a special group or program for them (54 vs. 47 percent, respectively, for those with children's beds and those without).

Financial Considerations

Residential substance abuse treatment facilities that provided beds for clients' children were more likely than those that did not to use a sliding fee scale (63 vs. 52 percent), to offer treatment at no charge to clients who could not afford to pay (75 vs. 61 percent), or to accept Medicaid payments (52 vs. 38 percent) (Figure 1). Both types of facilities were similar with respect to accepting cash or self-payment, Medicare, State-financed health insurance plans other than Medicaid, Federal military insurance such as TRICARE, or private health insurance for client payments for substance abuse treatment.

Facility Size

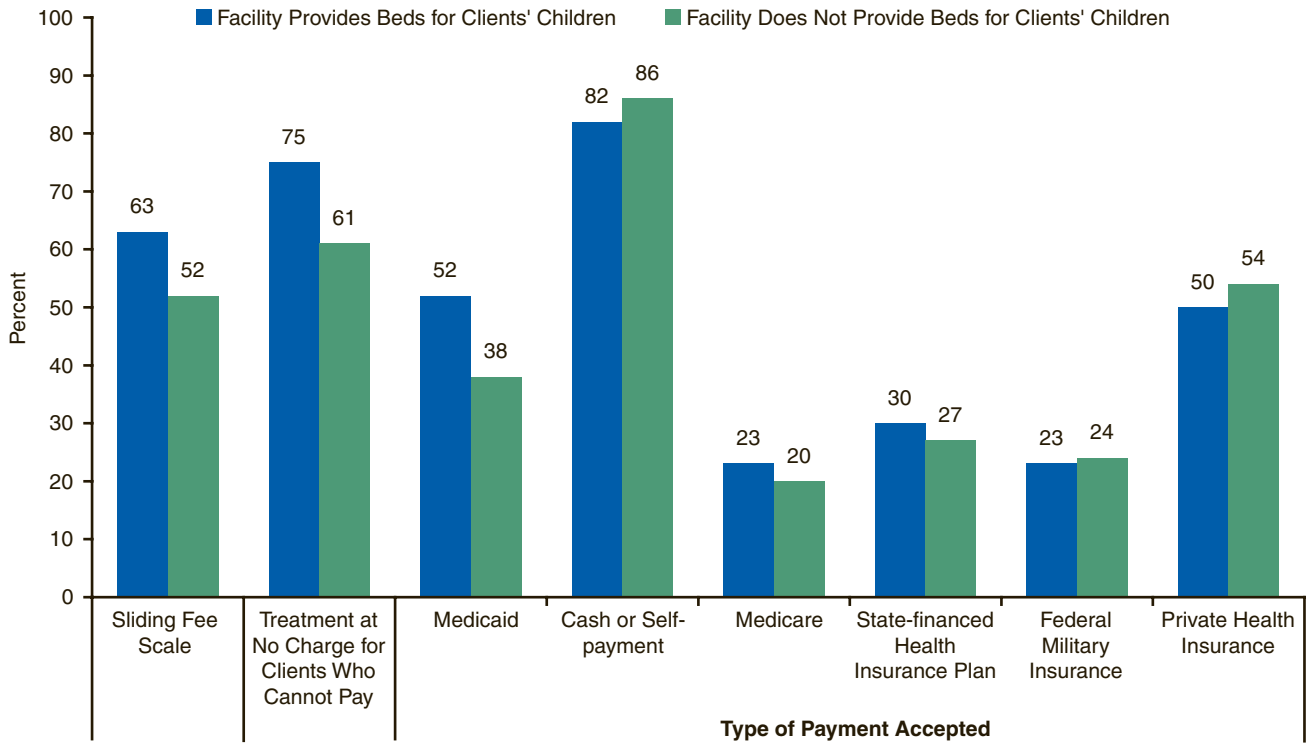
Overall, the average number of clients for both type of facilities was similar.[5] On the survey date of March 30, 2007, there were an average of 29 residential clients in those residential facilities that provided beds for clients' children and an average of 30 residential clients in those residential facilities that did not provide those beds.

Discussion

Facilities that provide beds for women and their children were more likely than those that did not to provide an array of services designed to help individuals become more self sufficient and in control of their lives. Social skills development, employment counseling, receipt of social services, domestic abuse services, and anger management are areas of particular concern in the treatment of addicted women who are mothers. While it is impossible to determine from the data if any of these services are directly available to the clients' children, that they are available to the parent increases the likelihood that the children's essential needs will be met.

Prior research has indicated that services that meet

Figure 1. Percentage of Residential Substance Abuse Treatment Facilities, by Whether or Not the Facility Provided Residential Beds for Clients' Children and Facility Payment Options: 2007



Source: 2007 SAMHSA National Survey of Substance Abuse Treatment Facilities (N-SSATS).

these specific needs of clients in treatment have positive results.[6] Nevertheless, there remains a large gap between the number of women who would benefit from this kind of treatment and recovery support and the number of programs available to meet these needs.

End Notes

[1] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (April 16, 2009). *The NSDUH report: Children living with substance-dependent or substance-abusing parents: 2002 to 2007*. Rockville MD: Author.

[2] Numbers do not add to 100 percent due to rounding.

[3] The six jurisdictions include DC, FM, GU, PR, PW, and VI.

[4] U.S. counties and county equivalents were assigned to one of five urbanization levels according to the classification scheme developed by the National Center for Health Statistics (NCHS): 1. Large Central Metro—County in a Metropolitan Statistical Area (MSA) of 1 million or more population that contained all or part of the largest central city of the MSA; 2. Large Fringe Metro—County in a large MSA (1 million or more population) that did not contain any part of the largest central city of the MSA; 3. Small Metro—County in an MSA with less than 1 million population; 4. Non-Metro with City—County not in an MSA but with a city of 10,000 or more population; 5. Non-Metro without City—County not in an MSA and without a city of 10,000 or more population

[5] 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 2007 N-SSATS was March 30, 2007.

[6] Greenfield, S. F., & Grella, C. E. (2009). What is "women-focused" treatment for substance use disorders? *Alcohol & Drug Abuse, 60*(7), 880-882.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (October 22, 2009). *The N-SSATS Report: Residential Substance Abuse Treatment Facilities Offering Residential Beds for Clients' Children*. Rockville, MD.

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

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

Residential Substance Abuse Treatment Facilities Offering Residential Beds for Clients' Children

- In 2007, 515 residential substance abuse treatment facilities (14 percent of all such facilities) offered beds for both mothers and their children
- Facilities with beds for clients' children were more likely than those without to offer motivational interviewing (68 vs. 57 percent), trauma-related counseling (53 vs. 27 percent), and anger management (72 vs. 55 percent)
- Residential facilities that provided beds for clients' children were more likely than those that did not to use a sliding fee scale (63 vs. 52 percent), to offer treatment at no charge to clients who could not afford to pay (75 vs. 61 percent), or to accept Medicaid payments (52 vs. 38 percent)

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 Colombia, 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.

Access the latest N-SSATS reports at:
http://oas.samhsa.gov/dasis.htm

Access the latest N-SSATS 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