National Survey of Substance Abuse Treatment Services

The N-SSATS Report

October 22, 2009

Outpatient Substance Abuse Treatment Facilities that Provide Child Care for Their Clients' Children

In Brief

- In 2007, 803 facilities that offered outpatient substance abuse treatment (or 7 percent of all such facilities) also offered child care services for their clients' children, and 598 of these facilities offered only outpatient treatment (i.e., no hospital inpatient or residential treatment) in conjunction with child care
- Outpatient-only facilities that provided child care for clients' children were more likely than facilities that did not to use a sliding fee scale (81 vs. 67 percent), to offer treatment at no charge to clients who cannot afford to pay (75 vs. 47 percent), or to accept Medicaid payments (75 vs. 58 percent)
- Outpatient-only facilities that offered child care were more likely than those that did not to provide trauma-related counseling (37 vs. 20 percent) and anger management counseling (54 vs. 42 percent)

An estimated 1,427,000 children under the age of 18 live with a substance dependent mother in a single-parent household.[1] One barrier to entering substance abuse treatment for women with children may be a lack of child care options for when they are in treatment. When outpatient treatment is the ideal level of treatment, or if other treatment options are scarce, the availability of child care may be the factor that permits that client first to enter treatment, and then, to stay in treatment.

The National Survey of Substance Abuse Treatment Services (N-SSATS) can be used to address not only the availability of outpatient substance abuse treatment programs that provide child care for their clients' children but also to examine the additional services provided by those facilities. In 2007, there were 10,928 facilities that indicated they

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provided outpatient substance abuse treatment and responded to the question of whether or not they provided child care for clients' children. Of these, 803 (or 7 percent) indicated they provided child care for clients' children. Of these 803 facilities, 598 facilities (or 74 percent of these facilities) were outpatient-only facilities; the other 26 percent provided a combination of treatment types: residential and outpatient treatment (177 facilities or 22 percent); outpatient, hospital inpatient, and residential treatment (17 facilities or 2 percent); or outpatient and hospital inpatient treatment (11 facilities or 1 percent).[2] Because outpatient-only facilities often have a different operating structure than facilities with combinations of treatment types, this report focuses on those substance abuse treatment facilities that serve only the outpatient client.[3] Thus, this report discusses the similarities and differences between the 598 outpatient-only facilities that offered child care for their clients' children and the 8,548 outpatient-only facilities that did not offer child care. A companion report examines the availability of residential facilities that offer beds for clients' children.

Ownership and Location

Outpatient substance abuse treatment facilities that offered child care for clients' children were more likely than those that did not offer child care to be operated by a private non-profit organization (69 vs. 50 percent) or a local, county, or community government (14 vs. 7 percent), but less likely to be operated by a private for-profit organization (12 vs. 36 percent). While facilities that offered child care were more likely than those that did not to be located in large central metropolitan areas[4] (35 vs. 25 percent), there were few other differences based on urbanicity. Approximately one fourth of both types were located in non-metropolitan areas.

While most States had at least one outpatient-only facility that offered child care, seven States or jurisdictions had none (Arkansas, Guam, Louisiana, Mississippi, North Dakota, New Hampshire, and South Dakota).[5] Six States accounted for about half (51 percent) of the outpatient-only facilities that offered child care: California (24 percent), New York (10 percent), Washington (5 percent), Pennsylvania (4 percent), Michigan (4 percent), and Ohio (4 percent). These same States accounted for 31 percent of the outpatient-only facilities that did not offer child care.

Facility Size

While there are many more clients[6] served in outpatient-only substance abuse treatment facilities that do not provide child care (based on the greater number of these facilities), on average per facility, those facilities that provided child care had more clients in treatment than those that did not provide child care (132 vs. 99 clients on the point-prevalence date of March 30, 2007). This difference existed for outpatient-only facilities that offered either intensive outpatient treatment (24 vs. 11 clients) or regular outpatient treatment (68 vs. 56 clients).

Financial Considerations

Outpatient-only substance abuse treatment facilities that provided child care for clients' children were more likely than those that did not to use a sliding fee scale (81 vs. 67 percent), to offer treatment at no charge to clients who could not afford to pay (75 vs. 47 percent), or to accept Medicaid payments (75 vs. 58 percent). 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.

Services Offered

Many services crucial to effective substance abuse treatment were offered in similar proportions in outpatient-only facilities regardless of whether or not they provided child care for clients' children (Table 1). However, a greater proportion of facilities that offered child care also offered many other ancillary and support services such as case management services and social skills development (Table 2).

Almost all outpatient-only facilities (regardless of whether or not they provided child care) provided individual counseling (99 vs. 97 percent), and most provided group counseling (93 vs. 87 percent), family counseling (80 vs. 72 percent), and marital/couples counseling (55 vs. 49 percent).

Similar proportions of both types of facilities "always" or "often" provided specific clinical/therapeutic approaches such as substance abuse counseling (98 vs. 97 percent), 12-step approach (67 vs. 59 percent), cognitive-behavioral therapy (71 vs. 71 percent), motivational interviewing (64 vs. 56 percent), and relapse prevention (95 vs. 90 percent). However, outpatient-only facilities that offered child care were more likely than those that did not to provide trauma-related counseling (37 vs. 20 percent) or anger management (54 vs. 42 percent).

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

Service	Facility Provides Child Care for Clients' Children	Facility Does Not Provide Child Care for Clients' Children
Assessment		
Comprehensive Substance Abuse Assessment or Diagnosis	95	92
Comprehensive Mental Health Assessment or Diagnosis	45	45
Testing		
Screening for Hepatitis B	22	15
Screening for Hepatitis C	23	15
STD Testing	19	14
Transitional Services		
Discharge Planning	95	89
Aftercare/Continuing Care	89	82
Ancillary Services		
Substance Abuse Education	98	93
Mental Health Services	60	54
Pharmacotherapies		
Nicotine Replacement	13	10
Medications for Psychiatric Disorders	32	31
Methadone	12	11
Buprenorphine	13	11
Counseling		
Individual Counseling	99	97
Group Counseling	93	87
Family Counseling	80	72
Marital/Couples Counseling	55	49

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

Language Services

Outpatient-only facilities that provided child care for their clients' children were more likely than those facilities that did not to provide substance abuse treatment services in sign language (e.g., American Sign Language, Signed English, or Cued Speech) for the hearing impaired (39 vs. 29 percent) or in a language other than English (63 vs. 49 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.

Outpatient-only facilities (regardless of whether they provided child care for their clients' children or not) were equally likely to accept seniors or older adults into treatment (92 percent each) and were just about as likely to offer a special program for them (9 vs. 7 percent).

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

Service	Facility Provides Child Care for Clients' Children	Facility Does Not Provide Child Care for Clients' Children
Testing		
Drug or Alcohol Urine Screening	87	77
HIV Testing	38	20
TB Screening	34	23
Ancillary Services		
Case Management Services	92	72
Social Skills Development	83	59
Mentoring/Peer Support	60	34
Assistance with Obtaining Social Services (*for example, Medicaid, WIC, SSI, SSDI*)	79	43
Employment Counseling or Training for Clients	52	26
Assistance in Locating Housing for Clients	70	33
Domestic Violence – Family or Partner Violence Services (*Physical, Sexual, and Emotional Abuse*)	60	35
Early Intervention for HIV	47	19
HIV or AIDS Education, Counseling, or Support	76	48
Health Education Other than HIV/AIDS	70	40
Transportation Assistance to Treatment	71	26
Self-help Groups (*for example, AA, NA, Smart Recovery*)	52	31

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

Both types of outpatient-only facilities were equally likely to accept clients with co-occurring mental and substance abuse disorders into treatment; however, those that offered child care were more likely than those that did not to provide a special program or group for them (49 vs. 36 percent).

Similar proportions of both types of facilities accepted adult women into treatment (97 vs. 93 percent), but those that offered child care were more likely than those that did not to provide a special program or group for them (66 vs. 31 percent). The same pattern existed for pregnant or postpartum women (98 vs. 92 percent accepted, 48 vs. 13 percent for special groups).

On the other hand, outpatient-only facilities that provided child care were less likely than those that did not to accept men (79 vs. 93 percent) into treatment. However, for those that did accept men into treatment, those that provided child care were more likely than those that did not to have a special group for them (35 vs. 23 percent).

Discussion

Prior research has indicated that the provision of child care is associated with longer treatment duration,[7] which in turn is associated with improved outcomes and a more sustained recovery. Nevertheless, there appears to be a large gap between the number of women with children who need such services and the availability of programs to meet these needs. Program designers and planners may wish to consider the addition of a child care option in order to encourage women both to enter into treatment and to remain in treatment until their recovery is well underway.

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] Substance abuse treatment facilities offering outpatient treatment that did NOT offer child care for clients' children were more likely than those that offered child care for clients' children to be outpatient-only facilities (84 vs. 74 percent). Substance abuse treatment facilities offering outpatient treatment that offered child care for clients' children were more likely than those that did not offer child care for clients' children to be combination residential-outpatient facilities (22 vs. 10 percent).

[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] Three of these States (Arkansas—6, Louisiana—2, and North Dakota—1) had facilities that offered both outpatient and residential treatment.

[6] 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. Client count numbers were determined from those outpatient-only facilities that responded to the child care question and that reported client counts for themselves alone (7,355 facilities that did not provide child care and 535 facilities that did provide child care).

[7] Campbell, C. I., Alexander, J. A., & Lemak, C. H. (2009). Organizational determinants of outpatient substance abuse treatment duration in women. *Journal of Substance Abuse Treatment, 37*, 64-72.

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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 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.**

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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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