

# The DASIS Report

January 9, 2004

## Discharges from Short-term Residential Treatment: 2000

This report examines discharge data in the Treatment Episode Data Set (TEDS).<sup>1</sup> TEDS is comprised of

two major components, the Admission Data System and the Discharge Data System. Both admission and discharge data come primarily from facilities that receive some public funding.

### In Brief

- About three fifths (61 percent) of short-term residential treatment episodes involved individuals who completed treatment, while 11 percent involved those who were transferred to further treatment
- The short-term residential treatment completion rate was highest, at 67 percent, for episodes where alcohol was the primary substance
- The median length of stay for completed short-term residential treatment episodes was 26 days

States are asked to submit data for all discharges from substance abuse treatment. In 2000, 18 States<sup>2</sup> submitted 347,923 records for clients discharged from treatment. Nearly all of these records (94 percent) could be linked to a TEDS admission record. These 326,750 linked admission/discharge records are referred to as treatment episodes. Of these episodes, over 99 percent (323,156) had a valid response for reason for discharge.

This report presents data on the 11 percent (36,375) of these treatment episodes that represent clients who received short-term (30 days or fewer) residential treatment (Table 1). Clients discharged from long-term (more than 30 days) residential treatment and residential detoxification are not included in this report.<sup>3</sup>

**Table 1. Discharges from Short-term Residential Treatment, by Reason for Discharge and Primary Substance at Admission: 2000**

Primary substance at admission	Total	Reason for Discharge				
		Treatment Completed	Transferred to Further Treatment	Left Against Professional Advice	Terminated by Facility	Other
Alcohol	17,182	11,515	1,917	2,162	1,078	510
Opiates	3,587	2,106	265	827	318	71
Cocaine	5,473	3,024	541	1,000	662	246
Marijuana/hashish	5,876	3,388	599	900	785	204
Stimulants	3,269	1,724	525	557	353	110
Other/unknown	988	528	133	211	72	44
Total	36,375	22,285	3,980	5,657	3,268	1,185

Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

### Reasons for Discharge

More than three-fifths (61 percent) of short-term residential treatment episodes involved individuals who completed treatment and another 11 percent involved those who were transferred to further treatment (Figure 1). The remaining short-term residential treatment episodes involved clients who left against professional advice (16 percent); whose treatment was terminated

by the facility (9 percent); or who were discharged for other reasons (3 percent).

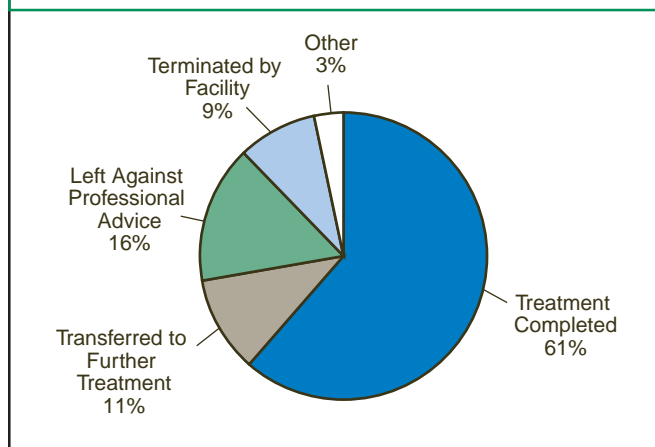
### Primary Substance

Alcohol was the primary substance of abuse<sup>4</sup> in 52 percent of the completed short-term residential treatment episodes (Figure 2), followed by marijuana (15 percent), cocaine (14 percent), opiates (9 percent), stimulants (8 percent), and other substances (2 percent).

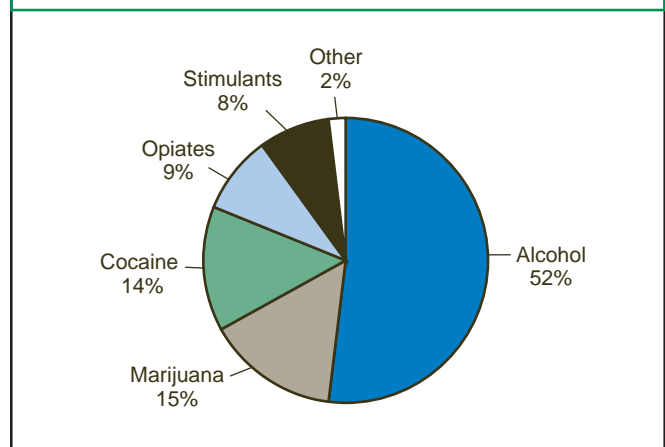
### Completion of Short-term Residential Treatment

The short-term residential treatment completion rate was highest, at 67 percent, for episodes involving alcohol as the primary substance of abuse (Figure 3). For short-term residential treatment episodes with opiates as the primary substance, the completion rate was 59 percent. Short-term residential treatment completion rates for

**Figure 1. Reasons for Discharge among Short-term Residential Treatment Discharges: 2000**



**Figure 2. Primary Substances of Short-term Residential Treatment Completers: 2000**

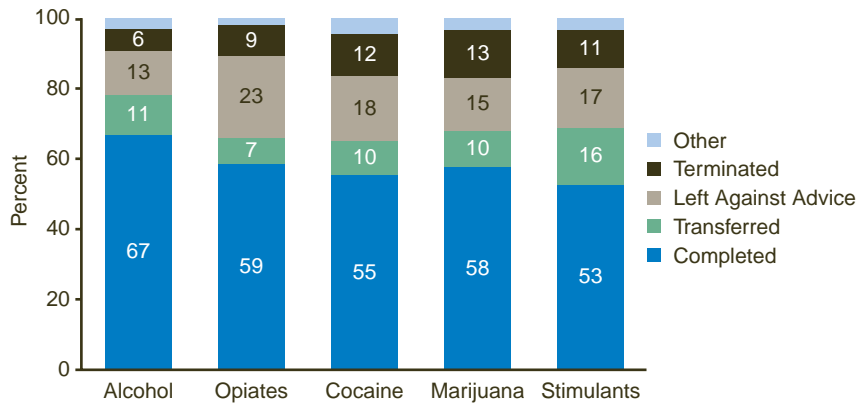


episodes where the primary substances were marijuana or cocaine were 58 percent and 55 percent, respectively. Short-term residential treatment episodes involving stimulants as the primary substance were least likely to be completed, at 53 percent.

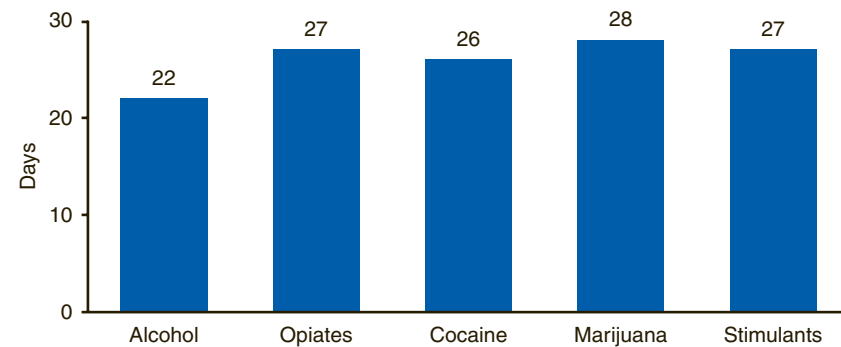
### Median Length of Stay

The median length of stay for completed short-term residential treatment episodes was 26 days, ranging from 22 days for alcohol to 28 days for marijuana (Figure 4).

**Figure 3. Reasons for Discharge from Short-term Residential Treatment, by Primary Substance of Abuse: 2000**



**Figure 4. Median Length of Stay among Short-term Residential Treatment Completers, by Primary Substance: 2000**



### End Notes

<sup>1</sup> For an earlier report on TEDS discharges, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Treatment completion in the Treatment Episode Data Set (TEDS)*. Rockville, MD. January 30, 2003.

<sup>2</sup> States included are CA, GA, HI, IA, IL, MA, MD, ME, MI, MN, MS, MT, NE, NM, OH, OK, UT, and WY.

<sup>3</sup> Because treatment completion rates and lengths of stay vary across modalities or types of treatment, reports on other modalities, including hospital inpatient, outpatient, intensive outpatient, long-term residential, and detoxification treatment are being presented in other DASIS reports.

<sup>4</sup> The primary substance of abuse is the main substance abused at the time of admission.

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). 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. Approximately 1.6 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

*The DASIS Report* is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

**Information and data for this issue are based on data reported to TEDS through April 1, 2002.**

Access the latest TEDS reports at: <http://www.samhsa.gov/oas/dasis.htm>  
 Access the latest TEDS public use files at: <http://www.samhsa.gov/oas/SAMHDA.htm>  
 Other substance abuse reports are available at: <http://www.DrugAbuseStatistics.samhsa.gov>

