

The DASIS Report

December 9, 2005

American Indian/ Alaska Native Substance Abuse Treatment Services: 2004

In Brief

- In 2004, a total of 206 facilities were operated by a Tribal Government or by the Indian Health Service
- While the primary focus of most facilities was substance abuse, the second most common focus for AI/AN facilities was a mix of mental health and substance abuse treatment
- Thirty-two States had at least one AI/AN facility

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all known facilities in the United States, both public and private, that provide substance abuse treatment. In 2004, a total of 13,454 facilities responded to N-SSATS. Of those, 206 served the American Indian/Alaska Native (AI/AN) population specifically, being operated either by a Tribal Government (172) or by the Indian Health Service (34). Another 77 facilities offered substance abuse treatment services in an AI/AN language but were operated by another type of organization (16 private-for-profit, 50 private-non-profit) or level of government (1 State Government; 6 local, county, or community government; 4 non-specified Federal Government). For the purpose of this report, these 283 facilities will be referred to as AI/AN facilities; all other facilities will be considered “other” facilities.

Figure 1. Percent of Facilities Offering Specially Designed Programs or Groups for Specific Client Types, by Facility Type: 2004

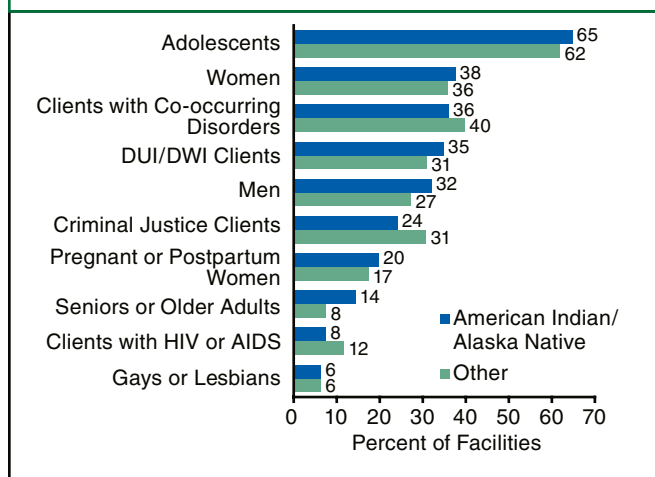
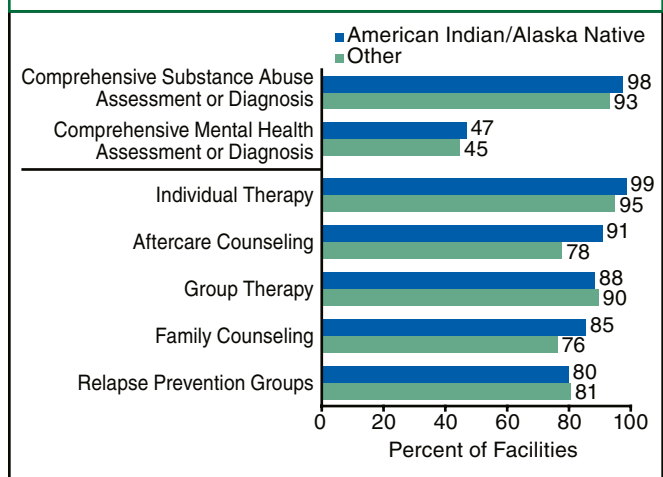


Figure 2. Percent of Facilities Offering Specific Services, by Facility Type: 2004



Source: 2004 SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS).

Focus of Facility

The majority of facilities (AI/AN and other) had a primary focus on substance abuse treatment (55 and 62 percent, respectively). The second most common focus for facilities was a mix of mental health and substance abuse treatment (37 percent for AI/AN and 26 percent for other facilities).

Special Programs

Only 10 (4 percent) of the AI/AN facilities offered an Opioid Treatment Program (OTP).¹ Of those, seven were offered by privately operated facilities, two were offered by facilities operated by a Tribal Government, and one was offered by a facility operated by the Federal Government (non-specified). Among other facilities, 8 percent offered an OTP.

AI/AN facilities were slightly more likely than other facilities to offer specially designed programs or groups for adolescents, pregnant or postpartum women, women, men, seniors or older adults, and Driving Under the Influence/Driv-

ing While Intoxicated (DUI/DWI) clients (Figure 1). Other facilities were slightly more likely than AI/AN facilities to offer special programs for criminal justice clients, clients with co-occurring mental and substance abuse disorders, and clients with HIV/AIDS.

Services Offered

AI/AN facilities were more likely than other facilities to offer some services including aftercare counseling (91 vs. 78 percent) and family counseling (85 vs. 76 percent) (Figure 2). Percentages of facilities offering other types of counseling (individual, group, and relapse prevention) were similar.

AI/AN facilities were less likely than other facilities to offer breathalyzer or other blood alcohol testing (33 vs. 54 percent) and drug or alcohol urine screening (68 vs. 81 percent). However, AI/AN facilities were more likely than other facilities to offer testing for sexually transmitted diseases (30 vs. 22 percent), Hepatitis B (31 vs. 23 percent), and Hepatitis C (31 vs. 24 percent).

AI/AN facilities were more likely than other facilities to offer case management services (82 vs. 69 percent), domestic violence—family or partner violence services (52 vs. 32 percent), outcome follow-up after discharge (72 vs. 54 percent), transportation assistance to treatment (68 vs. 34 percent), assistance with obtaining social services (e.g., Medicaid; the Special Supplemental Nutrition Program for Women, Infants, and Children; Supplemental Security Income; etc.) (68 vs. 54 percent), and acupuncture (9 vs. 4 percent).

Types of Care

The majority of facilities offered outpatient care (89 percent of AI/AN facilities and 80 percent of other facilities).² The most prevalent type of outpatient care was regular outpatient treatment with 86 percent of AI/AN facilities and 71 percent of other facilities offering this type of treatment. Percentages of facilities offering hospital inpatient or non-hospital residential care were similar.

Figure 3. Percent of Facilities Accepting Specific Types of Payment, by Facility Type: 2004

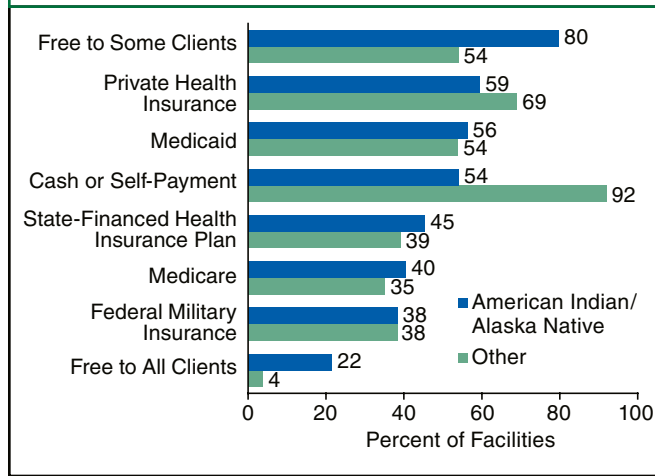


Table 1. Location and Number of AI/AN Treatment Facilities, by State: 2004

AI/AN Facility			
State	Number	State	Number
Alaska	21	North Carolina	3
Arizona	36	North Dakota	4
California	26	Nebraska	7
Colorado	2	New Mexico	30
Connecticut	1	Nevada	6
Hawaii	1	New York	6
Iowa	1	Ohio	4
Idaho	5	Oklahoma	23
Kansas	2	Oregon	12
Louisiana	2	Pennsylvania	1
Maine	4	South Dakota	5
Massachusetts	1	Texas	1
Michigan	15	Utah	7
Minnesota	8	Virginia	1
Missouri	1	Washington	24
Montana	7	Wisconsin	16

Types of Payment Accepted

AI/AN facilities were more likely than other facilities to have offered free care, free either to some clients (80 vs. 54 percent) or to all clients (22 vs. 4 percent) (Figure 3). AI/AN facilities were less likely than other facilities to accept either cash or self payment (54 vs. 92 percent) or private health insurance (59 vs. 69 percent).

Location of Facilities

Thirty-two states had at least one AI/AN facility (Table 1). The states with more than 10 AI/AN facilities were mostly in the Midwest and West: Arizona (36), New Mexico (30), California (26), Washington (24), Oklahoma (23), Alaska (21), Wisconsin (16), Michigan (15), and Oregon (12).³

End Notes

- ¹ Opioid Treatment Programs (OTPs) are certified by the Substance Abuse and Mental Health Services Administration. Certified OTPs use specific medications (i.e., methadone and buprenorphine) in the treatment of addiction to opiates such as heroin, oxycodone, or hydrocodone.
- ² The *types of care* are outpatient, non-hospital residential, and hospital inpatient. Outpatient care includes outpatient detoxification, outpatient methadone maintenance, outpatient day treatment or partial hospitalization (20 or more hours per week), intensive outpatient treatment (a minimum of 2 hours per day on 3 or more days per week), and regular outpatient treatment (fewer hours per week than intensive). Non-hospital residential care includes residential detoxifica-

- tion, residential short-term treatment (30 days or less), and residential long-term treatment (more than 30 days). Hospital inpatient care includes inpatient detoxification and inpatient treatment.
- ³ The Northeast region of the United States is composed of nine States: CT, ME, MA, NJ, NY, NH, PA, RI, and VT. The Midwest region of the United States is composed of 12 States: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, and WY. The South region of the United States is composed of 17 States: AL, AR, DC, DE, GA, FL, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.

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 National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS was formerly known as the Uniform Facility Data Set (UFDS).

The *DASIS 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 a trade name of Research Triangle Institute).

Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2004.

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

Access the latest N-SSATS/UFDS public use files at: <http://www.oas.samhsa.gov/SAMHDA.htm>

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