

# The DASIS Report

May 10, 2007

## Length of Stay for Outpatient Discharges Completing Treatment: 2004

### In Brief

- Outpatient treatment completers who reported stimulants as their primary substance of abuse had the longest median length of stay (137 days)
- The median length of stay among outpatient treatment completers in 2004 was longest among Hispanic discharges (126 days) and shortest among American Indians/Alaska Natives (84 days)
- Clients referred to treatment through the criminal justice system had a longer median length of stay (107 days) than clients referred through other sources

Increased length of stay in substance abuse treatment has been associated with improved outcomes.<sup>1</sup> Data from the Treatment Episode Data Set (TEDS) have shown that those who completed treatment have a longer length of stay<sup>2</sup> than those who left treatment for other reasons (i.e., transfer, termination by the facility, left against professional advice, incarceration, or death).<sup>3</sup> TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding.<sup>4</sup>

This report examines the median<sup>5</sup> length of stay for outpatient<sup>6</sup> clients who completed treatment in 2004.

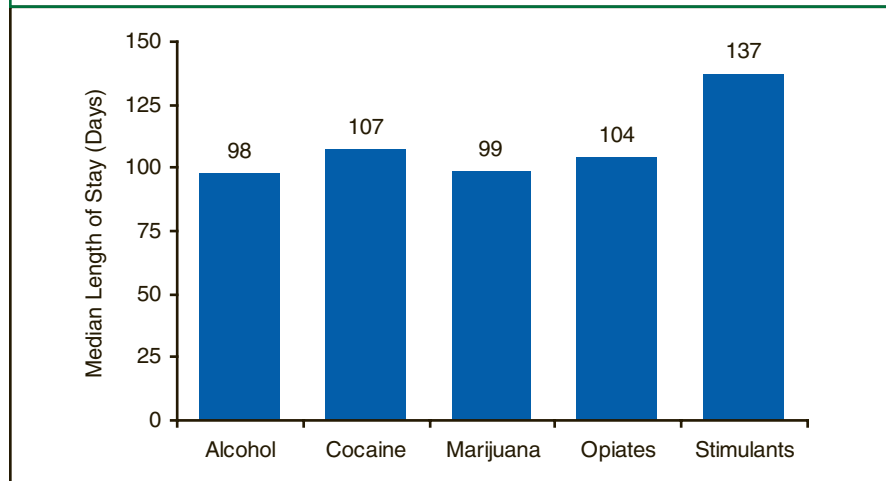
### Outpatient Discharges

In 2004, there were almost 400,000 discharges<sup>7</sup> from outpatient treatment for whom both admission and discharge information were known (excluding any outpatient treatment episodes where methadone use was planned).<sup>8</sup> These outpatient discharges accounted for 42 percent of all the discharges in the 2004 TEDS that could be matched to an admission record and for which the reason for discharge was known.

## Primary Substance of Abuse

In 2004, length of stay among outpatient treatment completers varied by primary substance of abuse.<sup>9</sup> Outpatient treatment completers who reported stimulants as their primary substance of abuse had the longest median length of stay (137 days) among treatment completers reporting one of the five major substances (alcohol, opiates, cocaine, marijuana, and stimulants) as their primary substance of abuse (Figure 1). Outpatient treatment completers who reported alcohol as their primary substance of abuse had the shortest median length of stay (98 days).

**Figure 1. Median Length of Stay of Outpatient Treatment Completers, by Primary Substance of Abuse: 2004**

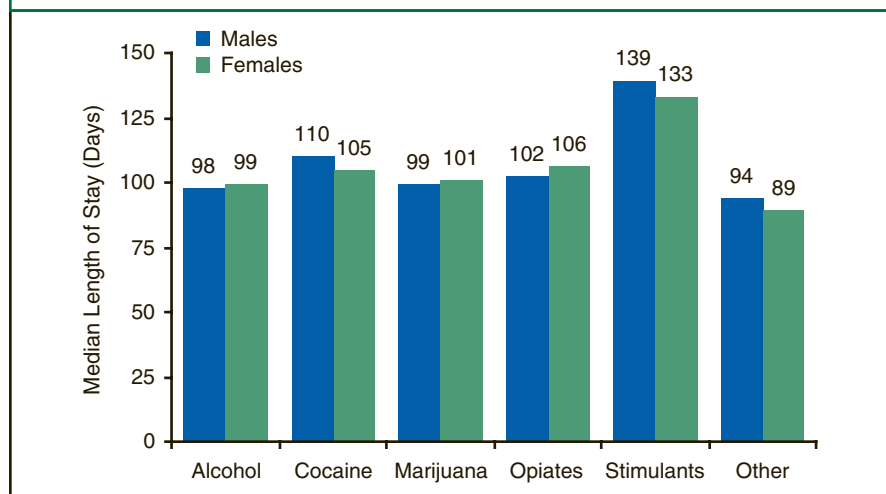


Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

## Gender

Overall, females and males who completed outpatient substance abuse treatment in 2004 had similar median lengths of stay (105 and 103 days, respectively). However, there were some differences in the median length of stay by the primary substance of abuse reported. For example, female outpatient treatment completers had a shorter median length of stay than their male counterparts among discharges from treatment for primary abuse of cocaine (105 vs. 110 days) and stimulants (133 vs. 139 days) (Figure 2).

**Figure 2. Median Length of Stay of Outpatient Treatment Completers, by Primary Substance and Gender: 2004**



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

## Age

There was no consistent pattern in the variation of median length of stay by age among outpatient treatment completers in 2004. Outpatient treatment completers aged 35 to 44 had the longest median length of stay (110 days). Outpatient treatment completers aged 25 to 34 and those aged 45 or older spent similar amounts of time in treatment, with median lengths of stay of 106 days and 104 days, respectively. The shortest median length of stay was among outpatient treatment completers who were younger than 25 (98 days).

## Race/Ethnicity

Discharges from outpatient treatment showed distinct differences in median length of stay by race/ethnicity. The median length of stay among outpatient treatment completers in 2004 was longest among Hispanic discharges (126 days) and shortest among American Indian/Alaska Native discharges (84 days) (Table 1). However, there were different patterns in the median length of stay by primary substance of abuse. While Hispanics had the longest median length of stay among those who completed outpatient treatment

for abuse of alcohol (122 days) and stimulants (167 days), Asians/Pacific Islanders had the longest median length of stay among those admitted for marijuana (119 days) and cocaine (182 days).

## Education

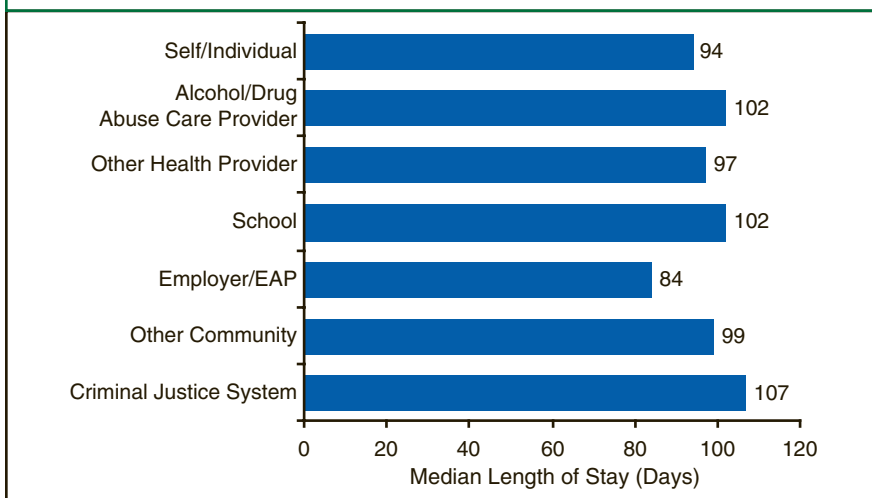
In 2004, an increase in the level of education was associated with a decrease in the median length of stay. The median length of stay was longest among those with fewer than 8 years of education (119 days). Outpatient treatment completers with 9 to 11 years of

**Table 1. Median Length of Stay of Outpatient Treatment Completers, by Primary Substance and Race/Ethnicity: 2004**

Primary Substance of Abuse	Race/Ethnicity					
	White, non-Hispanic	Black, non-Hispanic	Hispanic	American Indian/Alaska Native	Asian/Pacific Islander	Other
	<i>Median Length of Stay (Days)</i>					
All*	98	102	126	84	120	124
Alcohol	93	104	122	77	120	112
Cocaine	103	104	130	87	182	167
Marijuana	96	101	110	86	119	114
Opiates	106	91	119	92	107	125
Stimulants	132	128	167	118	109	141

\* "All" includes records for outpatient treatment completers who reported any primary substance of abuse, not just the five substances listed in the table. Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 3. Median Length of Stay of Outpatient Treatment Completers, by Source of Referral: 2004**



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

education and those with a high school education or GED had similar median lengths of stay (106 and 104 days, respectively). The median length of stay fell to 100 days among those with more than 12 years of education.

## Employment

Differences in the median length of stay by employment among outpatient treatment completers were not large. The median length of stay was shortest among those not in the labor force<sup>10</sup> (100 days) but longest among those who were unemployed (106 days). Outpa-

tient treatment completers who were working full-time had a median length of stay of 105 days and those working part time had a median length of stay of 103 days.

## Source of Referral

The median length of stay among outpatient treatment completers was longest (107 days) for clients referred<sup>11</sup> to treatment through the criminal justice system and shortest for clients referred by an employer program (84 days) (Figure 3). Outpatient treatment completers referred by other sources

had median lengths of stay between 102 to 94 days.

## End Notes

<sup>1</sup> Council, C. L. (Ed.). (2004). *Health services utilization by individuals with substance abuse and mental disorders* (DHHS Publication No. SMA 04-3949, Analytic Series A-25). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

<sup>2</sup> The length of stay in days was calculated for each record by subtracting the date of admission from the earlier of either the date of last contact (if available) or the date of discharge; stays of less than one day were rounded to one day. (Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Treatment Episode Data Set (TEDS): 2004. Discharges from substance abuse treatment services*, DASIS Series: S-35, DHHS Publication No. (SMA) 06-4207, Rockville, MD, 2006.)

<sup>3</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Treatment Episode Data Set (TEDS): 2003. Discharges from substance abuse treatment services*, DASIS Series: S-30, DHHS Publication No. (SMA) 06-4139, Rockville, MD, 2006.

<sup>4</sup> In 2004, TEDS collected data on 1.9 million admissions to substance abuse treatment facilities. Two States and jurisdictions (AK and DC) did not submit data in 2004.

<sup>5</sup> The median is the value half-way between the highest and lowest values. The median length of stay is used because, for each type of service, the average (mean) LOS was longer, often much longer, than the median LOS, indicating that the distribution of LOS was skewed.

<sup>6</sup> Other service types are intensive outpatient, short-term residential (30 days or fewer), long-term residential (more than 30 days), and hospital, methadone and detoxification. All clients for whom methadone treatment was planned are included in the methadone classification. Similarly, all detoxification clients are classified as detoxification.

<sup>7</sup> States submitting 2004 discharge data included AR, AZ, CA, CO, CT, FL, GA, HI, IA, IL, MA, MD, ME, MI, MN, MO, MT, NE, NJ, OH, OK, RI, SC, TN, TX, UT, VA, and WY.

<sup>8</sup> Outpatient treatment was not offered, or was not reportable to TEDS, for MN, 1 of the 28 States that reported discharge data to TEDS in 2004.

<sup>9</sup> The *primary substance of abuse* is the main substance reported at the time of admission.

<sup>10</sup> *Not in the labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution. Analysis of *employment status* includes admissions aged 16 or older.

<sup>11</sup> *Principal source of referral* describes the person or agency referring the client to the alcohol or drug abuse treatment program. Sources of referral include individual, alcohol/drug abuse care provider, other health care provider, school (educational), employer/EAP, other community referral, and court/criminal justice referral/DUI/DWI.

## Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (May 10, 2007). *The DASIS Report: Length of Stay for Outpatient Discharges Completing Treatment: 2004*. Rockville, MD.

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Research Findings from SAMHSA's 2004 Drug and Alcohol Services Information System (DASIS)

# Length of Stay for Outpatient Discharges Completing Treatment: 2004

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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. 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. See the annual TEDS reports for details. Approximately 1.9 million records are included in TEDS each year.

*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 issue are based on data reported to TEDS through February 1, 2006.**

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

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

Other substance abuse reports are available at:  
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