

The DASIS Report

December 19, 2003

Discharges from Intensive Outpatient Treatment: 2000

This report examines discharge data in the Treatment Episode Data Set (TEDS).¹ 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 two fifths (41 percent) of intensive outpatient treatment episodes involved individuals who completed treatment, while 9 percent involved those who were transferred to further treatment
- The intensive outpatient treatment completion rate was highest, at 51 percent, for episodes where alcohol was the primary substance
- The median length of stay for completed intensive outpatient treatment episodes was 49 days

States are asked to submit data for all discharges from substance abuse treatment. In 2000, 18 States² 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 16 percent (52,248) of these treatment episodes that represent clients who received intensive outpatient treatment (Table 1). Intensive outpatient treatment is treatment that, at a minimum, lasts two or more hours per day for three or more days per week. Clients discharged from regular outpatient treatment and outpatient detoxification are not included in this report.³

Table 1. Discharges from Intensive Outpatient 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	24,588	12,744	1,951	4,834	3,696	1,363
Opiates	3,629	853	526	1,227	889	134
Cocaine	7,812	2,084	602	2,309	2,166	651
Marijuana/hashish	11,212	4,292	992	2,391	2,652	885
Stimulants	3,816	1,303	633	867	761	252
Other/unknown	1,191	497	83	312	195	104
Total	52,248	21,773	4,787	11,940	10,359	3,389

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

Reasons for Discharge

About two fifths (41 percent) of intensive outpatient treatment episodes involved individuals who completed treatment, and another 9 percent involved those who were transferred to further treatment (Figure 1). The remaining intensive outpatient treatment episodes involved clients who left against professional advice (23 percent); whose treatment was

terminated by the facility (20 percent); or who were discharged for other reasons (7 percent).

Primary Substance

Alcohol was the primary substance of abuse⁴ in 58 percent of the completed intensive outpatient treatment episodes (Figure 2), followed by marijuana (20 percent), cocaine (10 percent), stimulants (6 percent), opiates (4 percent), and other substances (2 percent).

Completion of Outpatient Treatment

The intensive outpatient treatment completion rate was highest, at 51 percent, for episodes involving alcohol as the primary substance of abuse (Figure 3). For intensive outpatient treatment episodes with marijuana as the primary substance, the completion rate was 38 percent, followed by stimulants at 33 percent. Intensive outpatient treatment completion rates for episodes

Figure 1. Reasons for Discharge among Intensive Outpatient Treatment Discharges: 2000

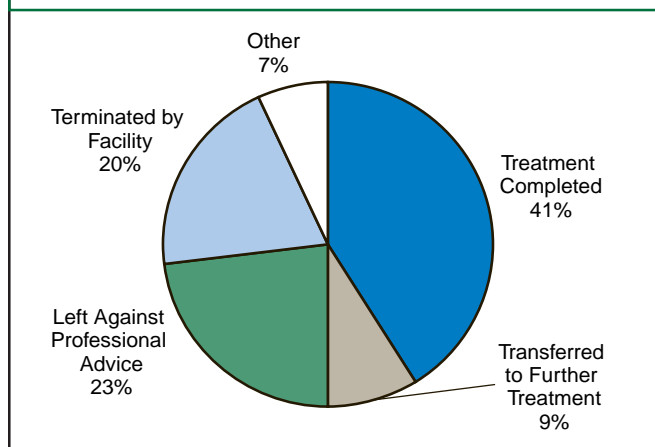
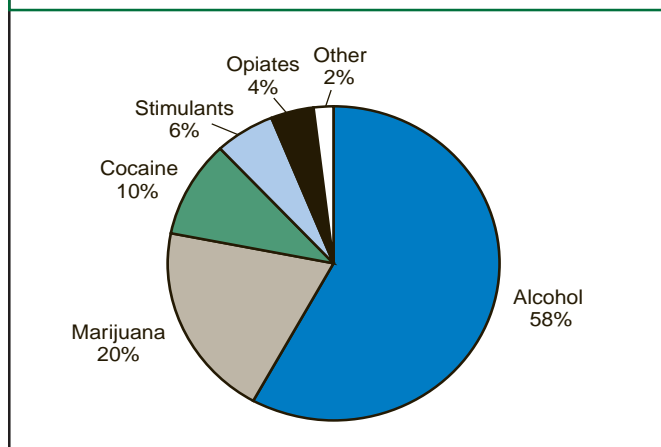


Figure 2. Primary Substances of Intensive Outpatient Treatment Completers: 2000

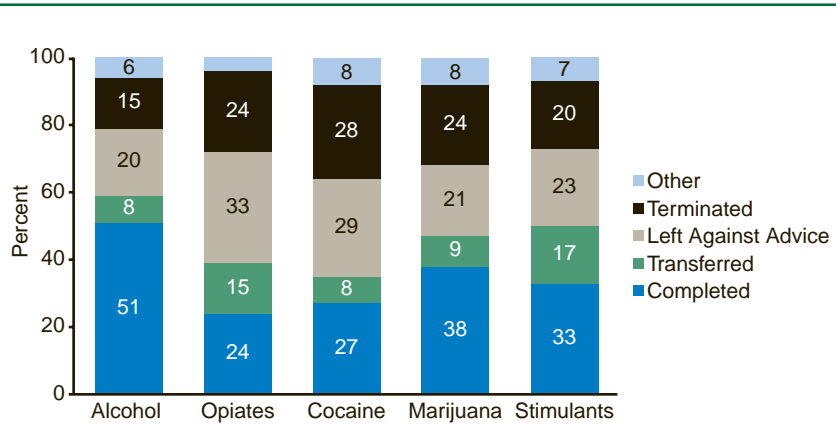


where the primary substances were cocaine or opiates were 27 percent and 24 percent, respectively.

Median Length of Stay

The median length of stay for completed intensive outpatient treatment episodes was 49 days, ranging from 42 days for cocaine to 54 days for stimulants (Figure 4).

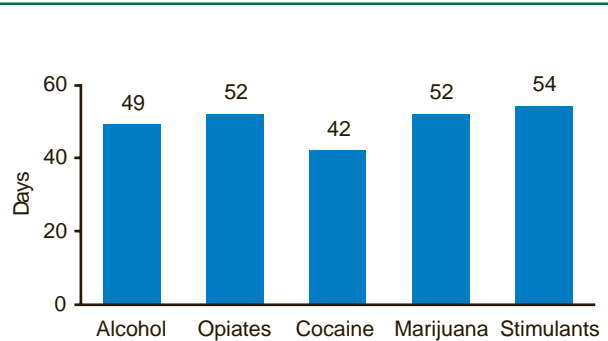
Figure 3. Primary Substances of Intensive Outpatient Treatment Discharges, by Reason for Discharge: 2000



End Notes

- ¹ 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.
- ² States included are California, Georgia, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Mexico, Ohio, Oklahoma, Utah, and Wyoming.
- ³ Because treatment completion rates and lengths of stay vary across modalities or types of treatment, reports on other modalities, including regular outpatient, short-term residential, and detoxification treatment will be presented in other DASIS reports. The report on regular outpatient discharges is available. See Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Discharges from Outpatient Treatment: 2000*. Rockville, MD. November 21, 2003.
- ⁴ The primary substance of abuse is the main substance abused at the time of admission.

Figure 4. Median Length of Stay among Intensive Outpatient Treatment Completers, by Primary Substance: 2000



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>



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