

Identifying United States Substance Abuse Treatment Programs:
A Test in One Mid-Sized City

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Running Head: Identifying the Population of SA Treatment Programs

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Key Words: Substance Abuse Treatment, Representative National Sample, NSSATS

ABSTRACT

An accurate national listing of substance abuse treatment programs is essential for reporting data about the nation's treatment system and the clients entering that system. The National Survey of Substance Abuse Treatment Services (NSSATS) is thought to provide the most comprehensive list of treatment providers. Therefore, we report a partial test of the concurrent validity of the NSSATS in a single mid-sized city. Using operational definitions of "substance abuse treatment" and "substance abuse treatment programs" derived from prior work by the Center for Substance Abuse Treatment; and working within the defined geographic boundaries of a single, mid-sized city, we compared the NSSATS list with an independently developed compilation of programs from 5 sources: (1) the Yellow Pages; (2) the Internet Infospace Directory; (3) a State directory of licensed substance abuse treatment services; (4) the Office of Applied Studies Directory; (5) the National Master Facility Inventory.

With all sources, including NSSATS, we identified 96 separate listings that met the operational definition of adult treatment within the geographic bounds of the city. The NSSATS identified 70 of those 96 programs (73%); the 5-source compilation identified a sample of 83 (86%). While these findings from a single city cannot be considered a full test of the validity of the NSSATS, the data presented offer at least one partial but promising indication that the NSSATS may be a valid national listing and may serve as satisfactory national frame.

INTRODUCTION

There are many important policy-relevant issues facing the field of substance abuse treatment. For example, there are regular changes in the types and distribution of drugs used by substance abusers seeking treatment (1). Moreover, changes in the policies of the criminal justice system and the welfare system toward substance abuse-related crimes and unemployment have led to marked increases in referrals to substance abuse treatment from those systems (2-4). Finally, the growth of managed care plans have resulted in significant changes in the way substance abuse treatment has been organized, integrated and financed (5).

For national and state policy makers within the substance abuse treatment field to remain abreast of current issues requires relevant and timely information. Unfortunately there is presently no regular, timely, comprehensive, policy relevant system of information about the status of the nation's substance abuse treatment system or the clients who enter that system (6-7).

To develop a representative system, we must be able to select a nationally representative sample of treatment programs. However, the validity of the national sampling frame of all substance abuse treatment facilities identified through the National Survey of Substance Abuse Treatment Services (8) has not often been the topic of evaluation. Because we had been attempting to identify and describe treatment programs within major cities as part of the Drug Evaluation Network System (DENS) project (9) by systematically collecting information from five separate sources, we had the opportunity to compare our listing of all the treatment programs we identified within one mid-sized city to the NSSATS listing of programs for that same city. We reasoned that if the NSSATS showed approximately the same results as our own multi-tiered efforts, there would be at least partial evidence for the concurrent validity of the national listing – and it could serve as a national sampling frame.

Thus, in the text that follows we first review several of the prior national efforts to collect data on substance abuse treatment programs and we discuss their definitions of “substance abuse treatments” and “treatment programs.” Finally, using the agreed upon definitions and a five-tiered effort to locate all the treatment programs within a single, mid-sized city, we compare the number and types of programs located from our own efforts with those programs located independently through the NSSATS.

Previous Efforts to Collect National Treatment System Data.

In the 1970’s, the National Institute on Drug Abuse (NIDA) conducted the first surveys to measure the drug abuse treatment services available in the nation. NIDA named it the National Drug Abuse Treatment Utilization Survey. In 1979, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) became involved in the survey and its title was updated to the National Drug and Alcoholism Treatment Utilization Survey (NDATUS). NDATUS was expanded in 1987.

Then, in 1992, the Substance Abuse and Mental Health Services Administration (SAMHSA) was formed, and this data collection effort was transferred to the Office of Applied Studies (OAS) within SAMHSA. OAS redesigned the survey, called it the Uniform Facility Data Set survey (UFDS) and conducted it from 1995 to 1998. At that time, the survey was conducted using programs listed in the National Master Facility Inventory (NMFI). The NMFI included only facilities that were licensed, certified, or otherwise approved by state officials. Unfortunately, there were (and still are) significant variances in States’ requirements for facilities to be licensed or certified, especially for private facilities, individual practitioners, and hospital based treatment programs. Therefore, there was no agreement on the populations of programs

included in each state's approved sample, and consequently, significant differences in the types of samples provided by each state.

By 1996, there was a centralized, national data collection effort, which also included treatment facilities **not** approved by State substance abuse agencies. Known today as the National Survey of Substance Abuse Treatment Services, NSSATS is a yearly, point-prevalence, descriptive data collection effort reporting on the characteristics of all known drug treatment facilities. For the first time, the national listing included facilities from all modalities (inpatient hospital, residential, methadone, outpatient drug-free) and funding sources (all federal, state and private). Additionally, the sample included some listings from private practitioners, group homes, referral or screening service providers, and self-help organizations that respond to mailings sent by SAMHSA contractors (8).

Barriers to Developing a Comprehensive Listing of Substance Abuse Treatment Providers

While it may seem an easy task to develop a complete, national listing of substance abuse treatment programs, the task is hampered by many barriers and operational issues such as the definitions of "treatment" and "program".

What is "treatment?" Is Alcoholics Anonymous treatment? Do assessment and referral programs provide "treatment" as we currently define it? Are Driving Under the Influence (DUI) educational programs considered treatment? If a medical hospital provides brief medical detoxification, is that considered substance abuse treatment, and further, does that hospital then have a 'substance abuse treatment program?' There are arguments for and against each of these cases but it is obvious that there is a need for some standard operational definition to permit a focused effort.

For the purposes of our current validation we defined “treatment provider” to include any site that offered substance abuse inpatient, outpatient drug-free (traditional, intensive, or partial-hospitalization), methadone maintenance or residential services, including detoxification. We did not include facilities that offered only assessment or referral services, mental health clinics, private practitioners, or self-help groups.

What is a “program?” In some studies the term “program” has referred to numerous sites under a common organizational name (e.g. the Department of Veteran’s Affairs substance abuse treatment program), while in others it has referred to a specific treatment modality (e.g. the methadone maintenance program), still others have used the term to refer to a modality focused on a particular patient population (e.g. the Women’s Outpatient Program; the Dual-Disorder Program).

Again, each of these definitions may be reasonable, but the task of creating a single, comprehensive listing requires specific operational definitions. In the work reported here, we operationally defined “program” as a “Service Delivery Unit” or SDU. The term “SDU” was originally used by the Center for Substance Abuse Treatment (CSAT), to define (1) a single site (address), (2) offering a single modality of care (hospital inpatient, non-hospital residential, detoxification, outpatient, methadone) (10).

METHODS

Treatment programs in one city sample – Using the above definitions we set out to identify all adult substance abuse treatment programs in our target city – a mid-sized city with a general population of approximately 563,374 persons, 84% of whom were adults (n=475,547). We included all public and private specialty sector adult treatment programs from all settings and modalities. Those facilities excluded using this approach were, independent private

practitioners (since these were neither “programs” nor part of the specialty treatment sector), and programs located in prisons or jails (since these are inaccessible to unincarcerated individuals).

Defining the geographic boundaries of the identified city – We used a specific set of postal codes to define the geographical parameters of the city (11). This ensured that the same areas would be represented by each of the original sources as well as the comparison sample identified by NSSATS.

Sources Accessed to Identify Substance Abuse Treatment Programs

Within the defined geographic boundaries of the sample city, we began with five sources in an attempt to identify a comprehensive listing of treatment programs: (1) the Yellow Pages; (2) Internet Infospace Directory; (3) the State directory of licensed substance abuse treatment services, (4) the OAS National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs, and (5) the National Master Facility Inventory or NMFI.

It should be noted that we could have undertaken a door-to-door approach to identify possible substance abuse treatment programs. This may have identified more treatment programs; however, this level of detail would have been prohibitively expensive with no certain benefit. Alternatively, we might have used billing records. However because of the difficulty, time and resources needed to access these records, they did not seem to present a viable avenue for data collection in this study. Therefore, the sources we used, with the rationale for their inclusion and our specific search strategy are as follows:

(1) Yellow Pages: We accessed both traditional yellow pages as well as the business directory yellow pages for this city. These sources are widely available and since new phone books are published every year, they are likely to contain up-to-date information and listings.

We searched for any category heading that could possibly identify substance abuse treatment programs, and found the following: ‘Drug Abuse & Addiction Information’, ‘Alcohol and Drug Abuse Centers’, ‘Alcoholism Treatment’, and ‘Alcoholism Treatment Information and Treatment Centers’.

(2) Infospace Internet Directory: This web-based directory has a virtually unlimited capability of being updated. In this resource, we found substance abuse treatment programs under the headings ‘Drug Abuse & Addiction Information and Treatment’, and ‘Alcoholism Information and Treatment Centers’.

(3) The State Directory of Certified Chemical Dependency Treatment Services: Many states develop their own directory of substance abuse treatment centers, but often only those that are state-licensed. This “state source” from our sample city was a comprehensive book that listed all chemical dependency treatment agencies identified by the state.

(4) The OAS National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs: This is a listing of Federal, State, local, and private providers of alcohol and drug abuse treatment and prevention services as reported by state substance abuse agencies. It includes State-licensed programs as well as those administered by the following agencies: Department of Defense, Indian Health Services, and the Department of Veterans Affairs. Data provided include facility name, address, phone number, hotline phone number (if applicable), types of services provided, third party payments accepted (Medicare, Medicaid, etc.), as well as information on special programs such as treatment for pregnant and postpartum women, etc.

One limitation of this directory is that it includes only programs that respond to the UFDS survey, and the “unit” of response varies - some programs include only an individual SDU, while others include multiple SDUs. Thus, a single treatment program listed in the

directory, may, in fact, represent numerous treatment programs under a single administrative system.

(5) The National Master Facility Inventory (NMFI): Maintained by SAMHSA, the NMFI (at the time of our study) represented a master list of substance abuse treatment programs including public, private and federal facilities. The NMFI contained basic identifying information such as facility name, address, telephone number, and type of substance abuse service provided.

The NSSATS

With assistance from OAS and the current NSSATS contractor, we received early access to the first version of the year 2000 NSSATS data. We then conducted a comparison of substance abuse treatment programs identified in the NSSATS using the same definitions and geographic boundaries specified within the multi-source sample developed with the five sources listed above.

PROCEDURES

Sample Frame Development - Using the five sources described above we searched for all possible substance abuse treatment providers within the geographic area. We entered information from all possible treatment programs identified onto an Excel spreadsheet and included the program name, modality, address, city, zip code, and phone number(s), and each of the five sources that had included the listing.

Validation of Individual Program Listings - Listings between sources that shared any two identical variables such as program name, address, phone number, website, directors names, etc.,

were identified as possible duplicate listings, and were called for verification of their information.

Validation of the Provision of Substance Abuse Treatment – Once we had an unduplicated list, we wanted to be sure that those entities listed did offer services that corresponded to “treatment” at least by our definition, and that they were still open at the time of the validation. To these ends, we contacted each listing by telephone to verify: (1) if the program was still in business and (2) if the modality of services listed and the location of the programs were accurately documented. These calls were also made to the NSSATS sample frame.

This information was used to include and exclude sites according to our operational definition of adult “substance abuse treatment program” (see above). This process led to additional exclusions from the source listings. For example, one program identified by the yellow pages listed a treatment provider in our city that actually delivered services offshore, aboard a ship located in the Caribbean Islands.

In cases where the provider’s phone number was incorrect, disconnected, etc., we followed up with calls to Directory Assistance as well as internet sources in an effort to determine whether the program was still in operation and where it was located.

RESULTS

The 5-Source Sample Frame - Using the five (non-NSSATS) sources presented earlier, we identified a total of 189 listings of potential treatment providers in the city. In our extensive confirmation calls, we found that 49 of these were actually duplicates, leaving 140 unduplicated programs that comprised our 5-source sample frame.

The NSSATS Sample Frame – 86 potential treatment providers were listed in the NSSATS sample frame for the target city. Only 2 of these (2%) were found to be duplicate listings leaving a total of 84 unduplicated programs in the NSSATS sample frame.

Validation of Adult Substance Abuse Treatment Providers from Sample Frames

The 5-Source Sample Frame – As seen in Table 1, our confirmation calls indicated that 83 of the 140 potential programs (59%) were providing adult substance treatment services according to the operational definition above. Of the 57 sites listed but not providing services, 13 were closed (23%). Another 10 sites (18%) provided only substance abuse” related” services such as assessment, screening, referral or help line services, but not actual treatment. Sixteen percent of the listings (n=9) were group homes providing only housing services, and 12% (n=7) were listings for self-help and 12-step programs. Six percent of listings provided either adolescent substance abuse treatment (n=1) or other youth mental health and family services (n=2). Eleven percent of programs (n=6) excluded were private practice offices (e.g. psychiatrist, psychologist and certified addictions counselor private practices), and 5% provided mental health service only (n=3). Finally, 6 of the excluded programs (11%) provided other services such as urine drug screening, outreach centers, homeless services, and educational services.

The NSSATS Sample Frame – Of the 84 unduplicated programs identified in the NSSATS sample frame, 70 (83%) were providing adult substance treatment services. Of the 14 deleted sites, 50% (n=7) only provided assessment, self-help, or referral. Two programs provided only adolescent substance abuse services and 3 provided only adolescent mental health or family services. Two treatment programs had closed.

Insert Table 1 about here

Comparison Between the 5-Source and N-SSATS Samples

Table 2 shows that the 5-Source sample identified a total of 83 programs, 26 that were not found by NSSATS. The NSSATS identified a total of 70 programs, including 13 programs that were not found by the 5-source sample. Using the total of 96 unique programs from the combined sources as the universe of programs in the city, the N-SSATS identified 70 of 96 possible programs (73%). In contrast, the multi-source listing identified 83 of the 96, or 86% of the programs.

Insert Table 2 about here

Discussion

The work reported here represents a preliminary examination of the concurrent validity of the most recent federal listing of the nation's substance abuse treatment providers - the National Survey of Substance Abuse Treatment Services (NSSATS). The study was conducted in only one mid-sized city and therefore these results may not generalize to other cities or rural areas. Secondly, the study used a non-standard set of operational definitions for adult, specialty substance abuse treatment programs that were not part of a correctional facility. Although we are comfortable that these operational definitions provide at least one basis for systematic study, it cannot be inferred that the present findings would be obtained given other definitions of treatment or treatment programs.

Using operational definitions of “substance abuse treatment” and “substance abuse treatment programs” derived from prior work by the Center for Substance Abuse Treatment (10); and working within the defined geographic boundaries of a single, mid-sized city, we compared the NSSATS list with an independently developed compilation of programs from five sources. Using those 5 sources and the N-SSATS, we identified 96 separate listings that met the operational definition of adult treatment within the geographic bounds of the city. The NSSATS identified 70 of those 96 programs (73%), the 5-source sample identified 83 (86%).

Although listings from the NSSATS sample frame did not provide quite as much “coverage” (proportion of total treatment programs found) as those from the multi-source effort (73% vs. 86%), the NSSATS sample frame had a greater percentage (83% vs. 59%) of valid sites (proportion of sites listed that met our operational definition of an adult treatment programs), as is shown in Table 2. An examination of the deleted (non-valid) programs showed that there were no statistically significant differences in the sites deleted from the two sample frames, although deletions from the 5-source sample frame were more likely to include private practice sites and programs that had been closed. Deletions from the NSSATS sample frame were more likely to be sites that were information hotlines, referral or assessment services only. Although these sites were perfectly appropriate for listing in the NSSATS frame, they simply were not the focus of this study, which sought to identify currently operating adult substance abuse treatment programs. Finally, several of our five comparison sources were quite contemporary, while the NSSATS was approximately ten months old at the point of examination. Thus, some of the differences seen may be true differences in coverage at the different time points.

It must be said that there is really no practical alternative to using the NSSATS. Our efforts to develop a comprehensive listing of all substance abuse treatment programs in just one,

mid-sized city proved very difficult and time consuming (2 full-time technicians for four months), – even in this relatively small, well defined geographic area. More importantly, despite the fact that our listings were all less than one year old, we found approximately 20% birth and death rates among these treatment programs over that time period. Thus, apart from the money and effort that would be required to develop a completely accurate national listing, our data suggest that by the time such an effort would be completed, it could very well inaccurate by at least 20%. This rate of change in substance abuse treatment programs is unlikely to disappear given the constant changes in funding and regulation within this field and the background of re-organization within the healthcare industry (12-14). Given this level of change, it becomes more difficult to determine the extent to which the observed discrepancies among the various sources considered here are omissions in a sample or “true differences” at the time of examination.

In Summary, How Good Was the NSSATS?

While these findings from a single city cannot be considered a full test of the validity of the NSSATS as a national listing, the data presented offer promising indication that the NSSATS may be a satisfactory national listing at least of adult substance abuse treatment facilities. Although there was a difference in overall detection rates between our two lists, it was not extreme or biased, and may well have been due to several of the known forces affecting the substance abuse treatment system.

Acknowledgements

This research was conducted with support from the Counter-drug Technology Assistance Center, Office of National Drug Control Policy; the Center for Substance Abuse Treatment; and the National Institute on Drug Abuse. The authors would like to acknowledge the contributions of Molly Edwards, Heather Eshelman, and Meghan Love.

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Table 1

	Total Non-Duplicate Listings	Valid Adult SA Treatment Programs	Percent Valid Adult SA Treatment Programs	% of Total (96) Treatment Programs Identified by this Source
	All Listings	Treatment Only	% Valid	% Coverage
N-SSATS Sample Frame	84	70	83%	73%
DENS 5-Source Sample	140	83	59%	86%
DENS 5-Source Sample Breakdown				
Yellow Pages	99	57	58%	59%
Infospace/Internet	76	43	57%	45%
State Source	84	71	85%	74%
OAS Directory	33	31	94%	32%
NMFJ	47	44	94%	46%
Deletions from Programs listed in:				
Services	5-Source Sample	5-Source Sample Percent Deleted	N-SSATS Sample	N-SSATS Sample Percent Deleted
Closed Programs	13	23%	2	14%
Specified services only – Assessment, Screening, Referral, or Helpline	10	18%	6	43%
Group home/housing	9	16%		0%
Self-help	7	12%	1	7%
Private practice	6	11%		0%
MH services only	3	5%		0%
Youth Combination Services – MH, SA, & Family	2	4%	3	21%
Youth SA treatment	1	2%	2	14%
Other services	6	11%		0%
TOTAL	57	100%	14	100%

Table 2

Comparison of 2 Sample Frames

Validity and Coverage Between 5-Source Sample Frame and the N-SSATS Sample Frame						
	COVERAGE				VALIDITY	
SOURCE	Total # Treatment Programs Found	# Treatment Programs Found Only by This Source	Total % of Treatment Programs Identified by This Source		Total Possible Sites Identified	% of Sites Identified That Provide Treatment
	Treatment Only		% Coverage		TX and Non- TX	% Valid
DENS 5-Source Sample	83	26	86%		140	59%
N-SSATS	70	13	73%		84	83%
Combined Samples	96	N/A	100%		161	60%